NEVADA STATE
BOARD OF PHARMACY

BOARD MEETING

September 7-8, 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: August 16, 2022

AGENDA

◈ PUBLIC NOTICE ◈

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

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 July 13-14, 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. 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

◈ 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)
C. Ann Childress, MD	(20-250-CS-S)(20-250-PD-S)
D. Christopher Olsen, RPH	(21-171-RPH-N)
E. Olsen's Corner Drug Store Compounding Center	(21-171-PH-N)
F. Morton Hyson, MD	(22-146-CS-S)
G. Wesley Robertson, MD	(21-063-CS-S)
H. Richard Washinsky, MD - Second Order to Show Cause	(22-094-CS-S)
I. Stephen Dubin, MD	(20-020-S)
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)
M. Sherman Washinton, MD	(21-104-CS-N)
N. Las Vegas Scripts Rx	(19-243-PH-S)
O. Nathan Edouard, RPH	(19-243-RPH-S)
P. Sherman Washington, MD	(19-243-CS-S)
Q. David Edwards, MD	(22-133-CS-N)
R. Graham Simpson, MD	(22-199-CS-S)

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

Vinay Bararia, MD (19-003-S)

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

A. American Wellness Pharmacy – Las Vegas, NV
B. Capsules Rx LLC – Las Vegas, NV
C. Indigo Pharmaceutical LLC – Las Vegas, NV
D. KabaFusion NV – Henderson, NV
E. Kindred Hospital Las Vegas (E. Flamingo) – Las Vegas, NV
F. Kindred Hospital Las Vegas (Sahara) – Las Vegas, NV

G. Monicos Pharmacy, LLC – Las Vegas, NV

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

CrowdRx – Black Rock City, NV

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

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

A. Elko Community Health Center, LLC – Elko, NV
B. Silver State Surgery Center West LLC – Las Vegas, NV

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

James Taylor

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

Michael Schember

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

A. David Edwards
B. Graham Simpson
C. Kent Swaine
D. Tri Truong
E. Sherman Washington - Iuventus Medical Center – Las Vegas, NV
F. Sherman Washington - Iuventus Medical Center – Las Vegas, NV

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

Stephen McMillan

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

Ameer Alhaj

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

Tyler Hill

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)**

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)**

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).

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

◈ 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)

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)

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)

23. Date and Location of Next Scheduled Board Meeting:

October 12-13, 2022 – Las Vegas, NV

24. 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)

25. 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

July 13-14, 2022

BOARD MEETING

The Nevada State Board of Pharmacy will conduct a meeting beginning Wednesday July 13, 2022, at 9:00 am. The meeting will continue, Thursday, July 14, 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:

Hyatt Place
1790 E Plumb Lane
Reno, NV

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

Board Members Present:

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

Board Staff Present:

Dave Wuest	Yenh Long	Shirley Hunting	Kristopher Mangosing
Peter Keegan	Darlene Nases	Courtney Lee	
Sophia Long	Mui Lee		

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 July 13, 2022, 9:00 AM

Jaime Cordoba-Hernandez commented that he was present for the Board meeting.

◈ 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 June 1-2, 2022, Meeting Minutes (**FOR POSSIBLE ACTION)**

Board Action:

Motion: Wayne Mitchell moved to approve June 1-2, 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. Anderson Medical Supplies, Inc. – Troy, MI
B. Specialized Medical Services Inc. – New Berlin, WI
C. United Medical Providers, Inc. – New Orleans, LA

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))

D. Alvogen, Inc. – Morristown, NJ
E. Datascope Corp. – Fairfield, NJ
F. Medical Purchasing Solutions, LLC – Scottsdale, AZ
G. Meridian Medical Technologies, LLC – Saint Louis, MO
H. Meridian Medical Technologies, LLC – Saint Louis, MO

I. Viatris Specialty LLC – Greensboro, NC

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

J. Edwards Lifesciences LLC – Irvine, CA
K. FedEx Supply Chain, Inc. – Saxonburg, PA
L. McKesson Medical-Surgical Inc. – Shepherdsville, KY

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))

M. ChemoCentryx, Inc. – San Carlos, CA
N. CVRx, Inc. – Brooklyn Park, MN
O. Dentsply Sirona Orthodontics Inc. – Sarasota, FL
P. Elite Laboratories, Inc. – Northvale, NJ
Q. International Isotopes Inc. – Idaho Falls, ID
R. LifeCell Corporation – Branchburg, NJ
S. Mirati Therapeutics, Inc. – San Diego, CA
T. PhaseBio Pharmaceuticals, Inc. – Malvern, PA

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.

U. HCP Concierge LLC – King of Prussia, PA
V. Omega Pharmacy – Urbandale, IA
W. PMW, Inc. – West Valley City, UT
X. TrillaMed LLC – Bingham Farms, MI

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

Y. ER at Spanish Springs, an Extension of Northern Nevada Medical Center – Sparks, NV
Z. Sahara Pharmacy – Las Vegas, NV

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

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

AA. Ascension Rx 1303 – Farmington Hills, MI
BB. Edgepark Medical Supplies; Cardinal Health at Home – Twinsburg, OH
CC. vitaCare Prescription Services, Inc. – Boca Raton, FL

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

DD. Always Rx Pharmacy Inc. – Los Angeles, CA
EE. Complete Care Pharmacy – Folsom, CA

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

Krystal Freitas recused herself from Consent Agenda Item 4Y due to her employment.

Rolf Zakariassen commented that the Designated Representative's working hours in Consent Agenda Item 4I looks to be exaggerated.

Board discussion ensued.

Board Action:

Motion: Wayne Mitchell moved to approve Consent Agenda excluding item 4Y, and 4I pending updated Designated Representative application with accurate working hours.

Second: Jade Jacobo

Action: Passed unanimously.

Board Action:

Motion: Jade Jacobo moved to approve Consent Agenda Item 4Y.

Second: Wayne Mitchell

Action: Passed unanimously (Freitas recused).

◈ REGULAR AGENDA ◈

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

A. Thai, Quang, RPH (21-165-RPH-N)

Quang Thai appeared and was sworn in by President Park prior to answering questions and offering testimony.

Peter Keegan, General Counsel for the Nevada Board of Pharmacy, prosecuted the case regarding Mr. Thai for failing to disclose disciplinary action against him in California for the loss of approximately 173,000 ml of promethazine with codeine at the pharmacy that he managed in California.

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

The Board questioned Mr. Thai on the events that occurred with this case.

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

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve Stipulation and Order for Quang Thai.

Second: Wayne Mitchell

Action: Passed unanimously.

B. Wrye, Scott, MD (21-174-PD-N)

Sarah Molleck appeared as counsel on behalf of Dr. Scott Wrye.

Dr. Scott Wrye was not present for the board meeting.

Peter Keegan prosecuted the case regarding Dr. Wrye dispensing dangerous drugs on an expired dispensing practitioner registration.

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

Board discussion ensued.

Board Action:

Motion: Rolf Zakariassen moved to approve Stipulation and Order for Dr. Scott Wyre.

Second: Wayne Mitchell

Action: Passed unanimously.

D. Stucky, Ashley, DVM (22-013-CS-N)

Alice Mercado appeared as counsel on behalf of Dr. Ashley Stucky.

Dr. Ashley Stucky was not present for the board meeting.

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

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

Wayne Mitchell wanted the respondent to know that these actions are considered a felony and should be aware for future reference.

Board discussion ensued.

Board Action:

Motion: Wayne Mitchell moved to approve Stipulation and Order for Dr. Ashley Stucky.

Second: Jade Jacobo

Action: Passed unanimously.

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

Sarah Molleck appeared as counsel on behalf of Dr. William Torch.

Dr. William Torch was not present for the board meeting.

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

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

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve Stipulation and Order for Dr. William Torch.

Second: Wayne Mitchell

Action: Passed unanimously.

E. Martinez, Abigail, PTT (22-079-PT-N)

No representative was present on behalf of Abigail Martinez.

Peter Keegan prosecuted the case regarding Ms. Martinez not following the Board's order.

Rolf Zakariassen recused himself due to his employment.

Mr. Keegan requested that Exhibits 1-4 be entered into the record.

President Park entered Exhibits 1-4 into the record.

Mr. Keegan requested the Board to find that Ms. Martinez was properly noticed.

Board discussion ensued.

Board Action:

Motion: Wayne Mitchell moved to find that Abigail Martinez was properly noticed for the Board Meeting.

Second: Jade Jacobo

Action: Passed unanimously (Zakariassen recused).

Mr. Keegan requested a default for Ms. Martinez and request that the Board find the factual allegations as true.

Board Action:

Motion: Wayne Mitchell moved to find that Abigail Martinez defaulted as she is absent from the hearing and find the factual allegations as true.

Second: Krystal Freitas

Action: Passed unanimously (Zakariassen recused).

Mr. Keegan requested the Board to determine discipline against Ms. Martinez and find that the attorney fees and costs of $304.41 were reasonable, necessary, and actually incurred.

Board Action:

Motion: Wayne Mitchell moved to find violations against Abigail Martinez and approve the following penalties: 1) pay attorney fees and costs of $304.41 which were

reasonable, necessary, and actually incurred; and 2) the revocation of Certificate of Registration No. PT26018.

Second: Jade Jacobo

Action: Passed unanimously (Zakariassen recused).

N. Nathan Dahl, RPH (20-170-RPH-N)

William Stilling appeared as counsel on behalf of Nathan Dahl.

Nathan Dahl was not present for the board meeting.

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

Peter Keegan prosecuted the case regarding a misfill by Mr. Dahl.

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

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the Stipulation and Order for Nathan Dahl.

Second: Rolf Zakariassen

Action: Passed unanimously.

C. Nelson, Kaylee, PA (20-235-CS-N)

Kaylee Nelson appeared and was sworn in by President Park prior to answering questions and offering testimony.

Peter Keegan prosecuted the case regarding Ms. Nelson prescribing on an expired DEA license.

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

Ms. Nelson apologized for this error and knows that her license renewal is her responsibility and not a licensing company. She requested a lower fine and removal of the public reprimand.

Sophia Long, Deputy Attorney General, clarified that Ms. Nelson agreed to the Stipulation and Order but if she would like changes then a hearing can be done.

Ms. Nelson agrees with the Stipulation and Order, but she thought that she would ask the Board for consideration.

Board discussion ensued.

Gener Tejero commented that page 1229 of the Board Book provides the controlled substance registration number rather than her DEA number.

Dave Wuest, Executive Secretary of the Nevada Board of Pharmacy, clarified the respondent does not have the qualifications to hold a controlled substance registration which the Board has jurisdiction on.

Mr. Keegan asked Ms. Nelson if she would like to enter a payment plan for her fines.

Ms. Nelson requested a payment plan.

Board Action:

Motion: Jade Jacobo moved to approve the Stipulation and Order for Kaylee Nelson.

Second: Krystal Freitas

Action: Passed unanimously.

F. Vitalcare Health Services (21-210-MDEG-N)

Steven Burres, General Counsel and Secretary, appeared and was sworn in by President Park prior to answering questions and offering testimony.

President Park wanted clarification if he is appearing as a counsel or a representative for the company.

Mr. Burres clarified that he is appearing as a representative.

Peter Keegan prosecuted the case regarding the company not having an MDEG Administrator and not notifying the Board within 3 days of the administrator's departure and operating for more than 10 days without an administrator.

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

Mr. Burres explained that the industry has high turnover for employees and requested the Board to consider extending the notification requirement to 30 days.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the Stipulation and Order for Vitalcare Health Services.

Second: Rolf Zakariassen

Action: Passed unanimously.

G.	3M Medical Solutions	(21-211-MDEG-N)
H.	3M Medical Solutions	(21-228-MDEG-N)

Courtney Luper, Regional Service Director, appeared and was sworn in by President Park prior to answering questions and offering testimony.

Peter Keegan prosecuted the cases regarding the company not having an MDEG Administrator and not notifying the Board within 3 days of the administrator's departure and operating for more than 10 days without an administrator.

Mr. Keegan presented a Stipulation and Order for the Board's consideration for 3M Medical Solutions License No. MP00120.

Board discussion ensued.

Board Action:

Motion: Rolf Zakariassen moved to approve the Stipulation and Order for 3M Medical Solutions License No. MP00120.

Second: Jade Jacobo

Action: Passed unanimously.

Mr. Keegan presented the Stipulation and Order for 3M Medical Solutions in License No. MW00770.

Board discussion ensued.

Board Action:

Motion: Rolf Zakariassen moved to approve the Stipulation and Order for 3M Medical Solutions License No. MW00770.

Second: Jade Jacobo

Action: Passed unanimously.

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

    D. IgG of America, Inc. – Linthicum Heights, MD

Rolf Zakariassen recused himself due to his employment.

Gina Cohenour, Managing Pharmacist, and Mark Johnston, Pharmacy Regulatory Affairs for CVS, appeared and were sworn in by President Park prior to answering questions and offering testimony.

Dave Wuest questioned Ms. Cohenour about the ownership changes and the company's products and services provided.

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

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve change of ownership application for IgG of America, Inc.

Second: Krystal Freitas

Action: Passed unanimously.

17. Executive Secretary Report:

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

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

7. Motion to Vacate Order of Default – Appearance (**FOR POSSIBLE ACTION)**

Rajkamal Hansra, MD (21-217-CS-S)

Brent Resh appeared as counsel on behalf of Rajkamal Hansra.

Rajkamal Hansra was not present for the board meeting.

Peter Keegan prosecuted the case regarding a motion to vacate the default.

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

Krystal Freitas was excused from the meeting at 1:40 PM.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the Stipulation and Order granting motion to vacate default order for Rajkamal Hansra.

Second: Rolf Zakariassen

Action: Passed unanimously (Freitas excused).

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

I. Pulmonary Solutions LLC (21-212-MDEG-N)

Jason Cavanaugh, Sales Representative and MDEG Administrator, appeared and was sworn in by President Park prior to answering questions and offering testimony.

Peter Keegan prosecuted the case regarding the company not having an MDEG Administrator and not notifying the Board within 3 days of the administrator's departure and operating for more than 10 days without the administrator.

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

Mr. Cavanaugh suggested to the Board that a notification for a change of MDEG administrator should be more than 3 days.

Board discussion ensued.

Krystal Freitas returned to the meeting at 1:48 PM.

Board Action:

Motion: Jade Jacobo moved to approve Stipulation and Order for Pulmonary Solutions LLC.

Second: Gener Tejero

Action: Passed unanimously.

K. HRX Pharmacy LLC (22-018-PH-O)

Cody Walker, Pharmacist and Owner, appeared and was sworn in by President Park prior to answering questions and offering testimony.

Peter Keegan prosecuted the case where Mr. Walker failed to disclose his disciplinary action in Utah concerning compounding standards at HRX Pharmacy on his Nevada pharmacy license renewal.

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

Mr. Walker clarified that he misread the question and did not answer it properly.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve Stipulation and Order for HRX Pharmacy LLC.

Second: Wayne Mitchell

Action: Passed unanimously.

M. Norco, Inc. (21-176-MP-N)

Toby Tuohy appeared and was sworn in by President Park prior to answering questions and offering testimony.

Peter Keegan prosecuted the case regarding Norco engaging in unlicensed activity.

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

Board discussion ensued.

Board Action:

Motion: Wayne Mitchell moved to approve Stipulation and Order for Norco Inc.

Second: Jade Jacobo

Action: Passed unanimously.

O. Ronald Smith, MD (20-212-CS-S)

Mark Hutchings appeared as counsel on behalf of Ronald Smith.

Ronald Smith was not present for the board meeting.

Peter Keegan prosecuted the case regarding Dr. Smith's surrender for cause on his DEA registration.

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

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve Stipulation and Order for Dr. Ronald Smith.

Second: Rolf Zakariassen

Action: Passed unanimously.

P. Sherman Washington, MD (21-104-CS-N)

This matter was continued to a future Board Meeting.

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

This matter was continued to a future Board Meeting.

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

A. Randy Lee, RPH (21-154-N)

This matter was dismissed.

B. Laurie Weirton (22-059-N)

This matter was vacated.

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

There was no General Counsel Report.

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
Sophia Long	Mui Lee		

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 July 14, 2022, 9:00 AM

Amy Hale from the Nevada Pharmacy Alliance commented on NAC 639 regarding "Off Site Pharmacy Practice". This regulation hinders pharmacist from practicing and continues to restrict patient access to care. Ms. Hale read into the record her letter submitted to the Nevada Board of Pharmacy to address the several reasons why they oppose the continued enforcement of this regulation.

Kaylynn Bowman, Nevada Pharmacist, commented that appearing before the Board several times for NAC 639 regarding "Off Site Pharmacy Practice" is not ideal. It impacts her job as a pharmacist and changing this regulation will allow her to be a health educator, trainer, community health worker, and practicing pharmacist.

Ken Kunke, Nevada Pharmacist, agrees with Ms. Hale's and Ms. Bowman's comments. He would like the change to NAC 639 regarding "Off Site Pharmacy Practice" to give pharmacist more opportunities to practice.

◈ WORKSHOP ◈

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

B. **Amendment to Nevada Administrative Code (453).** The proposed amendment to NAC 453.540 will add daridorexant to the controlled substances listed in Schedule IV.

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

President Park opened public comment for this workshop item.

There was no public comment.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve proposed regulation for Amendment to Nevada Administrative Code (453) and move to public hearing.

Second: Krystal Freitas

Action: Passed unanimously.

A. **Amendment to Nevada Administrative Code (NAC) 639**. The proposed amendments change dispensing requirements for practitioners working in a reproductive healthcare center, when the practitioner is dispensing a drug for contraception or its therapeutic equivalent, or an antibiotic drug for the treatment of a sexually transmitted disease. The changes authorize practitioners working in reproductive healthcare center to maintain a single inventory of dangerous drugs and utilize an automated dispensing device located at the practice site to dispense reproductive health medications to their patients. Furthermore, the changes will allow dispensing technicians in training at all practice sites to be supervised by more than one dispensing practitioner under one registration.

Dave Wuest provided background on the proposed workshop item.

Yenh Long read the proposed language changes into the record regarding dispensing technicians.

Board discussion ensued.

Wayne Mitchell questioned if section 3, Item 4 should state “or” rather than “and”.

Ms. Long confirmed that it should state “or”.

Mr. Wuest provided background on section regarding a shared inventory for a group of practitioners practicing at a reproductive healthcare center.

Ms. Long provided background and read the proposed language into the record regarding the use of automated drug dispensing system by dispensing practitioners practicing at a reproductive healthcare center to dispense treatment for reproductive healthcare.

Brett Kandt, General Counsel for the Nevada Board of Pharmacy, clarified that he will separate the definitions on page 13 regarding “a group of practitioners practicing at a reproductive healthcare center” and “practitioners who practice oncology or at a reproductive healthcare center”. In addition, the existing regulations regarding “oncology group practice”, “shared inventory”, and “automated dispensing systems” are already law and have not been codified, but the Board will amend those existing regulations if this workshop item gets approved.

President Park opened public comment for this workshop item.

Lindsey Harmon from Planned Parenthood Rocky Mountains and Mar Monte are in support of this agenda item.

Kristina Tocce from Planned Parenthood Rocky Mountains is in support of this agenda item.

Liz McMenamin from the Retail Association of Nevada will discuss the proposed regulations with her members and will address the Board when the matter is brought forth in a subsequent meeting.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve proposed regulation for Amendment to Nevada Administrative Code (NAC) 639 on pages 1-9 and allow Board staff to make non-substantive changes before sending to Legislative Counsel Bureau (LCB) and move to public hearing.

Second: Gener Tejero

Action: Passed unanimously.

Board Action:

Motion: Rolf Zakariassen moved to approve proposed regulation for Amendment to Nevada Administrative Code (NAC) 639 and move to public hearing regarding pages 11-22 and allowing Board staff to make non-substantive changes before sending to Legislative Counsel Bureau (LCB) and approving the state and local health authority locations to operate the automated dispensing machines.

Second: Jade Jacobo

Action: Passed unanimously.

◈ PUBLIC HEARING ◈

19. 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 will require the holder of any certificate, license or permit issued by the State Board of Pharmacy to report certain convictions and administrative actions to the Board. (LCB File R051-22)

Brett Kandt provided background on proposed public hearing item.

President Park opened public comment for this workshop item.

Liz McMenamin from the Retail Association of Nevada supports the proposed public hearing item.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo move to adopt the proposed Amendment to Nevada Administrative Code (NAC) 639. (LCB File R051-22)

Second: Krystal Freitas

Action: Passed unanimously.

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

Dave Wuest provided background on proposed public hearing item and commented that Legislative Counsel Bureau (LCB) requested the removal of section 2.

President Park opened public comment for this public hearing item.

Liz McMenamin from the Retail Association of Nevada appeared and was sworn in by President Park prior to answering questions and offering testimony.

Ms. McMenamin commented that this regulation could cause potential issues. She is requesting the Board to not penalize pharmacist or pharmacies on this regulation if adopted.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo move to adopt the proposed Amendment to Nevada Administrative Code (NAC) 639. (LCB File R119-21)

Second: President Park

Action: Passed unanimously.

◈ REGULAR AGENDA ◈

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

L. William Clark, DO (21-048-CS-N)

Lyn Beggs appeared as counsel on behalf of William Clark.

William Clark appeared and was sworn in by President Park prior to answering questions and offering testimony.

Brett Kandt prosecuted the case regarding Mr. Clark surrendering his DEA for cause.

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

The Board questioned Mr. Clark on the events that occurred with this case.

Ms. Beggs advised Osteopathic Board might have legal proceedings, so they do not wish to make any comments.

Board discussion ensued.

Board Action:

Motion: Rolf Zakariassen moved to approve Stipulation and Order for William Clark.

Second: Wayne Mitchell

Action: Passed unanimously.

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

A. Henderson Specialty Pharmacy LLC – Henderson, NV

Stan Portman, Owner, and Brett Bettinger, Managing Pharmacist, 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, provided background on application and the disclosure for Mr. Portman regarding a motor vehicle accident resulting in injury.

Krystal Freitas disclosed that she knows Brett Bettinger but can participate in this matter fairly and without bias.

Jade Jacobo disclosed that she knows Brett Bettinger but can participate in this matter fairly and without bias.

Mr. Portman provided his business model to the Board.

The Board questioned Mr. Portman on his experience owning a pharmacy and his plans on moving to Nevada, and the details of where the pharmacy is located.

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

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve Nevada compounding pharmacy application for Henderson Specialty Pharmacy LLC.

Second: Gener Tejero

Action: Passed unanimously.

B. The Medicine Shoppe LTC Pharmacy – Las Vegas, NV

Wayne Mitchell recused himself since the Managing Pharmacist used to work at his place of employment.

Alex Cooper (Counsel), Don Le (Managing Pharmacist), and Samer Sadek (Operations Director) appeared and were sworn in by President Park prior to answering questions and offering testimony.

The Board questioned on the business model, Mr. Le's sterile compounding experience, and their current policies and procedures regarding sterile compounding.

Mr. Le and Mr. Sadek answered Board's questions.

President Park expressed concern with application based on the testimony provided.

Board discussion ensued.

President Park provided the applicant the option to table the application to update their information.

The Medicine Shoppe LTC Pharmacy agreed.

President Park tabled application at their request.

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

Board Action:

Motion: President Park requested closed session.

Second: Gener Tejero

Action: Passed unanimously.

Krystal Freitas and Sophia Long were excused from the meeting at 11:30 AM.

Krystal Freitas returned to the meeting at 11:46 PM.

Board Action:

Motion: President Park requested to go back into open session.

Second: Rolf Zakariassen

Action: Passed unanimously.

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

UpScript Pharmacy, LLC – Sandy, UT

Peter Ax, Chief Executive Officer, and Lisa Dimick, Managing Pharmacist, appeared and were sworn in by President Park prior to answering questions and offering testimony.

Courtney Lee provided background on application and a disclosure for Mr. Ax regarding several disclosures for an online pharmacy that he acquired called Phoenix Capital Management Venture (PCMVI).

Mr. Ax confirmed that all conditions were met with his penalties.

The Board questioned Mr. Ax on the change of ownership and his business model.

Mr. Ax answered the Board's questions.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve out-of-state pharmacy change of ownership application for UpScript Pharmacy, LLC pending positive inspection at the company's expense.

Second: Rolf Zakariassen

Action: Passed unanimously.

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

F. Mid Valley Health Services – Ceres, CA

Nhu-Cam Tran, Managing Pharmacist, and Justin Dent, Director of Operations of AvevoRx, appeared and were sworn in by President Park prior to answering questions and offering testimony.

The Board questioned about the business model, products being compounded, and their policies and procedures.

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

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve out-of-state compounding pharmacy application for Mid Valley Health Services.

Second: Gener Tejero

Action: Passed unanimously.

A. ACA Pharmacy, LLC – Nashville, TN

Brantley Wescott, Managing Pharmacist, Jocelyn Shrum, Designated Representative, appeared and were sworn in by President Park prior to answering questions and offering testimony.

The Board questioned about the business model, products being compounded, their policies and procedures, and last inspection results with Tennessee.

Richard Tomasso was excused from the meeting at 12:26 PM.

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

Board Action:

Motion: Wayne Mitchell moved to approve out-of-state compounding pharmacy application for ACA Pharmacy, LLC pending receipt and review by Board staff of updated inspection reports.

Second: Jade Jacobo

Action: Passed unanimously (Tomasso excused).

G. Optum Infusion Services 550, LLC – Carlsbad, CA
H. Optum Infusion Services 550, LLC – Cincinnati, OH

Brendon Kestler, Managing Pharmacist for Cincinnati location, and Vicky Lo, Designated Representative, appeared and were sworn in by President Park prior to answering questions and offering testimony.

The Board questioned on the business model, Rose Feaver's disclosure regarding a pharmacy technician practicing with an expired registration, and the company's disclosures.

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

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve out-of-state compounding pharmacy for Optum Infusion Services 550, LLC in Carlsbad, CA and Cincinnati, OH pending updated application.

Second: Rolf Zakariassen

Action: Passed unanimously.

Jade Jacobo was excused from the meeting at 1:30 PM.

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

    A. Patricia Dieso
    B. Rachael Moliver
    C. Finnella Morgan

Patricia Dieso, Rachael Moliver, and Finnella Morgan appeared and were sworn in by President Park prior to answering questions and offering testimony.

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

Juliana Zschoche explained the process and business model to the Board.

Board discussion ensued.

Board Action:

Motion: Gener Tejero moved to approve the request for Patricia Dieso, Rachael Moliver, and Finnella Morgan to engage in the practice of pharmacy at a site other than a licensed pharmacy.

Second: Krystal Freitas

Action: Passed unanimously (Jacobo excused).

Jade Jacobo returned to the meeting at 1:35 PM.

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

    I. Wickliffe Veterinary Pharmacy – Lexington, KY

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

Dave Wuest questioned about the business model, products being shipped into Nevada, background on the change of ownership, and their disciplinary history.

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

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve change of ownership application for Wickliffe Veterinary Pharmacy.

Second: Rolf Zakariassen

Action: Passed unanimously.

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

    Fort Apache Surgery Center, LLC – Las Vegas, NV

Mary Grear (Contracting Pharmacist), Andrew Hall (Medical Director), and Peter Bakas (Administrator) appeared and were sworn in by President Park prior to answering questions and offering testimony.

Peter Keegan provided background on application and disclosures for Ms. Grear regarding a grant funds investigation which she was cleared of and Dr. Hall's lawsuit regarding an eviction with a previous landlord.

The Board questioned Ms. Grear, Mr. Hall, and Mr. Bakas regarding the business model and services provided.

Ms. Grear, Mr. Hall, and Mr. Bakas answered questions to the Board's satisfaction.

Board discussion ensued.

Board Action:

Motion: Krystal Freitas moved to approve ambulatory surgery center application for Fort Apache Surgery Center, LLC.

Second: Rolf Zakariassen

Action: Passed unanimously.

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

A. Michael Kaplan

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

Peter Keegan provided background on application and disclosures regarding conspiracy to commit adulteration of a medical device and a surgical complication error.

The Board questioned about the events that occurred with his disclosures and conditions on his license reinstatement with the Nevada Board of Medical Examiners

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

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve controlled substance application for Michael Kaplan.

Second: Krystal Freitas

Action: Passed unanimously.

B. Sherman Washington - Iuventus Medical Center – Las Vegas, NV
C. Sherman Washington - Iuventus Medical Center – Las Vegas, NV

These matters were continued to a future Board meeting.

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

B. Curexa – Egg Harbor Township, NJ

Mark Taylor, Chief Executive Officer and Managing Pharmacist, and Kevin Judeich, Licensing and Accreditation Specialist, appeared and were sworn in by President Park prior to answering questions and offering testimony.

Courtney Lee provided background on the application and disclosures, which have all been paid and resolved.

The Board questioned on the change of ownership and any change in processes.

Mr. Taylor answered questions to the Board's satisfaction and stated that all fines and conditions have been paid and completed.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve out-of-state compounding pharmacy application for Curexa.

Second: Krystal Freitas

Action: Passed unanimously.

C. InfuCare Rx, LLC – Aston, PA

Jessica McLendon, Supervisor of Pharmacy Audits and Licensing, and Andrew Wee, Managing Pharmacist, appeared and were sworn in by President Park prior to answering questions and offering testimony.

The Board requested a Letter of Authorization for Ms. McLendon and Mr. Wee to speak on behalf of the company.

The Board questioned on the change of ownership for the company.

Ms. McLendon and Mr. Wee answered questions to the Board's satisfaction.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve out-of-state compounding pharmacy application for InfuCare Rx, LLC pending letter of authorization.

Second: Rolf Zakariassen

Action: Passed unanimously.

E. Integrity Compounding Pharmacy – Sandy Springs, Ga

Nichole Feagin, Managing Pharmacist, and Charles Gaetano, Owner, appeared and were sworn in by President Park prior to answering questions and offering testimony.

Dave Wuest questioned on the business model, products being shipped into Nevada, and where they intend to ship the product to.

Mr. Gaetano and Ms. Feagin answered questions to the Board's satisfaction.

Wayne Mitchell was excused from the meeting at 2:36 PM and returned to the meeting at 2:37 PM.

Board discussion ensued.

The Board removed the affidavit to not ship sterile products into Nevada at their request.

Board Action:

Motion: Rolf Zakariassen moved to approve out-of-state compounding pharmacy application for Integrity Compounding Pharmacy.

Second: Gener Tejero

Action: Passed unanimously.

The Board urged Mr. Gaetano to follow Nevada Law and if they have any questions to contact Board staff.

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

There was no General Counsel Report.

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

A. Protega Pharmaceuticals, LLC – Princeton, NJ – Background Check completed in compliance with NRS 639.500.

Hafid Touam, Chief Business Officer, appeared and was sworn in by President Park prior to answering questions and offering testimony.

Courtney Lee provided background on application and disclosures regarding a lawsuit involving contract interpretation.

The Board questioned on the business model, products being shipped into Nevada, and how their products hinder drug abuse.

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

Board Action:

Motion: Jade Jacobo moved to approve out-of-state wholesaler application for Protega Pharmaceuticals, LCC.

Second: Gener Tejero

Action: Passed unanimously.

Richard Tomasso was excused from the meeting at 2:45 PM.

15. Election of President and Treasurer pursuant to NRS 639.040.

The Boardmembers voted to elect the following officers – Helen Park for President and Wayne Mitchell for Treasurer.

Gener Tejero – Yes
Jade Jacobo – Yes
Krystal Freitas – Yes
Wayne Mitchell – Yes
Rolf Zakariassen – Yes

21. Public Comment July 14, 2022, 3:00 PM

There was no public comment.

20. Date and Location of Next Scheduled Board Meeting:

September 7-8, 2022 – Las Vegas, NV

22. 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 (06/08/2021)

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

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

Section 1: General Information

Facility Name: Bigfoot Biomedical, Inc.

MDEG Physical Address: 1820 McCarthy Blvd.

City: Milpitas State: CA Zip: 95035

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (408) 716-5600 Website: bigfootbiomedical.com

Email: legal@bigfootbiomedical.com

Name of MDEG Administrator (NAC 639.694): **Michael Wilkerson**

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

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

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

Name: _____ Telephone: _____

Days and Hours of Operation

Mon:	9 AM - 6 PM
Tues	9 AM - 6 PM
Wed:	9 AM - 6 PM
Thurs:	9 AM - 6 PM
Fri:	9 AM - 6 PM
Sat:	Closed
Sun:	Closed
Holidays:	Closed

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

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

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

Name: N/A Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

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

   a) A practicing health professional; or

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

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

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): _____

Corporation/Organization Name: Bigfoot Biomedical, Inc.

Mailing Address: 1820 McCarthy Blvd.

City: Milpitas State: CA Zip: 95035

Telephone: (408) 716-5600 Email: legal@bigfootbiomedical.com

Contact Person Name: Geoff Shipsides

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

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

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

Brett Hale

Print Name of Authorized Person Submitting Application

Brett Hale

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

March 8, 2022

Date

Board Use Only	Date Received: _____	Amount: $500 Check # 15093 ✓

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BIGFOOT BIOMEDICAL, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF MARCH, 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 "BIGFOOT BIOMEDICAL, INC." WAS INCORPORATED ON THE EIGHTEENTH DAY OF NOVEMBER, A.D. 2014.

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

Jeffrey W. Bullock, Secretary of State

5638077 8300

SR# 20220940082

Authentication: 202870643

Date: 03-09-22

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

BIGFBIO-01 ALYSONSTRUCK

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/10/2021

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 NFP Property & Casualty Services, Inc. 45 Executive Drive Plainview, NY 11803	CONTACT NAME: PHONE (A/C, No, Ext): (516) 327-2700 FAX (A/C, No): E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Federal Insurance Company	20281
INSURED Bigfoot Biomedical Inc 1820 McCarthy Blvd Milpitas, CA 95035	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR			36038033	10/14/2021	10/14/2022	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1,000,000
							MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	POLICY PRO-JECT X LOC						PRODUCTS - COMP/OP AGG	$ Included
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS			73594738	10/14/2021	10/14/2022	BODILY INJURY (Per accident)	$
	X HIRED AUTOS ONLY / X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
A	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	$ 10,000,000
	EXCESS LIAB CLAIMS-MADE			79896117	10/14/2021	10/14/2022	AGGREGATE	$ 10,000,000
	DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Products Comp. Ops			99496933	10/14/2021	10/14/2022	Liability Limit	10,000,000
A	Products Comp. Ops			99496933	10/14/2021	10/14/2022	Errors & Omissions	5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Errors & Omissions: $25,000 Deductible

Evidence of Insurance

CERTIFICATE HOLDER

Evidence of Insurance

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

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STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC HEALTH
FOOD AND DRUG BRANCH

HOME MEDICAL DEVICE RETAIL LICENSE

Bigfoot Biomedical Inc
1820 McCarthy Boulevard
Milpitas, CA 95035

LICENSE NUMBER: 112497
EXPIRATION DATE: 11/23/2022

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

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

Printed: 11/24/2021

STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC HEALTH
FOOD AND DRUG BRANCH

MEDICAL DEVICE MANUFACTURING LICENSE

Bigfoot Biomedical, Inc
1820 McCarthy Boulevard
Milipitas, CA 95035

LICENSE NUMBER: 112426
EXPIRATION DATE: 11/23/2022

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

Printed: 11/30/2020

OSP 07 102308

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: Bigfoot Biomedical, Inc. MDEG License # (if applicable): _____

Physical Address: 1820 McCarthy Blvd.

City: Milpitas State: CA Zip: 95035

Mailing Address (if different from physical address): same

City: _____ State: _____ Zip: _____

Telephone: 408-716-5600 Website: www.bigfootbiomedical.com

Licensing Company Email: licenses@bigfootbiomedical.com

Section 2: Personal Information

First: Michael Middle: Kenneth Last: Wilkerson

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

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

Mailing Address: [redacted] Crescent Drive

City: San Jose State: CA Zip: 95125

Telephone: [redacted] Email: mwilkerson@bigfootbiomedical.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)	
Santa Clara University		08/96 - 05/01	
Address	City	State	Zip
500 El Camino Real	Santa Clara	CA	95035
Diploma/Degree obtained, if any			
Masters of Business Administration			

School Name		From - To (MM/YY – MM/YY)	
San Jose State University		08/87 - 05/92	
Address	City	State	Zip
One Washington Square	San Jose	CA	95192
Diploma/Degree obtained, if any			
Bachelor of Science in General Biology, Minor in Chemistry			

School Name		From - To (MM/YY – MM/YY)	
James Lick High School		08/83 - 05/87	
Address	City	State	Zip
57 N. White Rd.	San Jose	CA	95127
Diploma/Degree obtained, if any			
High School Diploma			

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/10 - 04/22	[redacted] Crescent Drive	San Jose	CA	95125
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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)	
Bigfoot Biomedical, Inc.			06/19 - 04/22	
Business Address		**City**	**State**	**Zip**
1820 McCarthy Blvd.		Milpitas	CA	95035
Phone	**Title**		**Number of Employed Hours**	
408-716-5600	Vice President, Operations and Manufacturing		5632	
Description of Duties				
Responsible for day to day operations of the plant including: planning, purchasing, warehouse, engineering, manufacturing, production, facilities, and prescription and order fulfillment direct to patients and doctors.				

Business Name			From - To (MM/YY – MM/YY)	
Abaxis, Inc. (acquired by Zoetis in 8/2018)			04/10 - 12/19	
Business Address		**City**	**State**	**Zip**
3240 Whipple Rd.		Union City	CA	94587
Phone	**Title**		**Number of Employed Hours**	
510-675-6500	Vice President, Operations		19,344	
Description of Duties				
Responsible for day to day operations of the plant including: planning, purchasing, warehouse, inventory, manufacturing, production, global distribution and order fulfillment direct to military and health care providers				

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

n/a

Original Signature (electronic, copies or stamps not accepted)

04/18/2022

Date

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

Bigfoot Biomedical, Inc.,

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

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

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

Michael Wilkerson
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04/18/2022
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	* If making a change, provide current license number:	☒ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9)
☒ Ownership Change*		☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9)
☒ Name Change*	M MP01143	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9)
☐ Location Change*		☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9)

Section 1: General Information

Facility Name: RGH Enterprises, LLC DBA: Edgepark Medical Supplies; Cardinal Health at Home

MDEG Physical Address: 1265 South River Road, Suite 200

City: Cranbury State: NJ Zip: 08512-3607

Mailing Address (if different from physical address): 7000 Cardinal Place, QRA

City: Dublin State: OH Zip: 43017

Telephone: 508-422-9027 Website: www.edgepark.com

Email: licensure@cardinalhealth.com

Name of MDEG Administrator (NAC 639.694): Thomas Reeves

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

Check the Days the Business will be Opened and provide the Hours of Operation				
☑ Mon: 8:30am-5:30p	☑ Tue: 8:30am-5:30p	☑ Wed: 8:30am-5:30p	☑ Thurs: 8:30am-5:30p	☑ Fri: 8:30am-5:30p
☐ Sat: N/A	☐ Sun: N/A	☐ 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))
See Attached

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: Ohio

Parent Company (if any): Allegiance Corporation

Corporation Name: Allegiance Corporation

Mailing Address: 7000 Cardinal Place, QRA

City: Dublin State: OH Zip: 43017

Telephone: 508-422-9027 Email: licensure@cardinalhealth.com

Contact Person Name: LaToyia Martin

Date of SEC Registration: 02/25/2022	SEC Registration Number: 721371	Stock Exchange Symbol: CAH

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:

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).**			✓	
• **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.

Keegan Chamberlain

Print Name of Authorized Person Submitting Application

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

7/7/22

Date

✓ Payment processed 7/20/22 LJ

Board Use Only	Date Received: _____	Amount: 500.00 CK - 10829089

CardinalHealth

[July 14, 2022]

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

RE: Explanation of Disciplinary History
[RGH Enterprises, LLC]

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. The below disciplinary history has been previously provided to the Nevada State Board of Pharmacy.

In March 2015, the RGH pharmacy located in Twinsburg, OH, was issued a citation and fined $500 by the Maine Board of Pharmacy, for failure to timely report a change in the facility's pharmacist-in-charge. This failure to report within the seven-day time frame was due to the unavailability of the corporate official authorized to sign the application. RGH paid the fine to the Maine State Board of Pharmacy; additionally, RGH has undertaken a process to ensure regulatory notifications occur in a timely manner.

In April 2016, the Hawaii Board of Pharmacy took derivative action against the Twinsburg, OH, facility based on the action described above. RGH entered a Settlement Agreement with Hawaii and agreed to pay a $250 fine; the matter was closed on May 6, 2016.

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.

If you have any questions, Cory Kopitzke, Assistant General Counsel, Regulatory at Cory.Kopitzke01@cardinalhealth.com.

Sincerely,

Keegan Chamberlain
Director, Global Logistics Quality Management

RGH ENTERPRISES, INC.
1810 Summit Commerce Park
Twinsburg, Ohio 44087
(330)963-6998

Description of Operations

Type of business: RGH Enterprises, LLC sells, at retail, medical devices and disposable diabetic, ostomy, urological, incontinence and wound care supplies via mail order throughout the United States; and (2) wholesales non-prescription drugs, medical devices and disposable medical supplies to pharmacies, hospitals, clinics, distributors, wholesalers, DME suppliers, physicians and other licensed health care professionals. RGH Enterprises, Inc. does not sell prescription drugs at retail.

RGH Site	Enrollment Address	State	Provider No.	Associated NPI	Associated PTAN
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Alaska	1577887	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Arizona	496738	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Arkansas	199742741	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	California	1609858729	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Colorado	43128556	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Delaware	20044164	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	District of Columbia	41270500	1609858729	0166020001
FL	12705 Pritchard Rd Jacksonville, FL 32220	Georgia	003149398A	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Hawaii	596140	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Idaho	1609858729	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Illinois	341650951002	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Indiana	200843320A	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Iowa	1609858729	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Kansas	200851380A	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Kansas-DME	2000569208	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Kentucky	7100142060	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Louisiana	2160117	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Maine	1609858729	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Maryland	222516600	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Massachusetts	1101284818	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Michigan	1609858729	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Minnesota	1609858729	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Mississippi	6432701	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Missouri	629969700	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Montana	1609858729	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Nebraska	100258842-00	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Nevada	1609858729	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	New Hampshire	3099440	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	New Jersey	346535	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	New Mexico	38920387	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	New York	3450011	1609858729	0166020001
NC	4234 SURLES CT, STE 100 DURHAM, NC 27703-8598	North Carolina	1356886030	1356886030	0166020004
ND	MCO Only Enrollment	North Dakota	1478102	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Ohio	830757	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Oklahoma	200428360A	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Oregon	290834	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Pennsylvania	71120630002	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Rhode Island	6020001	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	South Carolina	DM1375	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	South Dakota	1609858729	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Tennessee	4582447	1609858729	0166020001
TX	5400 Sandshell Drive, Ste 160 Fort Worth, Tx 76137-2483	Texas - Instate	3385056-01	1568878114	166020003
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Texas out of state	1521744-01	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Utah	1609858729	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Vermont	1020569	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Virginia	1609858729	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Washington	1609858729	1609858729	0166020001
PA	171 Thorn Hill Rd, Ste A Warrendale, PA 15086-7527	West Virginia	1336692094	1336692094	0166020005
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Wisconsin	1609858729	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Wyoming	132923500	1609858729	0166020001

CardinalHealth

Officer Name	Title	Business Address	Business Phone Number	Email Address
Scott B. Zimmerman	Senior Vice President, Treasurer	7000 Cardinal Place, Dublin, OH 43017	614-757-7391	scott.zimmerman@cardinalhealth.com
Keegan David Chamberlain	Director, Quality Management	7200 Cardinal Place, Dublin, OH 43017	614-553-4640	Keegan.Chamberlain@cardinalhealth.com
John Joseph Tufano, Jr.	Senior Legal Counsel	7000 Cardinal Place, Dublin OH 43017	614-757-1417	john.tufano@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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MP01143

NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE

0746016

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:

1810 SUMMIT COMERCE PARK TWINSBURG, OH 44087-
1265 S RIVER RD, STE 200 CRANBURY,NJ 08512-
1360 MADELINE LANE - STE 500 ELGIN, IL 60124-
5400 SANDSHELL DR - STE 160 FORT WORTH, TX 76137-
2584 NE 181ST AVE PORTLAND, OR 97230-
3980 EARLSTONE ST ONTARIO, CA 91761-
4234 SURLES CT - STE 100 DURHAM, NC 27703-
12600 NE 40TH ST, STE 100 KANSAS CITY, MO 64141-

Reg. No.
5003981

RGH ENTERPRISES, LLC
C/O CARDINAL HEALTH
ATTN: CYNTHIA RHODES, SUP
7000 CARDINAL PLACE, OCLC-QRA
DUBLIN, OH 43017-

ISSUED PURSUANT TO
N.J.S.A. 24:6B

EXPIRES: January 31, 2023

Establishment Copy

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 RGH ENTERPRISES, LLC, an Ohio Limited Liability Company, Registration Number 770802, was organized in the State of Ohio on April 9, 1990, 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 20th day of May, A.D. 2022.

Ohio Secretary of State

Validation Number: 202214001106

Explanation Regarding Enteral supplies

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

(a) Cleaning of the equipment; Business does not clean or service equipment

(b) Potential hazards and warning signs of malfunctioning or inadequately functioning equipment; Information would be provided by the manufacturer of the equipment and if instructed by the manufacturer, business (as a distributor), would notify customers if directed to do so with a communication provided by the manufacturer.

(c) Maintenance procedures for the equipment N/A business does not service equipment

(d) The telephone number, contact name, and contact address for emergency servicing or repair of the equipment, and for routine servicing or repair of the equipment; and N/A would need to contact the manufacturer.

(e) The written materials about the equipment that are available from the medical products provider or the manufacturer of the equipment. Instructions/directions for use are provided in packaging supplied by manufacturer.

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

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

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)	
							PERSONAL & ADV INJURY	$5,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$5,000,000
	X POLICY [ ] PRO-JECT [ ] LOC						PRODUCTS - COMP/OP AGG	Excluded
	OTHER:						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 in						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 (AOS)	06/30/2022	06/30/2023	X PER STATUTE OTH-ER	
A	ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N [N] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		RWR943512617 (WI)	06/30/2022	06/30/2023	E.L. EACH ACCIDENT	$5,000,000
							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 #:

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 #:

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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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 Insureds Continued

Cardinal Health 3, LLC
Cardinal Health 414, LLC
Cardinal Health 418, Inc.
Cardinal Health 5, LLC
Cardinal Health 500, LLC
Cardinal Health 524, LLC
Cardinal Health 529, LLC
Cardinal Health 6, Inc.
Cardinal Health 7, LLC
Cardinal Health 8, LLC
Cardinal Health Australia 503 Pty Ltd.
Cardinal Health Austria 504 GmbH
Cardinal Health Belgium 505 BVBA
Cardinal Health Canada Holdings Cooperatie U.A.
Cardinal Health Canada Inc.
Cardinal Health Capital Corporation
Cardinal Health Cardiology Solutions, LLC
Cardinal Health Chile Limitada
Cardinal Health Colombia S.A.S.
Cardinal Health Commercial Technologies, LLC
Cardinal Health Corporate Solutions, LLC
Cardinal Health D.R. 203 II Ltd.
Cardinal Health Denmark ApS
Cardinal Health do Brasil Ltda.
Cardinal Health Finance
Cardinal Health Finland Oy
Cardinal Health Foundation
Cardinal Health France 506 SAS
Cardinal Health Funding, LLC
Cardinal Health Germany 507 GmbH
Cardinal Health Germany Manufacturing GmbH
Cardinal Health Holding International, Inc.
Cardinal Health International Philippines, Inc.
Cardinal Health IPS, LLC
Cardinal Health Ireland 419 Designated Activity Company
Cardinal Health Ireland 508 Limited
Cardinal Health Ireland Manufacturing Limited
Cardinal Health Ireland Unlimited Company
Cardinal Health Italy 509 S.r.l.
Cardinal Health Japan G.K.
Cardinal Health Korea Limited
Cardinal Health Luxembourg 420 S.a.r.l.
Cardinal Health Luxembourg 522 S.à.r.l.
Cardinal Health Malaysia 211 Sdn. Bhd.
Cardinal Health Malta 212 Limited
Cardinal Health Managed Care Services, LLC
Cardinal Health Medical Products India Private Limited
Cardinal Health Mexico 244 S. de R.L. de C.V.
Cardinal Health Mexico 514 S. de R.L. de C.V.
Cardinal Health Middle East FZ-LLC
Cardinal Health MPB, Inc.
Cardinal Health Napoleon Holding, LLC
Cardinal Health Netherlands 502 B.V.
Cardinal Health Netherlands 525 Coöperatie U.A.
Cardinal Health Netherlands 528 B.V.
Cardinal Health Norway AS

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AGENCY CUSTOMER ID: 570000070825
LOC #:

ADDITIONAL REMARKS SCHEDULE

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

Named Insureds Continued

Cardinal Health P.R. 120, Inc.
Cardinal Health P.R. 218, Inc.
Cardinal Health P.R. 220, LLC
Cardinal Health P.R. 436, Inc.
Cardinal Health Pharmaceutical Contracting, LLC
Cardinal Health Pharmacy Services, LLC
Cardinal Health Poland Spólka z ograniczona odpowiedzialnoscia
Cardinal Health Portugal 513, Unipessoal Lda.
Cardinal Health Singapore 225 Pte. Ltd.
Cardinal Health Spain 511 S.L.
Cardinal Health Specialty Pharmacy, LLC
Cardinal Health Sweden 512 A.B.
Cardinal Health Switzerland 515 GmbH
Cardinal Health Systems, Inc.
Cardinal Health Technologies Switzerland GmbH
Cardinal Health Technologies, LLC
Cardinal Health U.K. 418 Limited
Cardinal Health U.K. 432 Limited
Cardinal Health U.K. Holding Limited
Cardinal Health U.K. International Holding LLP
Cardinal Health, Inc.
Cardinal Medical Equipment Consulting (Shanghai) Co., Ltd.
Cirpro de Delicias S.A. de C.V.
Clinic Pharmacies III, LLC
Clinic Pharmacies, LLC
Community Pharmacy Enterprises, LLC
Convertors de Mexico S.A. de C.V.
Cordis (Shanghai) Medical Devices Co., Ltd.
Cordis Cashel Unlimited Company
Cordis Corporation
Cornerstone Partners G.P.O., L.P.
Covidien Canada Holdings (C) Cooperatie U.A. (Inactive)
Covidien Ireland Limited (Inactive)
Covidien Manufacturing Solutions, S.A.
Dutch American Manufacturers II (D.A.M. II) B.V.
Ellipticare, LLC
EPIC Insurance Company
Especialidades Medicas Kenmex S.A. de C.V.
Flexible Stenting Solutions, Inc.
Frog Horned Capital, Inc.
Generic Drug Holdings, Inc.
Griffin Capital, LLC
HDG Acquisition, Inc.
imgRx Healdsburg, Inc.
imgRx Salud, Inc.
imgRx SJ Valley, Inc.
imgRx SLO, Inc.
imgRx Sonoma, Inc.
InnerDyne Holdings, Inc.
Innovative Therapies,LLC
Instant Diagnostic Systems, Inc (Inactive - Aug 2018)
InteCardia-Tennessee East Catheterization, LLC
ITI Sales, LLC
Kendall-Gammatron Limited
Killilea Development Company, Ltd
Kinray I, LLC
KPR Australia Pty. Ltd
KPR Switzerland Sales GmbH
KPR U.S., LLC
Leader Drugstores, Inc

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AGENCY CUSTOMER ID: 570000070825
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 Insureds Continued

Limited Liability Company "Cardinal Health Russia"
Ludlow Technical Products Canada, Ltd.
Marin Apothecaries
Medicap Pharmacies Incorporated
Medicine Shoppe Capital Corporation
Medicine Shoppe International, Inc.
Medicine Shoppe Internet, Inc.
Mediquip Sdn. Bhd.
Mirixa Corporation
MSCRIPTS HOLDING, LLC
MSCRIPTS, LLC
NeuroLogic GPO, LLC
Nippon Covidien Ltd.
One Cloverleaf, LLC
Outcomes Incorporated
Owen Shared Services, Inc.
Pharmacy Operations Of New York, Inc.
Pharmacy Operations, Inc.
Physicians Purchasing, Inc.
Pinnacle Intellectual Property Services, Inc.
Pinnacle Intellectual Property Services-International, Inc.
Quiroproductos de Cuauhtemoc S. de R.L. de C.V.
RainTree Administrative Services, LLC
RainTree Care Management, LLC
RainTree GPO, LLC
Ransdell Surgical, Inc.
Red Oak Sourcing, LLC
Renal Purchasing Group, LLC
RGH Enterprises, LLC
RT Oncology Services Corporation
Rxealtime, Inc.
Sierra Radiopharmacy, L.L.C.
Sonexus Health Access & Patient Support, LLC
Sonexus Health Distribution Services, LLC
Sonexus Health Financial Solutions, LLC
Sonexus Health Pharmacy Services, LLC
Sonexus Health, LLC
TelePharm, LLC
The Harvard Drug Group, L.L.C.
Tianjin ITI Trading Company
Tradex International, Inc.
Uromed, Inc. (Inactive)
Wavemark Lebanon Offshore s.a.l.
Wavemark, Inc.

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NEVADA STATE BOARD OF PHARMACY

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

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

Rev (06/21/2022)

NAC 639.694

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

NAC 639.6946

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

NAC 639.6957

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

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

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

NEVADA STATE BOARD OF PHARMACY

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

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

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: RGH Enterprises, LLC Edgepark Medical Supplies; Cardinal Health at Home — MDEG License # (if applicable): MP01143

Physical Address: 1265 South River Road, Suite 200

City: Cranbury — State: NJ — Zip: 08512-3607

Mailing Address (if different from physical address): 7000 Cardinal Place, QRA

City: Dublin — State: OH — Zip: 43017

Telephone: 508-422-9027 — Website: www.edgepark.com

Licensing Company Email: licensure@cardinalhealth.com

Section 2: Personal Information

First: Thomas — Middle: Lafontaine — Last: Reeves III

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

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

Mailing Address: 1265 South River Road, Suite 200

City: Cranbury — State: NJ — Zip: 08512-3607

Telephone: 1-800-321-0591 x 8210 — Email: Thomas.L.Reeves@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?	NA	NA

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

School Name		From - To (MM/YY – MM/YY)	
Liberty University		01/12	08/14
Address	**City**	**State**	**Zip**
1971 University Blvd	Lynchburg	VA	24515
Diploma/Degree obtained, if any			
Bachelor Science Business Administration Healthcare Management			

School Name		From - To (MM/YY – MM/YY)	
Fayetteville State University		08/92 - 06/95	
Address	**City**	**State**	**Zip**
1200 murchison Rd	Fayetteville	NC	28301
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
University of NC @ Greensboro		08/89 - 05/92	
Address	**City**	**State**	**Zip**
1400 Spring Garden st	Greensboro	NC	27412
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Roanoke High School		08/85	06/89
Address	**City**	**State**	**Zip**
21077 NC-903	Robersonville	NC	27871
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
05/20 -Present	[redacted] Betty Ln.	Ewing	NJ	08628
07/14 - 05/20	[redacted] Bere Island Dr	Charlotte	NC	28278
08/04 - 06/14	[redacted] Gavins Way	Goose Creek	SC	29445
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

MP 01143

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			04/2020 - Present	
Business Address		**City**	**State**	**Zip**
1265 S.River Rd		Cranbury	NJ	08628
Phone	**Title**		**Number of Employed Hours**	
800-321-0591	Director of Operations		5200	
Description of Duties				
Oversee operations for the distribution on medical products to atHome patients.				

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		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:

Thomas Nevins III
Original Signature (electronic, copies or stamps not accepted)

07/07/2022
Date

I, Thomas L. Reeves III, **certify that as the MDEG Administrator for** RGH Enterprises, LLC, Edgepark Medical Supplies, Cardinal Health at Home

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

1. TLR Have a high school diploma or its equivalent;
2. TLR 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. TLR 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. TLR 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 L. Reeves III
Print Name (First, Last)

Thomas L. Reeves III
Original Signature (electronic, copies or stamps not accepted)

07/07/2022
Date

Board Use Only	Date Received: _____

4C

NEVADA STATE BOARD OF PHARMACY

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

4

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 MP01228	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9)

Section 1: General Information

Facility Name: RGH Enterprises, LLC Known in NC as HHI Enterprises, LLC DBA: Edgepark Medical Supplies; Cardinal Health

MDEG Physical Address: 4234 Surles Ct., Suite 100

City: Durham State: NC Zip: 27703

Mailing Address (if different from physical address): 7000 Cardinal Place, QRA

City: Dublin State: OH Zip: 43017

Telephone: 919-472-4030 Website: www.edgepark.com

Email: licensure@cardinalhealth.com

Name of MDEG Administrator (NAC 639.694): Agnes Mae Plourde

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

Check the Days the Business will be Opened and provide the Hours of Operation				
■ Mon: 8:30am-5:30p	■ Tue: 8:30am -5:30p	■ Wed: 8:30am-5:30p	■ Thurs: 8:30am-5:30p	■ Fri: 8:30am-5:30p
☐ 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))
SEE ATTACHED

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: Ohio

Parent Company (if any): Allegiance Corporation

Corporation Name: Allegiance Corporation

Mailing Address: 7000 Cardinal Place, QRA

City: Dublin State: OH Zip: 43017

Telephone: 508-422-9027 Email: licensure@cardinalhealth.com

Contact Person Name: LaToyia Martin

Date of SEC Registration: 02/25/2022	SEC Registration Number: 721371	Stock Exchange Symbol: CAH

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:

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).**			✓	
• **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.

Keegan Chamberlain

Print Name of Authorized Person Submitting Application

K Chamberlain

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

7/7/22

Date

✓ Payment processed 7/20/22 g

Board Use Only	Date Received: _____	Amount: 500.00 CK - 10829093

CardinalHealth

[July 14, 2022]

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

RE: Explanation of Disciplinary History
[RGH Enterprises, LLC]

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. The below disciplinary history has been previously provided to the Nevada State Board of Pharmacy.

In March 2015, the RGH pharmacy located in Twinsburg, OH, was issued a citation and fined $500 by the Maine Board of Pharmacy, for failure to timely report a change in the facility's pharmacist-in-charge. This failure to report within the seven-day time frame was due to the unavailability of the corporate official authorized to sign the application. RGH paid the fine to the Maine State Board of Pharmacy; additionally, RGH has undertaken a process to ensure regulatory notifications occur in a timely manner.

In April 2016, the Hawaii Board of Pharmacy took derivative action against the Twinsburg, OH, facility based on the action described above. RGH entered a Settlement Agreement with Hawaii and agreed to pay a $250 fine; the matter was closed on May 6, 2016.

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.

If you have any questions, Cory Kopitzke, Assistant General Counsel, Regulatory at Cory.Kopitzke01@cardinalhealth.com.

Sincerely,

Keegan Chamberlain
Director, Global Logistics Quality Management

RGH ENTERPRISES, INC.
1810 Summit Commerce Park
Twinsburg, Ohio 44087
(330)963-6998

Description of Operations

Type of business: RGH Enterprises, LLC sells, at retail, medical devices and disposable diabetic, ostomy, urological, incontinence and wound care supplies via mail order throughout the United States; and (2) wholesales non-prescription drugs, medical devices and disposable medical supplies to pharmacies, hospitals, clinics, distributors, wholesalers, DME suppliers, physicians and other licensed health care professionals. RGH Enterprises, Inc. does not sell prescription drugs at retail.

Explanation Regarding Enteral supplies

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

(a) Cleaning of the equipment; Business does not clean or service equipment

(b) Potential hazards and warning signs of malfunctioning or inadequately functioning equipment; Information would be provided by the manufacturer of the equipment and if instructed by the manufacturer, business (as a distributor), would notify customers if directed to do so with a communication provided by the manufacturer.

(c) Maintenance procedures for the equipment N/A business does not service equipment

(d) The telephone number, contact name, and contact address for emergency servicing or repair of the equipment, and for routine servicing or repair of the equipment; and N/A would need to contact the manufacturer.

(e) The written materials about the equipment that are available from the medical products provider or the manufacturer of the equipment. Instructions/directions for use are provided in packaging supplied by manufacturer.

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

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

RGH Site	Enrollment Address	State	Provider No.	Associated NPI	Associated FTAN
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Alaska	1577887	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Arizona	496738	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Arkansas	199742741	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	California	1609858729	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Colorado	43128556	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Delaware	20044164	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	District of Columbia	41270500	1609858729	0166020001
FL	12705 Pritchard Rd Jacksonville, FL 32220	Georgia	003149398A	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Hawaii	596140	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Idaho	1609858729	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Illinois	3416509351002	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Indiana	200843320A	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Iowa	1609858729	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Kansas	200851380A	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Kansas-DME	200056920B	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Kentucky	7100142060	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Louisiana	2160117	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Maine	1609858729	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Maryland	222516600	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Massachusetts	110128481B	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Michigan	1609858729	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Minnesota	1609858729	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Mississippi	6432701	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Missouri	629969700	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Montana	1609858729	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Nebraska	100258842-00	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Nevada	1609858729	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	New Hampshire	3099440	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	New Jersey	346535	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	New Mexico	38910387	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	New York	3450011	1609858729	0166020001
NC	4234 SURLES CT, STE 100 DURHAM, NC 27703-8598	North Carolina	1356886030	1356886030	0166020004
ND	MCO Only Enrollment	North Dakota	1478102	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Ohio	830757	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Oklahoma	200428360A	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Oregon	290834	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Pennsylvania	71120630002	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Rhode Island	6020001	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	South Carolina	DM1376	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	South Dakota	1609858729	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Tennessee	4582447	1609858729	0166020001
TX	5400 Sandshell Drive, Ste 160 Fort Worth, Tx 76137-2483	Texas - instate	3385056-01	1568678214	166020003
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Texas out of state	1921744-01	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Utah	1609858729	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Vermont	1020569	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Virginia	1609858729	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Washington	1609858729	1609858729	0166020001
PA	171 Thorn Hill Rd, Ste A Warrendale, PA 15086-7527	West Virginia	1336692094	1336692094	0166020005
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Wisconsin	1609858729	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Wyoming	132923500	1609858729	0166020001

CardinalHealth

Officer Name	Title	Business Address	Business Phone Number	Email Address
Scott B. Zimmerman	Senior Vice President, Treasurer	7000 Cardinal Place, Dublin, OH 43017	614-757-7391	scott.zimmerman@cardinalhealth.com
Keegan David Chamberlain	Director, Quality Management	7200 Cardinal Place, Dublin, OH 43017	614-553-4640	Keegan.Chamberlain@cardinalhealth.com
John Joseph Tufano, Jr.	Senior Legal Counsel	7000 Cardinal Place, Dublin OH 43017	614-757-1417	john.tufano@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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NORTH CAROLINA BOARD OF PHARMACY

Facility: RGH Enterprises, LLC dba Cardinal Health at Home; Edgepark Medical Supplies
Address: 4234 Surles Ct., Suite 100 Durham, NC 27703
Permit Type: DME
Permit #: 02962
Re-Issue Date: 11/08/2021
Expiration Date: 12/31/2022
Person In Charge: Dennis Piper

NC Law requires notification of address change within 30 days.

PLEASE NOTIFY BOARD OF NAME AND/OR ADDRESS CHANGE

REFER TO YOUR LICENSE NUMBER IN ANY COMMUNICATION

Permit #: 02962

NORTH CAROLINA BOARD OF PHARMACY

2022

Device & Medical Equipment

This is to certify that

RGH Enterprises, LLC dba Cardinal Health at Home; Edgepark Medical Supplies

4234 Surles Ct., Suite 100 Durham, NC 27703 Durham

Has been renewed for the year ending December 31st 2022.

Dennis Piper

11/08/2021
Re-Issued

PRESIDENT

EXECUTIVE DIRECTOR

NC Board of Pharmacy, 6015 Farrington Road, Suite 201, Chapel Hill, NC 27517

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 RGH ENTERPRISES, LLC, an Ohio Limited Liability Company, Registration Number 770802, was organized in the State of Ohio on April 9, 1990, 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 20th day of May, A.D. 2022.

Ohio Secretary of State

Validation Number: 202214001106

CardinalHealth™

June 30, 2022

To whom it may concern:

This is a declaration and confirmation by Cardinal Health, Inc. and its subsidiaries exclusively that:

Cardinal Health is self-insured for products, completed operations liability and pharmacist professional liability. You will not be named as additional insured for any of the self-insured retention limits of the product liability, completed operations liability and pharmacist professional liability coverages. Cardinal Health's self-insurance is backed by its financial strength documented in financial statements found at www.cardinalhealth.com. The existence of self-insurance within Cardinal Health's insurance program does not change any contractual obligation we may have, and shall not be deemed to exceed the scope of coverage and/or limits required, under our written contract or agreement with you.

As respects the Automobile Liability, Automobile Physical Damage, Comprehensive and Collision coverage is self-insured for all owned vehicles.

Please direct any questions or concerns to GMB-DUB-RiskManagement@cardinalhealth.com.

Denise Johnston
Director, Risk Management

JPK/as

enc.

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 06/27/2022

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

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

PRODUCER	CONTACT NAME:	
Aon Risk Services Northeast, Inc. Cincinnati OH Office 8044 Montgomery Road Suite 405 Cincinnati OH 45236-2919 USA	PHONE (A/C. No. Ext): (866) 283-7122	FAX (A/C. No.): (800) 363-0105
	E-MAIL ADDRESS:	

INSURED	INSURER(S) AFFORDING COVERAGE		NAIC #
Cardinal Health, Inc. (See Additional Page) 7000 Cardinal Place Dublin OH 43017 USA	INSURER A:	XL Insurance America Inc	24554
	INSURER B:	XL Specialty Insurance Co	37885
	INSURER C:	Greenwich Insurance Company	22322
	INSURER D:	Indian Harbor Insurance Company	36940
	INSURER E:		
	INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** 570094095707 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
C	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X Liquor Liability Included GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:			RGD943716717 AOS, PR	06/30/2022	06/30/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Liquor Liability Lim	$5,000,000 $1,000,000 $5,000,000 $5,000,000 Excluded Included
C	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY			RAD943716817	06/30/2022	06/30/2023	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$5,000,000
A	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION			US00092147LI22A SIR applies per policy terms & conditions	06/30/2022	06/30/2023	EACH OCCURRENCE AGGREGATE Products/Completed O	$5,000,000 $5,000,000 Excluded
A A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (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.

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Holder Identifier : Z

Certificate No : 570094095707

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: 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 #:

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

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

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

Named Insureds Continued

Cardinal Health 3, LLC
Cardinal Health 414, LLC
Cardinal Health 418, Inc.
Cardinal Health 5, LLC
Cardinal Health 500, LLC
Cardinal Health 524, LLC
Cardinal Health 529, LLC
Cardinal Health 6, Inc.
Cardinal Health 7, LLC
Cardinal Health 8, LLC
Cardinal Health Australia 503 Pty Ltd.
Cardinal Health Austria 504 GmbH
Cardinal Health Belgium 505 BVBA
Cardinal Health Canada Holdings Cooperatie U.A.
Cardinal Health Canada Inc.
Cardinal Health Capital Corporation
Cardinal Health Cardiology Solutions, LLC
Cardinal Health Chile Limitada
Cardinal Health Colombia S.A.S.
Cardinal Health Commercial Technologies, LLC
Cardinal Health Corporate Solutions, LLC
Cardinal Health D.R. 203 II Ltd.
Cardinal Health Denmark ApS
Cardinal Health do Brasil Ltda.
Cardinal Health Finance
Cardinal Health Finland Oy
Cardinal Health Foundation
Cardinal Health France 506 SAS
Cardinal Health Funding, LLC
Cardinal Health Germany 507 GmbH
Cardinal Health Germany Manufacturing GmbH
Cardinal Health Holding International, Inc.
Cardinal Health International Philippines, Inc.
Cardinal Health IPS, LLC
Cardinal Health Ireland 419 Designated Activity Company
Cardinal Health Ireland 508 Limited
Cardinal Health Ireland Manufacturing Limited
Cardinal Health Ireland Unlimited Company
Cardinal Health Italy 509 S.r.l.
Cardinal Health Japan G.K.
Cardinal Health Korea Limited
Cardinal Health Luxembourg 420 S.a.r.l.
Cardinal Health Luxembourg 522 S.à.r.l.
Cardinal Health Malaysia 211 Sdn. Bhd.
Cardinal Health Malta 212 Limited
Cardinal Health Managed Care Services, LLC
Cardinal Health Medical Products India Private Limited
Cardinal Health Mexico 244 S. de R.L. de C.V.
Cardinal Health Mexico 514 S. de R.L. de C.V.
Cardinal Health Middle East FZ-LLC
Cardinal Health MPB, Inc.
Cardinal Health Napoleon Holding, LLC
Cardinal Health Netherlands 502 B.V.
Cardinal Health Netherlands 525 Coöperatie U.A.
Cardinal Health Netherlands 528 B.V.
Cardinal Health Norway AS

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AGENCY CUSTOMER ID: 570000070825
LOC #:

ADDITIONAL REMARKS SCHEDULE

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 Insureds Continued

Cardinal Health P.R. 120, Inc.
Cardinal Health P.R. 218, Inc.
Cardinal Health P.R. 220, LLC
Cardinal Health P.R. 436, Inc.
Cardinal Health Pharmaceutical Contracting, LLC
Cardinal Health Pharmacy Services, LLC
Cardinal Health Poland Spólka z ograniczona odpowiedzialnoscia
Cardinal Health Portugal 513, Unipessoal Lda.
Cardinal Health Singapore 225 Pte. Ltd.
Cardinal Health Spain 511 S.L.
Cardinal Health Specialty Pharmacy, LLC
Cardinal Health Sweden 512 A.B.
Cardinal Health Switzerland 515 GmbH
Cardinal Health Systems, Inc.
Cardinal Health Technologies Switzerland GmbH
Cardinal Health Technologies, LLC
Cardinal Health U.K. 418 Limited
Cardinal Health U.K. 432 Limited
Cardinal Health U.K. Holding Limited
Cardinal Health U.K. International Holding LLP
Cardinal Health, Inc.
Cardinal Medical Equipment Consulting (Shanghai) Co., Ltd.
Cirpro de Delicias S.A. de C.V.
Clinic Pharmacies III, LLC
Clinic Pharmacies, LLC
Community Pharmacy Enterprises, LLC
Convertors de Mexico S.A. de C.V.
Cordis (Shanghai) Medical Devices Co., Ltd.
Cordis Cashel Unlimited Company
Cordis Corporation
Cornerstone Partners G.P.O., L.P.
Covidien Canada Holdings (C) Cooperatie U.A. (Inactive)
Covidien Ireland Limited (Inactive)
Covidien Manufacturing Solutions, S.A.
Dutch American Manufacturers II (D.A.M. II) B.V.
Ellipticare, LLC
EPIC Insurance Company
Especialidades Medicas Kenmex S.A. de C.V.
Flexible Stenting Solutions, Inc.
Frog Horned Capital, Inc.
Generic Drug Holdings, Inc.
Griffin Capital, LLC
HDG Acquisition, Inc.
imgRx Healdsburg, Inc.
imgRx Salud, Inc.
imgRx SJ Valley, Inc.
imgRx SLO, Inc.
imgRx Sonoma, Inc.
InnerDyne Holdings, Inc.
Innovative Therapies,LLC
Instant Diagnostic Systems, Inc (Inactive - Aug 2018)
InteCardia-Tennessee East Catheterization, LLC
ITI Sales, LLC
Kendall-Gammatron Limited
Killilea Development Company, Ltd
Kinray I, LLC
KPR Australia Pty. Ltd
KPR Switzerland Sales GmbH
KPR U.S., LLC
Leader Drugstores, Inc

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AGENCY CUSTOMER ID: 570000070825
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 Insureds Continued

Limited Liability Company "Cardinal Health Russia"
Ludlow Technical Products Canada, Ltd.
Marin Apothecaries
Medicap Pharmacies Incorporated
Medicine Shoppe Capital Corporation
Medicine Shoppe International, Inc.
Medicine Shoppe Internet, Inc.
Mediquip Sdn. Bhd.
Mirixa Corporation
MSCRIPTS HOLDING, LLC
MSCRIPTS, LLC
NeuroLogic GPO, LLC
Nippon Covidien Ltd.
One Cloverleaf, LLC
Outcomes Incorporated
Owen Shared Services, Inc.
Pharmacy Operations Of New York, Inc.
Pharmacy Operations, Inc.
Physicians Purchasing, Inc.
Pinnacle Intellectual Property Services, Inc.
Pinnacle Intellectual Property Services-International, Inc.
Quiroproductos de Cuauhtemoc S. de R.L. de C.V.
RainTree Administrative Services, LLC
RainTree Care Management, LLC
RainTree GPO, LLC
Ransdell Surgical, Inc.
Red Oak Sourcing, LLC
Renal Purchasing Group, LLC
RGH Enterprises, LLC
RT Oncology Services Corporation
Rxealtime, Inc.
Sierra Radiopharmacy, L.L.C.
Sonexus Health Access & Patient Support, LLC
Sonexus Health Distribution Services, LLC
Sonexus Health Financial Solutions, LLC
Sonexus Health Pharmacy Services, LLC
Sonexus Health, LLC
TelePharm, LLC
The Harvard Drug Group, L.L.C.
Tianjin ITI Trading Company
Tradex International, Inc.
Uromed, Inc. (Inactive)
Wavemark Lebanon Offshore s.a.l.
Wavemark, Inc.

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NEVADA STATE BOARD OF PHARMACY

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

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

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG RGH Enterprises, LLC Known in NC as HH Enterprises, LLC DBA Edgepark Medical Supplies, Cardinal Health at Home MDEG License # (if applicable) MP01228

Physical Address 4234 Surles Ct., Suite 100

City Durham State NC Zip 27703

Mailing Address (if different from physical address) 7000 Cardinal Place, QRA

City Dublin State OH Zip 43017

Telephone 919-472-4030 Website www.edgepark.com

Licensing Company Email licensure@cardinalhealth.com

Section 2: Personal Information

First Agnes Middle Mae Last Plourde

Alias(es, nicknames, name changes, etc.) Agnes M. Guy

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

Mailing Address 4234 Surles Ct., Suite 100

City Durham State NC Zip 27703

Telephone 919-472-4030 Email agnes.plourde@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?		✓

MP01228

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

School Name		From - To (MM/YY – MM/YY)	
Riverside Community College		1996-1197	
Address	City	State	Zip
4800 Magnolia Avenue	Riverside	Ca	92506
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Rome Free Academy		9/1971-10/1973	
Address	City	State	Zip
95 Dart Circle	Rome	N.Y.	13441
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			

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/2022-present	[redacted] Weldon Way	Henderson	NC	27537
6/2013-6/2022	[redacted] Tyler Bluff Lane	Raleigh	NC	27616
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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 At Home			6/13-present	
Business Address		City	State	Zip
4234 Surles Court		Durham	NC	27703
Phone	Title		Number of Employed Hours	
919-472-4030	Inventory/Inbound Supervisor		34000	
Description of Duties				
Supervise over all inventory and inbound functions and employees.				

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

Date of Event/Arrest	Disposition Date	State	City	County

Case #	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, Agnes Mae Plourde, certify that as the MDEG Administrator for

Cardinal Health At Home,

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

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

Agnes Plourde

Print Name (First, Last)

Agnes Plourde

Original Signature (electronic, copies or stamps not accepted)

7/1/2022

Date

Board Use Only	Date Received:

4D

4

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 MP00666	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9)

Section 1: General Information

Facility Name: RGH Enterprises, LLC DBA: Edgepark Medical Supplies; Cardinal Health at Home

MDEG Physical Address: 1360 Madeline Lane, Suite 500

City: Elgin State: IL Zip: 60124

Mailing Address (if different from physical address): 7000 Cardinal Place, QRA

City: Dublin State: OH Zip: 43017

Telephone: 847-695-1702 Website: www.edgepark.com

Email: licensure@cardinalhealth.com

Name of MDEG Administrator (NAC 639.694): Christine McGovern

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

Check the Days the Business will be Opened and provide the Hours of Operation				
☑ Mon: 8:30 AM-5:00	☑ Tue: 8:30 AM-5:00 P	☑ Wed: 8:30 AM-5:00	☑ Thurs: 8:30 AM-5:00	☑ Fri: 8:30 AM-5:00 P
☐ Sat: N/A	☐ Sun: N/A	☐ Holidays: N/A		

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	✓	
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))
See Attached

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: Ohio

Parent Company (if any): Allegiance Corporation

Corporation Name: Allegiance Corporation

Mailing Address: 7000 Cardinal Place, QRA

City: Dublin State: OH Zip: 43017

Telephone: 508-422-9027 Email: licensure@cardinalhealth.com

Contact Person Name: LaToyia Martin

Date of SEC Registration: 02/25/2022	SEC Registration Number: 721371	Stock Exchange Symbol: CAH

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:

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).**			✓	
• **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.

Keegan Chamberlain

Print Name of Authorized Person Submitting Application

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

7/7/22

Date

✓ processed 7/28/22

Board Use Only	Date Received: _____	Amount: 500.00 CK - 10829091

CardinalHealth

[July 14, 2022]

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

RE: Explanation of Disciplinary History
[RGH Enterprises, LLC]

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. The below disciplinary history has been previously provided to the Nevada State Board of Pharmacy.

In March 2015, the RGH pharmacy located in Twinsburg, OH, was issued a citation and fined $500 by the Maine Board of Pharmacy, for failure to timely report a change in the facility's pharmacist-in-charge. This failure to report within the seven-day time frame was due to the unavailability of the corporate official authorized to sign the application. RGH paid the fine to the Maine State Board of Pharmacy; additionally, RGH has undertaken a process to ensure regulatory notifications occur in a timely manner.

In April 2016, the Hawaii Board of Pharmacy took derivative action against the Twinsburg, OH, facility based on the action described above. RGH entered a Settlement Agreement with Hawaii and agreed to pay a $250 fine; the matter was closed on May 6, 2016.

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.

If you have any questions, Cory Kopitzke, Assistant General Counsel, Regulatory at Cory.Kopitzke01@cardinalhealth.com.

Sincerely,

Keegan Chamberlain
Director, Global Logistics Quality Management

RGH ENTERPRISES, INC.
1810 Summit Commerce Park
Twinsburg, Ohio 44087
(330)963-6998

Description of Operations

Type of business: RGH Enterprises, LLC sells, at retail, medical devices and disposable diabetic, ostomy, urological, incontinence and wound care supplies via mail order throughout the United States; and (2) wholesales non-prescription drugs, medical devices and disposable medical supplies to pharmacies, hospitals, clinics, distributors, wholesalers, DME suppliers, physicians and other licensed health care professionals. RGH Enterprises, Inc. does not sell prescription drugs at retail.

Explanation Regarding Enteral supplies

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

(a) Cleaning of the equipment; Business does not clean or service equipment

(b) Potential hazards and warning signs of malfunctioning or inadequately functioning equipment; Information would be provided by the manufacturer of the equipment and if instructed by the manufacturer, business (as a distributor), would notify customers if directed to do so with a communication provided by the manufacturer.

(c) Maintenance procedures for the equipment N/A business does not service equipment

(d) The telephone number, contact name, and contact address for emergency servicing or repair of the equipment, and for routine servicing or repair of the equipment; and N/A would need to contact the manufacturer.

(e) The written materials about the equipment that are available from the medical products provider or the manufacturer of the equipment. Instructions/directions for use are provided in packaging supplied by manufacturer.

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

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

CardinalHealth

Officer Name	Title	Business Address	Business Phone Number	Email Address
Scott B. Zimmerman	Senior Vice President, Treasurer	7000 Cardinal Place, Dublin, OH 43017	614-757-7391	scott.zimmerman@cardinalhealth.com
Keegan David Chamberlain	Director, Quality Management	7200 Cardinal Place, Dublin, OH 43017	614-553-4640	Keegan.Chamberlain@cardinalhealth.com
John Joseph Tufano, Jr.	Senior Legal Counsel	7000 Cardinal Place, Dublin OH 43017	614-757-1417	john.tufano@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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State of Illinois

Department of Financial and Professional Regulation

Division of Professional Regulation

LICENSE NO.
203.002773

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

EXPIRES:
03/31/2024

HOME MEDICAL EQUIPMENT AND SERVICES PROVIDER

RGH ENTERPRISES, LLC
DBA EDGEPARK MEDICAL SUPPLIES
1360 MADELINE LN STE 500
ELGIN, IL 60124-8835

MARIO TRETO, JR.
SECRETARY

CECILIA ABUNDIS
DIRECTOR

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

16977260

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: 4560878

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 RGH ENTERPRISES, LLC, an Ohio Limited Liability Company, Registration Number 770802, was organized in the State of Ohio on April 9, 1990, 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 20th day of May, A.D. 2022.

Ohio Secretary of State

Validation Number: 202214001106

RGH Site	Enrollment Address	State	Provider No.	Associated NPI	Associated PTAN
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Alaska	1577887	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Arizona	496738	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Arkansas	199742741	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	California	1609858729	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Colorado	43128556	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Delaware	20044164	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	District of Columbia	41270500	1609858729	0166020001
FL	12705 Pritchard Rd Jacksonville, FL 32220	Georgia	003149398A	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Hawaii	596140	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Idaho	1609858729	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Illinois	341650951002	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Indiana	200843320A	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Iowa	1609858729	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Kansas	200851380A	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Kansas-DME	200056320B	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Kentucky	7100142060	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Louisiana	2160117	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Maine	1609858729	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Maryland	222516600	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Massachusetts	2101284818	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Michigan	1609858729	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Minnesota	1609858729	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Mississippi	6432701	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Missouri	629969700	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Montana	1609858729	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Nebraska	300258842-00	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Nevada	1609858729	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	New Hampshire	3099440	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	New Jersey	346535	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	New Mexico	38920387	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	New York	3450011	1609858729	0166020001
NC	4234 SURLES CT, STE 100 DURHAM, NC 27703-8598	North Carolina	1356886030	1356886030	0166020004
ND	MCO Only Enrollment	North Dakota	1478102	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Ohio	830757	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Oklahoma	200428360A	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Oregon	290834	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Pennsylvania	71120630002	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Rhode Island	6020001	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	South Carolina	DM1376	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	South Dakota	1609858729	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Tennessee	4582447	1609858729	0166020001
TX	5400 Sandshell Drive, Ste 160 Fort Worth, Tx 76137-2483	Texas - Instate	3385056-01	1568878114	166020003
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Texas out of state	1921744-01	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Utah	1609858729	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Vermont	1020569	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Virginia	1609858729	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Washington	1609858729	1609858729	0166020001
PA	171 Thorn Hill Rd, Ste A Warrendale, PA 15086-7527	West Virginia	1336692094	1336692094	0166020005
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Wisconsin	1609858729	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Wyoming	132923500	1609858729	0166020001

CardinalHealth™

June 30, 2022

To whom it may concern:

This is a declaration and confirmation by Cardinal Health, Inc. and its subsidiaries exclusively that:

Cardinal Health is self-insured for products, completed operations liability and pharmacist professional liability. You will not be named as additional insured for any of the self-insured retention limits of the product liability, completed operations liability and pharmacist professional liability coverages. Cardinal Health's self-insurance is backed by its financial strength documented in financial statements found at www.cardinalhealth.com. The existence of self-insurance within Cardinal Health's insurance program does not change any contractual obligation we may have, and shall not be deemed to exceed the scope of coverage and/or limits required, under our written contract or agreement with you.

As respects the Automobile Liability, Automobile Physical Damage, Comprehensive and Collision coverage is self-insured for all owned vehicles.

Please direct any questions or concerns to GMB-DUB-RiskManagement@cardinalhealth.com.

Denise Johnston
Director, Risk Management

JPK/as

enc.

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 06/27/2022

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

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

PRODUCER	CONTACT NAME:	
Aon Risk Services Northeast, Inc. Cincinnati OH Office 8044 Montgomery Road Suite 405 Cincinnati OH 45236-2919 USA	PHONE (A/C. No. Ext): (866) 283-7122	FAX (A/C. No.): (800) 363-0105
	E-MAIL ADDRESS:	

INSURED	INSURER(S) AFFORDING COVERAGE		NAIC #
Cardinal Health, Inc. (See Additional Page) 7000 Cardinal Place Dublin OH 43017 USA	INSURER A:	XL Insurance America Inc	24554
	INSURER B:	XL Specialty Insurance Co	37885
	INSURER C:	Greenwich Insurance Company	22322
	INSURER D:	Indian Harbor Insurance Company	36940
	INSURER E:		
	INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** 570094095707 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
C	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [X] OCCUR X Liquor Liability Included GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY [ ] PRO-JECT [ ] LOC OTHER:			RGD943716717 AOS, PR	06/30/2022	06/30/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Liquor Liability Lim	$5,000,000 $1,000,000 $5,000,000 $5,000,000 Excluded Included
C	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY			RAD943716817	06/30/2022	06/30/2023	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$5,000,000
A	X UMBRELLA LIAB [X] OCCUR EXCESS LIAB [ ] CLAIMS-MADE DED X RETENTION			US00092147LI22A SIR applies per policy terms & conditions	06/30/2022	06/30/2023	EACH OCCURRENCE AGGREGATE Products/Completed O	$5,000,000 $5,000,000 Excluded
A A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N [N] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		RWD943512517 (AOS) RWR943512617 (WI)	06/30/2022 06/30/2022	06/30/2023 06/30/2023	X PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT	 $5,000,000 $5,000,000 $5,000,000
D	E&O-PL-Primary			RGD943797703 E&O SIR applies per policy terms & conditions	06/30/2022	06/30/2023	Loss Limit	$5,000,000

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

CERTIFICATE HOLDER

Cardinal Health, Inc.
7000 Cardinal Place
Dublin OH 43017 USA

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Aon Risk Services Northeast, Inc.

Holder Identifier : Z

Certificate No : 570094095707

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AGENCY CUSTOMER ID: 570000070825
LOC #:

ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY	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: 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.

ACORD 101 (2008/01)
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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

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 Insureds Continued

Cardinal Health 3, LLC
Cardinal Health 414, LLC
Cardinal Health 418, Inc.
Cardinal Health 5, LLC
Cardinal Health 500, LLC
Cardinal Health 524, LLC
Cardinal Health 529, LLC
Cardinal Health 6, Inc.
Cardinal Health 7, LLC
Cardinal Health 8, LLC
Cardinal Health Australia 503 Pty Ltd.
Cardinal Health Austria 504 GmbH
Cardinal Health Belgium 505 BVBA
Cardinal Health Canada Holdings Cooperatie U.A.
Cardinal Health Canada Inc.
Cardinal Health Capital Corporation
Cardinal Health Cardiology Solutions, LLC
Cardinal Health Chile Limitada
Cardinal Health Colombia S.A.S.
Cardinal Health Commercial Technologies, LLC
Cardinal Health Corporate Solutions, LLC
Cardinal Health D.R. 203 II Ltd.
Cardinal Health Denmark ApS
Cardinal Health do Brasil Ltda.
Cardinal Health Finance
Cardinal Health Finland Oy
Cardinal Health Foundation
Cardinal Health France 506 SAS
Cardinal Health Funding, LLC
Cardinal Health Germany 507 GmbH
Cardinal Health Germany Manufacturing GmbH
Cardinal Health Holding International, Inc.
Cardinal Health International Philippines, Inc.
Cardinal Health IPS, LLC
Cardinal Health Ireland 419 Designated Activity Company
Cardinal Health Ireland 508 Limited
Cardinal Health Ireland Manufacturing Limited
Cardinal Health Ireland Unlimited Company
Cardinal Health Italy 509 S.r.l.
Cardinal Health Japan G.K.
Cardinal Health Korea Limited
Cardinal Health Luxembourg 420 S.a.r.l.
Cardinal Health Luxembourg 522 S.à.r.l.
Cardinal Health Malaysia 211 Sdn. Bhd.
Cardinal Health Malta 212 Limited
Cardinal Health Managed Care Services, LLC
Cardinal Health Medical Products India Private Limited
Cardinal Health Mexico 244 S. de R.L. de C.V.
Cardinal Health Mexico 514 S. de R.L. de C.V.
Cardinal Health Middle East FZ-LLC
Cardinal Health MPB, Inc.
Cardinal Health Napoleon Holding, LLC
Cardinal Health Netherlands 502 B.V.
Cardinal Health Netherlands 525 Coöperatie U.A.
Cardinal Health Netherlands 528 B.V.
Cardinal Health Norway AS

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AGENCY CUSTOMER ID: 570000070825
LOC #:

ADDITIONAL REMARKS SCHEDULE

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 Insureds Continued

Cardinal Health P.R. 120, Inc.
Cardinal Health P.R. 218, Inc.
Cardinal Health P.R. 220, LLC
Cardinal Health P.R. 436, Inc.
Cardinal Health Pharmaceutical Contracting, LLC
Cardinal Health Pharmacy Services, LLC
Cardinal Health Poland Spólka z ograniczona odpowiedzialnoscia
Cardinal Health Portugal 513, Unipessoal Lda.
Cardinal Health Singapore 225 Pte. Ltd.
Cardinal Health Spain 511 S.L.
Cardinal Health Specialty Pharmacy, LLC
Cardinal Health Sweden 512 A.B.
Cardinal Health Switzerland 515 GmbH
Cardinal Health Systems, Inc.
Cardinal Health Technologies Switzerland GmbH
Cardinal Health Technologies, LLC
Cardinal Health U.K. 418 Limited
Cardinal Health U.K. 432 Limited
Cardinal Health U.K. Holding Limited
Cardinal Health U.K. International Holding LLP
Cardinal Health, Inc.
Cardinal Medical Equipment Consulting (Shanghai) Co., Ltd.
Cirpro de Delicias S.A. de C.V.
Clinic Pharmacies III, LLC
Clinic Pharmacies, LLC
Community Pharmacy Enterprises, LLC
Convertors de Mexico S.A. de C.V.
Cordis (Shanghai) Medical Devices Co., Ltd.
Cordis Cashel Unlimited Company
Cordis Corporation
Cornerstone Partners G.P.O., L.P.
Covidien Canada Holdings (C) Cooperatie U.A. (Inactive)
Covidien Ireland Limited (Inactive)
Covidien Manufacturing Solutions, S.A.
Dutch American Manufacturers II (D.A.M. II) B.V.
Ellipticare, LLC
EPIC Insurance Company
Especialidades Medicas Kenmex S.A. de C.V.
Flexible Stenting Solutions, Inc.
Frog Horned Capital, Inc.
Generic Drug Holdings, Inc.
Griffin Capital, LLC
HDG Acquisition, Inc.
imgRx Healdsburg, Inc.
imgRx Salud, Inc.
imgRx SJ Valley, Inc.
imgRx SLO, Inc.
imgRx Sonoma, Inc.
InnerDyne Holdings, Inc.
Innovative Therapies,LLC
Instant Diagnostic Systems, Inc (Inactive - Aug 2018)
InteCardia-Tennessee East Catheterization, LLC
ITI Sales, LLC
Kendall-Gammatron Limited
Killilea Development Company, Ltd
Kinray I, LLC
KPR Australia Pty. Ltd
KPR Switzerland Sales GmbH
KPR U.S., LLC
Leader Drugstores, Inc

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AGENCY CUSTOMER ID: 570000070825
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 Insureds Continued

Limited Liability Company "Cardinal Health Russia"
Ludlow Technical Products Canada, Ltd.
Marin Apothecaries
Medicap Pharmacies Incorporated
Medicine Shoppe Capital Corporation
Medicine Shoppe International, Inc.
Medicine Shoppe Internet, Inc.
Mediquip Sdn. Bhd.
Mirixa Corporation
MSCRIPTS HOLDING, LLC
MSCRIPTS, LLC
NeuroLogic GPO, LLC
Nippon Covidien Ltd.
One Cloverleaf, LLC
Outcomes Incorporated
Owen Shared Services, Inc.
Pharmacy Operations Of New York, Inc.
Pharmacy Operations, Inc.
Physicians Purchasing, Inc.
Pinnacle Intellectual Property Services, Inc.
Pinnacle Intellectual Property Services-International, Inc.
Quiroproductos de Cuauhtemoc S. de R.L. de C.V.
RainTree Administrative Services, LLC
RainTree Care Management, LLC
RainTree GPO, LLC
Ransdell Surgical, Inc.
Red Oak Sourcing, LLC
Renal Purchasing Group, LLC
RGH Enterprises, LLC
RT Oncology Services Corporation
Rxealtime, Inc.
Sierra Radiopharmacy, L.L.C.
Sonexus Health Access & Patient Support, LLC
Sonexus Health Distribution Services, LLC
Sonexus Health Financial Solutions, LLC
Sonexus Health Pharmacy Services, LLC
Sonexus Health, LLC
TelePharm, LLC
The Harvard Drug Group, L.L.C.
Tianjin ITI Trading Company
Tradex International, Inc.
Uromed, Inc. (Inactive)
Wavemark Lebanon Offshore s.a.l.
Wavemark, Inc.

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NEVADA STATE BOARD OF PHARMACY

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

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

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: RGH Enterprises, LLC DBA: Edgepark Medical Supplies; Cardinal Health at Home — MDEG License # (if applicable): MP00666

Physical Address: 1360 Madeline Lane, Suite 500

City: Elgin — State: IL — Zip: 60124

Mailing Address (if different from physical address): 7000 Cardinal Place, QRA

City: Dublin — State: OH — Zip: 43017

Telephone: 847-695-1702 — Website: www.edgepark.com

Licensing Company Email: licensure@cardinalhealth.com

Section 2: Personal Information

First: Christine — Middle: Marie — Last: McGovern

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

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

Mailing Address: 1360 Madeline Lane, Suite 500

City: Elgin — State: IL — Zip: 60124

Telephone: 800-321-0591 Ext 3612 — Email: christine.mcgovern@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)	
Elgin Community College		1994-2002	
Address	City	State	Zip
	Elgin	IL	60123
Diploma/Degree obtained, if any			
Associate Degree			

School Name		From - To (MM/YY – MM/YY)	
Palatine High School		1979-1982	
Address	City	State	Zip
Cunnigham Rd	Palatine	Il	60067
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
May 2014-current	[redacted]N. Smith St	Palatine	IL	60067
4/2010- 4/2014	[redacted]S. Creekside	Palatine	IL	60074

MP 00666

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: Cardinal Health				From - To (MM/YY – MM/YY): 8-2009 current
Business Address: 1360 Madeline Suite 500		City: Elgin	State: IL	Zip: 60124
Phone: 800-321-0591	Title: Operations Supervisor			Number of Employed Hours: 30,000
Description of Duties: Inbound receiving put away and inventory control have 22 employees reporting to me				
Business Name				From - To (MM/YY – MM/YY)
Business Address		City	State	Zip
Phone	Title			Number of Employed Hours
Description of Duties				
Business Name				From - To (MM/YY – MM/YY)
Business Address		City	State	Zip
Phone	Title			Number of Employed Hours
Description of Duties				
Business Name				From - To (MM/YY – MM/YY)
Business Address		City	State	Zip
Phone	Title			Number of Employed Hours
Description of Duties				
Business Name				From - To (MM/YY – MM/YY)
Business Address		City	State	Zip
Phone	Title			Number of Employed Hours
Description of Duties				

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

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

I, Christine M. McGovern, **certify that as the MDEG Administrator for** RGH Enterprises, LLC,

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

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

Christine M. McGovern
Print Name (First, Last)

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

July 5th, 2022
Date

Board Use Only	Date Received:

4E

NEVADA STATE BOARD OF PHARMACY

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

4

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 MP00667	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9)

Section 1: General Information

Facility Name: RGH Enterprises, LLC DBA: Edgepark Medical Supplies; Cardinal Health at Home

MDEG Physical Address: 5400 Sandshell Drive, Suite #160

City: Fort Worth State: TX Zip: 76137

Mailing Address (if different from physical address): 7000 Cardinal Place, QRA

City: Dublin State: OH Zip: 43017

Telephone: 817-740-3224 Website: www.edgepark.com

Email: licensure@cardinalhealth.com

Name of MDEG Administrator (NAC 639.694): Charlton Lane Long

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

Check the Days the Business will be Opened and provide the Hours of Operation				
■ Mon: 9:30 AM-4:30	■ Tue: 9:30 AM-4:30	■ Wed: 9:30 AM-4:30	■ Thurs: 9:30 AM-4:30	■ Fri: 9:30 AM-4:30
■ Sat: 12:00AM-2:30A	☐ Sun: N/A	☐ Holidays: N/a		

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	✓	
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))
See attached

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: Ohio

Parent Company (if any): Allegiance Corporation

Corporation Name: Allegiance Corporation

Mailing Address: 7000 Cardinal Place, QRA

City: Dublin State: OH Zip: 43017

Telephone: 508-422-9027 Email: licensure@cardinalhealth.com

Contact Person Name: LaToyia Martin

Date of SEC Registration: 02/25/2022	SEC Registration Number: 721371	Stock Exchange Symbol: CAH

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:

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).**			✓	
• **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.

Keegan Chamberlain

Print Name of Authorized Person Submitting Application

K Chamberlain

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

7/7/22

Date

Payment Processed 7/28/22

Board Use Only	Date Received: _____	Amount: 500.00 CK-10829094

CardinalHealth

[July 14, 2022]

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

RE: Explanation of Disciplinary History
[RGH Enterprises, LLC]

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. The below disciplinary history has been previously provided to the Nevada State Board of Pharmacy.

In March 2015, the RGH pharmacy located in Twinsburg, OH, was issued a citation and fined $500 by the Maine Board of Pharmacy, for failure to timely report a change in the facility's pharmacist-in-charge. This failure to report within the seven-day time frame was due to the unavailability of the corporate official authorized to sign the application. RGH paid the fine to the Maine State Board of Pharmacy; additionally, RGH has undertaken a process to ensure regulatory notifications occur in a timely manner.

In April 2016, the Hawaii Board of Pharmacy took derivative action against the Twinsburg, OH, facility based on the action described above. RGH entered a Settlement Agreement with Hawaii and agreed to pay a $250 fine; the matter was closed on May 6, 2016.

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.

If you have any questions, Cory Kopitzke, Assistant General Counsel, Regulatory at Cory.Kopitzke01@cardinalhealth.com.

Sincerely,

Keegan Chamberlain
Director, Global Logistics Quality Management

RGH ENTERPRISES, INC.
1810 Summit Commerce Park
Twinsburg, Ohio 44087
(330)963-6998

Description of Operations

Type of business: RGH Enterprises, LLC sells, at retail, medical devices and disposable diabetic, ostomy, urological, incontinence and wound care supplies via mail order throughout the United States; and (2) wholesales non-prescription drugs, medical devices and disposable medical supplies to pharmacies, hospitals, clinics, distributors, wholesalers, DME suppliers, physicians and other licensed health care professionals. RGH Enterprises, Inc. does not sell prescription drugs at retail.

Explanation Regarding Enteral supplies

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

(a) Cleaning of the equipment; Business does not clean or service equipment

(b) Potential hazards and warning signs of malfunctioning or inadequately functioning equipment; Information would be provided by the manufacturer of the equipment and if instructed by the manufacturer, business (as a distributor), would notify customers if directed to do so with a communication provided by the manufacturer.

(c) Maintenance procedures for the equipment N/A business does not service equipment

(d) The telephone number, contact name, and contact address for emergency servicing or repair of the equipment, and for routine servicing or repair of the equipment; and N/A would need to contact the manufacturer.

(e) The written materials about the equipment that are available from the medical products provider or the manufacturer of the equipment. Instructions/directions for use are provided in packaging supplied by manufacturer.

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

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

RGH Site	Enrollment Address	State	Provider No.	Associated NPI	Associated PTAN
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Alaska	1577887	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Arizona	496738	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Arkansas	199742741	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	California	1609858729	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Colorado	43128555	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Delaware	20044164	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	District of Columbia	41270500	1609858729	0166020001
FL	12705 Pritchard Rd Jacksonville, FL 32220	Georgia	003149398A	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Hawaii	596140	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Idaho	1609858729	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Illinois	341650951002	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Indiana	200843220A	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Iowa	1609858729	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Kansas	200851380A	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Kansas-DME	200056920B	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Kentucky	7100142060	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Louisiana	2160117	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Maine	1609858729	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Maryland	222516600	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Massachusetts	110128481B	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Michigan	1609858729	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Minnesota	1609858729	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Mississippi	8432701	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Missouri	629969700	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Montana	1609858729	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Nebraska	100258842-00	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Nevada	1609858729	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	New Hampshire	3099440	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	New Jersey	346535	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	New Mexico	38920387	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	New York	3450011	1609858729	0166020001
NC	4234 SURLES CT, STE 100 DURHAM, NC 27703-8598	North Carolina	1356886030	1356886030	0166020004
ND	MCO Only Enrollment	North Dakota	1478102	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Ohio	830757	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Oklahoma	200428360A	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Oregon	290834	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Pennsylvania	71120630002	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Rhode Island	6020001	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	South Carolina	DM1376	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	South Dakota	1609858729	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Tennessee	4582447	1609858729	0166020001
TX	5400 Sandshell Drive, Ste 160 Fort Worth, Tx 76137-2483	Texas - instate	3335056-01	1568878114	166020003
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Texas out of state	1921744-01	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Utah	1609858729	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Vermont	1020569	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Virginia	1609858729	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Washington	1609858729	1609858729	0166020001
PA	171 Thorn Hill Rd, Ste A Warrendale, PA 15086-7527	West Virginia	1336692094	1336692094	0166020005
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Wisconsin	1609858729	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Wyoming	132923500	1609858729	0166020001

CardinalHealth

Officer Name	Title	Business Address	Business Phone Number	Email Address
Scott B. Zimmerman	Senior Vice President, Treasurer	7000 Cardinal Place, Dublin, OH 43017	614-757-7391	scott.zimmerman@cardinalhealth.com
Keegan David Chamberlain	Director, Quality Management	7200 Cardinal Place, Dublin, OH 43017	614-553-4640	Keegan.Chamberlain@cardinalhealth.com
John Joseph Tufano, Jr.	Senior Legal Counsel	7000 Cardinal Place, Dublin OH 43017	614-757-1417	john.tufano@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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- 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.

RGH ENTERPRISES INC / CARDINAL HEALTH
7000 CARDINAL PL
DUBLIN OH 43017

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
REGULATORY LICENSING UNIT

RGH ENTERPRISES LLC DBA
EDGEPARK MEDICAL SUPPLIES
5400 SANDSHELL DR STE 160
FORT WORTH, TX 76137

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:

FOOD WHOLESALER & NONPRESCRIPTION DRUG DISTRIBUTOR & DEVICE DISTRIBUTOR

License # 0094064
Expires: September 30, 2023

NON-TRANSFERABLE

Commissioner

512590

- 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**.
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ORA FACILITY LICENSING
7000 CARDINAL PL
DUBLIN OH 43017

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
REGULATORY LICENSING UNIT

RGH ENTERPRISES LLC
5400 SANDSHELL DR STE 160
FORT WORTH, TX 76137

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:

FOOD WHOLESALER & NONPRESCRIPTION DRUG DISTRIBUTOR & DEVICE DISTRIBUTOR

License # 1001248
Expires: September 21, 2023

NON-TRANSFERABLE

Commissioner

512591

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 RGH ENTERPRISES, LLC, an Ohio Limited Liability Company, Registration Number 770802, was organized in the State of Ohio on April 9, 1990, 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 20th day of May, A.D. 2022.

Ohio Secretary of State

Validation Number: 202214001106

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) 08/27/2022

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 SCHEDULED AUTOS						BODILY INJURY (Per accident)	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	
	In							
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 Y/N			RWD943512517 (AOS)	06/30/2022	06/30/2023	X PER STATUTE OTH-ER	
A	ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? N	N/A		RWR943512617 (WI)	06/30/2022	06/30/2023	E.L. EACH ACCIDENT	$5,000,000
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						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

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

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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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AGENCY CUSTOMER ID: 570000070825
LOC #:

ADDITIONAL REMARKS SCHEDULE

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AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Cardinal Health, Inc.
POLICY NUMBER	
See Certificate Number: 570094095707	
CARRIER / NAIC CODE	EFFECTIVE DATE:
See Certificate Number: 570094095707	

ADDITIONAL REMARKS

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

Named Insureds Continued

Cardinal Health 3, LLC
Cardinal Health 414, LLC
Cardinal Health 418, Inc.
Cardinal Health 5, LLC
Cardinal Health 500, LLC
Cardinal Health 524, LLC
Cardinal Health 529, LLC
Cardinal Health 6, Inc.
Cardinal Health 7, LLC
Cardinal Health 8, LLC
Cardinal Health Australia 503 Pty Ltd.
Cardinal Health Austria 504 GmbH
Cardinal Health Belgium 505 BVBA
Cardinal Health Canada Holdings Cooperatie U.A.
Cardinal Health Canada Inc.
Cardinal Health Capital Corporation
Cardinal Health Cardiology Solutions, LLC
Cardinal Health Chile Limitada
Cardinal Health Colombia S.A.S.
Cardinal Health Commercial Technologies, LLC
Cardinal Health Corporate Solutions, LLC
Cardinal Health D.R. 203 II Ltd.
Cardinal Health Denmark ApS
Cardinal Health do Brasil Ltda.
Cardinal Health Finance
Cardinal Health Finland Oy
Cardinal Health Foundation
Cardinal Health France 506 SAS
Cardinal Health Funding, LLC
Cardinal Health Germany 507 GmbH
Cardinal Health Germany Manufacturing GmbH
Cardinal Health Holding International, Inc.
Cardinal Health International Philippines, Inc.
Cardinal Health IPS, LLC
Cardinal Health Ireland 419 Designated Activity Company
Cardinal Health Ireland 508 Limited
Cardinal Health Ireland Manufacturing Limited
Cardinal Health Ireland Unlimited Company
Cardinal Health Italy 509 S.r.l.
Cardinal Health Japan G.K.
Cardinal Health Korea Limited
Cardinal Health Luxembourg 420 S.a.r.l.
Cardinal Health Luxembourg 522 S.à.r.l.
Cardinal Health Malaysia 211 Sdn. Bhd.
Cardinal Health Malta 212 Limited
Cardinal Health Managed Care Services, LLC
Cardinal Health Medical Products India Private Limited
Cardinal Health Mexico 244 S. de R.L. de C.V.
Cardinal Health Mexico 514 S. de R.L. de C.V.
Cardinal Health Middle East FZ-LLC
Cardinal Health MPB, Inc.
Cardinal Health Napoleon Holding, LLC
Cardinal Health Netherlands 502 B.V.
Cardinal Health Netherlands 525 Coöperatie U.A.
Cardinal Health Netherlands 528 B.V.
Cardinal Health Norway AS

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AGENCY CUSTOMER ID: 570000070825
LOC #:

ADDITIONAL REMARKS SCHEDULE

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 Insureds Continued

Cardinal Health P.R. 120, Inc.
Cardinal Health P.R. 218, Inc.
Cardinal Health P.R. 220, LLC
Cardinal Health P.R. 436, Inc.
Cardinal Health Pharmaceutical Contracting, LLC
Cardinal Health Pharmacy Services, LLC
Cardinal Health Poland Spólka z ograniczona odpowiedzialnoscia
Cardinal Health Portugal 513, Unipessoal Lda.
Cardinal Health Singapore 225 Pte. Ltd.
Cardinal Health Spain 511 S.L.
Cardinal Health Specialty Pharmacy, LLC
Cardinal Health Sweden 512 A.B.
Cardinal Health Switzerland 515 GmbH
Cardinal Health Systems, Inc.
Cardinal Health Technologies Switzerland GmbH
Cardinal Health Technologies, LLC
Cardinal Health U.K. 418 Limited
Cardinal Health U.K. 432 Limited
Cardinal Health U.K. Holding Limited
Cardinal Health U.K. International Holding LLP
Cardinal Health, Inc.
Cardinal Medical Equipment Consulting (Shanghai) Co., Ltd.
Cirpro de Delicias S.A. de C.V.
Clinic Pharmacies III, LLC
Clinic Pharmacies, LLC
Community Pharmacy Enterprises, LLC
Convertors de Mexico S.A. de C.V.
Cordis (Shanghai) Medical Devices Co., Ltd.
Cordis Cashel Unlimited Company
Cordis Corporation
Cornerstone Partners G.P.O., L.P.
Covidien Canada Holdings (C) Cooperatie U.A. (Inactive)
Covidien Ireland Limited (Inactive)
Covidien Manufacturing Solutions, S.A.
Dutch American Manufacturers II (D.A.M. II) B.V.
Ellipticare, LLC
EPIC Insurance Company
Especialidades Medicas Kenmex S.A. de C.V.
Flexible Stenting Solutions, Inc.
Frog Horned Capital, Inc.
Generic Drug Holdings, Inc.
Griffin Capital, LLC
HDG Acquisition, Inc.
imgRx Healdsburg, Inc.
imgRx Salud, Inc.
imgRx SJ Valley, Inc.
imgRx SLO, Inc.
imgRx Sonoma, Inc.
InnerDyne Holdings, Inc.
Innovative Therapies,LLC
Instant Diagnostic Systems, Inc (Inactive - Aug 2018)
InteCardia-Tennessee East Catheterization, LLC
ITI Sales, LLC
Kendall-Gammatron Limited
Killilea Development Company, Ltd
Kinray I, LLC
KPR Australia Pty. Ltd
KPR Switzerland Sales GmbH
KPR U.S., LLC
Leader Drugstores, Inc

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AGENCY CUSTOMER ID: 570000070825
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 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.

ACORD 101 (2008/01)
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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: RGH Enterprises, LLC DBA: Edgepark Medical Supplies; Cardinal Health at Home — MDEG License # (if applicable): MP00667

Physical Address: 5400 Sandshell Drive, Suite #160

City: Fort Worth — State: TX — Zip: 76137

Mailing Address (if different from physical address): 7000 Cardinal Place, QRA

City: Dublin — State: OH — Zip: 43017

Telephone: 817-740-3224 — Website: www.edgepark.com

Licensing Company Email: licensure@cardinalhealth.com

Section 2: Personal Information

First: Charlton — Middle: Lane — Last: Long

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

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

Mailing Address: 5400 Sandshell Drive, Suite #160

City: Fort Worth — State: TX — Zip: 76137

Telephone: 817-740-3224 x3848 — Email: Lane.Long@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)	
Texas Tech University		07/1995 – 05/2000	
Address	**City**	**State**	**Zip**
2500 Broadway	Lubbock	Texas	79409
Diploma/Degree obtained, if any			
Bachelor of Sience in Biology			
School Name		**From - To (MM/YY – MM/YY)**	
Greenville Christian School		08/83 – 05/1995	
Address	**City**	**State**	**Zip**
8402 Jack Finney Blvd	Greenville	Texas	75402
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
01/2015 - Current	[redacted] Cove Drive	Grand Prairie	Texas	75054
From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/2008 - 01/15	[redacted] Regatta	Grand Prairie	Texas	75054
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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)
RGH Enterprises LLC			05/2015 - Current
Business Address	**City**	**State**	**Zip**
5400 Sandshell Drive Suite 160	Fort Worth	Texas	76137
Phone	**Title**	**Number of Employed Hours**	
817-740-3224	Director of Operations	14,906	
Description of Duties			
Oversee Pick, Pack and shipping operation for 15,000 medical skus			

Business Name			From - To (MM/YY – MM/YY)
Cardinal Health - Medical Segment			03/08 - 05/15
Business Address	**City**	**State**	**Zip**
3080 West Interstate 20	Grand Prairie	Texas	75052
Phone	**Title**	**Number of Employed Hours**	
972-206-2600	Inbound Operations and QIC Manager	19,136	
Description of Duties			
Product reciept, storage, ordering, handling, Processing, returning and stocking of medical supplies			

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

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

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

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 # 2. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
12/06/2002	6/6/2022	Texas	Roanoke	Denton

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
CR-2003-00197-A	Texas Highway Patrol

Reason/Charge
Driving on an invalid license

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Long, Charlton Lane	Suit by State of Texas

Name of Business/Industry/Entity
NA

Provide explanation below:

See attached.

Charlton Lane Long

Original Signature (electronic, copies or stamps not accepted)

07/05/2022

Date

07/05/2022

Nevada Board of Pharmacy

RE: Affirmative response to question 2: "Have you been charged, arrested or convicted of a felony or misdemeanor in any state?"

To Whom It May Concern:

This document is provided in conjunction with my affirmative response to question 2 in the "Medical Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application". The question asks, "Have you been charged, arrested or convicted of a felony or misdemeanor in any state?" To this I am sharing an incident with you from 2002 where I was charged with a class B misdemeanor for driving on an invalid license.

On the date of 12/6/2002 I was detained for driving on an Invalid License a Class B Misdemeanor. The revocation of my driver's license was a result of my failure to fully resolve a pervious motor violation. The location of the incident that lead to my arrest was in Roanoke, Texas in Denton County. I was then transferred to the Denton County Court. On my court date of 6/6/2002 I plead guilty/no contest and received deferred adjudication for the infraction. The full extent of the penalty was 24 hours of community service, 9 months of probation and costs and fees of $521.48 paid to the Denton County Municipal Court System. All terms and requirements were met and my probation in the city of Roanoke in the county of Denton and the state of Texas was lifted 3/16/2004. Attached are the court records for your review.

Case Number:
CR-2003-00197-A

Supervision Officer: Bill Taylor
NE Office 817-285-4100
200 W. Belknap
Fort Worth, Texas 76196-0255

While I am certainly not proud of this instance, I accept this as a life lesson. If you require further detail or have any questions please do not hesitate to contact me. My direct line is 817-740-3224 x 3848.

Sincerely,



Charlton Lane Long
Director of Operations
Cardinal Health at Home – Fort Worth, Texas

enclosure

REGISTER OF ACTIONS
CASE NO. CR-2003-00197-A

The State of Texas vs Charlton Lane Long

§
§
§
§
§
§
§
§
§

Case Type: **Adult Misdemeanor**
Date Filed: **01/09/2003**
Location: **County Criminal Court #1**
Judicial Officer: **Crouch, Jim E.**
Legacy Criminal Track No.: **02-11385**
290022
File Custody/Location: **County Clerk's Office**

PARTY INFORMATION

Defendant **Long, Charlton Lane**

[redacted] [redacted]

Lead Attorneys
Frank Hughes
Retained
P. O. BOX 8145
3414 Wesley, Ste B
Greenville, TX 75404-8145

903-456-2703(W)

State of Texas State Of Texas

Bruce Isaacks
1701 N Locust
Denton, TX 76201

940-243-2010(W)
940-382-7174(F)

CHARGE INFORMATION

Charges: Long, Charlton Lane	Statute	Level	Date
1. DRIVING WHILE LIC SUSPENDED/INVALID	521.457	Misdemeanor Unassigned	12/06/2002

EVENTS & ORDERS OF THE COURT

DISPOSITIONS

06/06/2003 **Disposition** (Judicial Officer: Crouch, Jim E.)
1. DRIVING WHILE LIC SUSPENDED/INVALID
Deferred Adjudication

06/06/2003 **Plea** (Judicial Officer: Crouch, Jim E.)
1. DRIVING WHILE LIC SUSPENDED/INVALID
Guilty

06/06/2003 **Probation** (Judicial Officer: Crouch, Jim E.)
1. DRIVING WHILE LIC SUSPENDED/INVALID
CSCD 0 Years , 9 Months , 0 Days with Community Service of 24 Hours
BALANCE DUE W/IN 7 DAYS
Provisions (Other)
CNSLG - W/IN 60 DAYS COMPLETE DRUG/ALCOHOL EVAL:
Provisions (Other)
MIS - W/IN 30 DAYS PAY $20.00 TO CRIME STOPPER FUND.
Provisions (Other)
MIS - MAINTAIN PROOF OF FIN. RESP. FOR ANY MOTOR VEHICLE YOU OWN OR OPERATE

OTHER EVENTS AND HEARINGS

01/09/2003 **Bond**
01/09/2003 **Affidavit for Arrest Warrant**
01/09/2003 **Complaint and Information (OCA)**
02/03/2003 **Reset**
02/03/2003 **Arraignment hearing** (9:30 AM) (Judicial Officer Crouch, Jim E.)
02/24/2003 **Reset**
02/24/2003 **Announcement** (8:30 AM) (Judicial Officer Crouch, Jim E.)
03/17/2003 **Reset**
03/17/2003 **Letter**
03/17/2003 **Announcement** (8:30 AM) (Judicial Officer Crouch, Jim E.)
04/14/2003 **Reset**
04/14/2003 **Waiver of Trial by Jury**
GRANTED
04/14/2003 **Announcement** (8:30 AM) (Judicial Officer Crouch, Jim E.)
05/08/2003 **Motion for Continuance**
GRANTED 5.12
05/16/2003 **Non Jury Trial** (8:30 AM) (Judicial Officer Crouch, Jim E.)
Result: Continuance Granted

06/06/2003	**Certificate**
06/06/2003	**Admonishments**
06/06/2003	**Waiver of Indictment or Arraignment**
06/06/2003	**Defendant's Application for Deferred Adjudication**
06/06/2003	**Non Jury Trial (8:30 AM) (Judicial Officer Crouch, Jim E.)**
06/10/2003	**CJIS Entered**
03/15/2004	**Discharge from Probation or Community Supervision**
	GRANTED
08/10/2006	**CJIS Entered**

FINANCIAL INFORMATION

	Defendant Long, Charlton Lane			
	Total Financial Assessment			408.00
	Total Payments and Credits			408.00
	Balance Due as of 12/13/2017			**0.00**
08/06/2003	Transaction Assessment			408.00
08/10/2003	Payment	Receipt # 239095	LONG, CHARLTON LANE	(408.00)

I, Charlton Lane Long, **certify that as the MDEG Administrator for** RGH Enterprises LLC 5400 Sandshell Drive, Suite 160 Fort Worth, Texas, **that I (initial that you have read and meet the following requirements):**

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

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

Charlton Lane Long
Print Name (First, Last)

Charlton Lane Long
Original Signature (electronic, copies or stamps not accepted)

07-05-2022
Date

Board Use Only	Date Received:

4F

NEVADA STATE BOARD OF PHARMACY

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

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

Non-Refundable $500 fee

Rev (05/12/2022)

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

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

Type of Application (check applicable box)		MDEG Business Type (check applicable box)
☐ New MDEG	* If making a change, provide current license number:	■ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9)
☒ Ownership Change*		☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9)
■ Name Change*	M MP02997	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9)
☐ Location Change*		☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9)

Section 1: General Information

Facility Name: RGH Enterprises, LLC DBA: Edgepark Medical Supplies; Cardinal Health at Home

MDEG Physical Address: 12075 Pritchard Road

City: Jacksonville State: FL Zip: 32220

Mailing Address (if different from physical address): 7000 Cardinal Place, QRA

City: Dublin State: OH Zip: 43017

Telephone: 904-378-8940 Website: www.edgepark.com

Email: licensure@cardinalhealth.com

Name of MDEG Administrator (NAC 639.694): Clifford Taylor

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

Check the Days the Business will be Opened and provide the Hours of Operation				
☐ Mon: 12AM-11:59P	☐ Tue: 12AM-11:59PM	☐ Wed: 12AM-11:59P	☐ Thurs: 12AM-11:59P	☐ Fri: 12AM-11:00PM
☐ Sat: CLOSED	☐ Sun: 9PM-11:59PM	☐ 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))
See attached

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: Ohio

Parent Company (if any): Allegiance Corporation

Corporation Name: Allegiance Corporation

Mailing Address: 7000 Cardinal Place, QRA

City: Dublin State: OH Zip: 43017

Telephone: 508-422-9027 Email: licensure@cardinalhealth.com

Contact Person Name: LaToyia Martin

Date of SEC Registration: 02/25/2022	SEC Registration Number: 721371	Stock Exchange Symbol: CAH

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:

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).**			✓	
• **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.

Keegan Chamberlain

Print Name of Authorized Person Submitting Application

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

7/12/22

Date

✓ payment processed 7/28/22 lg

Board Use Only	Date Received: _____	Amount: 500.00 CK 10829092

CardinalHealth

[July 14, 2022]

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

RE: Explanation of Disciplinary History
[RGH Enterprises, LLC]

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. The below disciplinary history has been previously provided to the Nevada State Board of Pharmacy.

In March 2015, the RGH pharmacy located in Twinsburg, OH, was issued a citation and fined $500 by the Maine Board of Pharmacy, for failure to timely report a change in the facility's pharmacist-in-charge. This failure to report within the seven-day time frame was due to the unavailability of the corporate official authorized to sign the application. RGH paid the fine to the Maine State Board of Pharmacy; additionally, RGH has undertaken a process to ensure regulatory notifications occur in a timely manner.

In April 2016, the Hawaii Board of Pharmacy took derivative action against the Twinsburg, OH, facility based on the action described above. RGH entered a Settlement Agreement with Hawaii and agreed to pay a $250 fine; the matter was closed on May 6, 2016.

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.

If you have any questions, Cory Kopitzke, Assistant General Counsel, Regulatory at Cory.Kopitzke01@cardinalhealth.com.

Sincerely,

Keegan Chamberlain
Director, Global Logistics Quality Management

CardinalHealth

Officer Name	Title	Business Address	Business Phone Number	Email Address
Scott B. Zimmerman	Senior Vice President, Treasurer	7000 Cardinal Place, Dublin, OH 43017	614-757-7391	scott.zimmerman@cardinalhealth.com
Keegan David Chamberlain	Director, Quality Management	7200 Cardinal Place, Dublin, OH 43017	614-553-4640	Keegan.Chamberlain@cardinalhealth.com
John Joseph Tufano, Jr.	Senior Legal Counsel	7000 Cardinal Place, Dublin OH 43017	614-757-1417	john.tufano@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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RGH ENTERPRISES, INC.
1810 Summit Commerce Park
Twinsburg, Ohio 44087
(330)963-6998

Description of Operations

Type of business: RGH Enterprises, LLC sells, at retail, medical devices and disposable diabetic, ostomy, urological, incontinence and wound care supplies via mail order throughout the United States; and (2) wholesales non-prescription drugs, medical devices and disposable medical supplies to pharmacies, hospitals, clinics, distributors, wholesalers, DME suppliers, physicians and other licensed health care professionals. RGH Enterprises, Inc. does not sell prescription drugs at retail.

View current license information at: Floridahealthfinder.gov

LICENSE #: 1314831
CERTIFICATE #: 25162

State of Florida

AGENCY FOR HEALTH CARE ADMINISTRATION
DIVISION OF HEALTH QUALITY ASSURANCE

Home Medical Equipment Provider

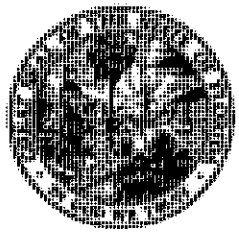
LICENSED

This is to confirm that RGH ENTERPRISES LLC has complied with rules and regulations adopted by the State of Florida, Agency for Health Care Administration, as authorized in Chapter 400, Part VII and Chapter 408, Part II, Florida Statutes, and Chapter 59A-25, Florida Administrative Code, and is authorized to operate the following:

EDGEPARK MEDICAL SUPPLIES
12075 Pritchard Rd
Jacksonville, FL 32220
in the following counties:
ALL COUNTIES

EFFECTIVE DATE: 02/16/2022

EXPIRATION DATE: 02/15/2024



Simone Marstiller, Secretary
Division of Health Quality Assurance

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 RGH ENTERPRISES, LLC, an Ohio Limited Liability Company, Registration Number 770802, was organized in the State of Ohio on April 9, 1990, 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 20th day of May, A.D. 2022.

Ohio Secretary of State

Validation Number: 202214001106

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			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 / SCHEDULED AUTOS						BODILY INJURY (Per accident)	
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						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 Y/N			RWD943512517 (AOS)	06/30/2022	06/30/2023	X PER STATUTE OTH-ER	
A	ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? N	N/A		RWR943512617 (WI)	06/30/2022	06/30/2023	E.L. EACH ACCIDENT	$5,000,000
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						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 #:

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

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AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Cardinal Health, Inc.
POLICY NUMBER	
See Certificate Number: 570094095707	
CARRIER / NAIC CODE	EFFECTIVE DATE:
See Certificate Number: 570094095707	

ADDITIONAL REMARKS

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

Evidence of Coverage

As respects the Commercial General Liability Policy:
Additional Insured Managers or Lessors of Premises : as required by written contract
Additional Insured Owners, Lessees or Contractors - Scheduled Persons or Organization : as required by written contract
Coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured and shall not increase the applicable Limits of Insurance

As respects the Automobile Liability Policy:
Coverage symbol 1 (Any Auto) applies to Automobile Liability which includes coverage for Hired / Non-Owned Autos
Lessor - Additional Insured: all leased autos.
The policy will pay as interest may appear, you (Cardinal Health) and the lessor named in this endorsement for "loss" to a "leased auto".
Additional Insured Where Required under Written Contract or Agreement Endorsement

As respects General Liability, Automobile Liability, and Workers Compensation Policies:
Waiver of Subrogation is permitted as required by written contract or agreement executed prior to loss and in accordance with the terms, conditions and exclusions of the applicable policies.

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LOC #:

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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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AGENCY CUSTOMER ID: 570000070825
LOC #:

ADDITIONAL REMARKS SCHEDULE

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AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Cardinal Health, Inc.
POLICY NUMBER	
See Certificate Number: 570094095707	
CARRIER / NAIC CODE	EFFECTIVE DATE:
See Certificate Number: 570094095707	

ADDITIONAL REMARKS

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

Named Insureds Continued

Cardinal Health 3, LLC
Cardinal Health 414, LLC
Cardinal Health 418, Inc.
Cardinal Health 5, LLC
Cardinal Health 500, LLC
Cardinal Health 524, LLC
Cardinal Health 529, LLC
Cardinal Health 6, Inc.
Cardinal Health 7, LLC
Cardinal Health 8, LLC
Cardinal Health Australia 503 Pty Ltd.
Cardinal Health Austria 504 GmbH
Cardinal Health Belgium 505 BVBA
Cardinal Health Canada Holdings Cooperatie U.A.
Cardinal Health Canada Inc.
Cardinal Health Capital Corporation
Cardinal Health Cardiology Solutions, LLC
Cardinal Health Chile Limitada
Cardinal Health Colombia S.A.S.
Cardinal Health Commercial Technologies, LLC
Cardinal Health Corporate Solutions, LLC
Cardinal Health D.R. 203 II Ltd.
Cardinal Health Denmark ApS
Cardinal Health do Brasil Ltda.
Cardinal Health Finance
Cardinal Health Finland Oy
Cardinal Health Foundation
Cardinal Health France 506 SAS
Cardinal Health Funding, LLC
Cardinal Health Germany 507 GmbH
Cardinal Health Germany Manufacturing GmbH
Cardinal Health Holding International, Inc.
Cardinal Health International Philippines, Inc.
Cardinal Health IPS, LLC
Cardinal Health Ireland 419 Designated Activity Company
Cardinal Health Ireland 508 Limited
Cardinal Health Ireland Manufacturing Limited
Cardinal Health Ireland Unlimited Company
Cardinal Health Italy 509 S.r.l.
Cardinal Health Japan G.K.
Cardinal Health Korea Limited
Cardinal Health Luxembourg 420 S.a.r.l.
Cardinal Health Luxembourg 522 S.à.r.l.
Cardinal Health Malaysia 211 Sdn. Bhd.
Cardinal Health Malta 212 Limited
Cardinal Health Managed Care Services, LLC
Cardinal Health Medical Products India Private Limited
Cardinal Health Mexico 244 S. de R.L. de C.V.
Cardinal Health Mexico 514 S. de R.L. de C.V.
Cardinal Health Middle East FZ-LLC
Cardinal Health MPB, Inc.
Cardinal Health Napoleon Holding, LLC
Cardinal Health Netherlands 502 B.V.
Cardinal Health Netherlands 525 Coöperatie U.A.
Cardinal Health Netherlands 528 B.V.
Cardinal Health Norway AS

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AGENCY CUSTOMER ID: 570000070825
LOC #:

ADDITIONAL REMARKS SCHEDULE

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 Insureds Continued

Cardinal Health P.R. 120, Inc.
Cardinal Health P.R. 218, Inc.
Cardinal Health P.R. 220, LLC
Cardinal Health P.R. 436, Inc.
Cardinal Health Pharmaceutical Contracting, LLC
Cardinal Health Pharmacy Services, LLC
Cardinal Health Poland Spólka z ograniczona odpowiedzialnoscia
Cardinal Health Portugal 513, Unipessoal Lda.
Cardinal Health Singapore 225 Pte. Ltd.
Cardinal Health Spain 511 S.L.
Cardinal Health Specialty Pharmacy, LLC
Cardinal Health Sweden 512 A.B.
Cardinal Health Switzerland 515 GmbH
Cardinal Health Systems, Inc.
Cardinal Health Technologies Switzerland GmbH
Cardinal Health Technologies, LLC
Cardinal Health U.K. 418 Limited
Cardinal Health U.K. 432 Limited
Cardinal Health U.K. Holding Limited
Cardinal Health U.K. International Holding LLP
Cardinal Health, Inc.
Cardinal Medical Equipment Consulting (Shanghai) Co., Ltd.
Cirpro de Delicias S.A. de C.V.
Clinic Pharmacies III, LLC
Clinic Pharmacies, LLC
Community Pharmacy Enterprises, LLC
Convertors de Mexico S.A. de C.V.
Cordis (Shanghai) Medical Devices Co., Ltd.
Cordis Cashel Unlimited Company
Cordis Corporation
Cornerstone Partners G.P.O., L.P.
Covidien Canada Holdings (C) Cooperatie U.A. (Inactive)
Covidien Ireland Limited (Inactive)
Covidien Manufacturing Solutions, S.A.
Dutch American Manufacturers II (D.A.M. II) B.V.
Ellipticare, LLC
EPIC Insurance Company
Especialidades Medicas Kenmex S.A. de C.V.
Flexible Stenting Solutions, Inc.
Frog Horned Capital, Inc.
Generic Drug Holdings, Inc.
Griffin Capital, LLC
HDG Acquisition, Inc.
imgRx Healdsburg, Inc.
imgRx Salud, Inc.
imgRx SJ Valley, Inc.
imgRx SLO, Inc.
imgRx Sonoma, Inc.
InnerDyne Holdings, Inc.
Innovative Therapies,LLC
Instant Diagnostic Systems, Inc (Inactive - Aug 2018)
InteCardia-Tennessee East Catheterization, LLC
ITI Sales, LLC
Kendall-Gammatron Limited
Killilea Development Company, Ltd
Kinray I, LLC
KPR Australia Pty. Ltd
KPR Switzerland Sales GmbH
KPR U.S., LLC
Leader Drugstores, Inc

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AGENCY CUSTOMER ID: 570000070825
LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Cardinal Health, Inc.
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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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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: RGH Enterprises, LLC DBA: Edgepark Medical Supplies; Cardinal Health at Home — MDEG License # (if applicable): MP02997

Physical Address: 12075 Pritchard Road

City: Jacksonville — State: FL — Zip: 32220

Mailing Address (if different from physical address): 7000 Cardinal Place, QRA

City: Dublin — State: OH — Zip: 43017

Telephone: 904-378-8940 — Website: www.edgepark.com

Licensing Company Email: licensure@cardinalhealth.com

Section 2: Personal Information

First: Clifford — Middle: Lee — Last: Taylor III

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

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

Mailing Address: 12075 Pritchard Road

City: Jacksonville — State: FL — Zip: 32220

Telephone: [redacted] — Email: clifford.taylor@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?		

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

School Name		From - To (MM/YY – MM/YY)	
Auburn University		08/00 - 05/05	
Address	City	State	Zip
23 Samford Hall	Auburn	Al	36849
Diploma/Degree obtained, if any			
BS in Operations Mgt			

School Name		From - To (MM/YY – MM/YY)	
Chelsea High School		08/96 - 05/00	
Address	City	State	Zip
10510 Co Rd 11	Chelsea	Al	35043
Diploma/Degree obtained, if any			
Graduated with a 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
06/19 - current	[redacted] Buckingham Garden Dr	Lithia	FL	33547
From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/15 - 06/19	[redacted] Falcon Park Ct	Lithia	FL	33547
From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/13 - 06/15	[redacted] Bumblebee Hollow Dr	Mechanicsburg	Pa	17055
From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/07 - 08/13	[redacted] Clayton Lane	Madison	Al	35758
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

OR Hours 980

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			09/21 - current
Business Address	**City**	**State**	**Zip**
12075 Pritchard Road	Jacksonville	FL	32220
Phone	**Title**	**Number of Employed Hours**	
904-378-8940	Director of Operations	6,574 Hours	
Description of Duties			
Responsible for the planning, direction, and coordination of the work activities and resources necessary for the site in accordance with cost, quality, and quantity specifications. My site distributes medical products directly to the customer.			

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

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

Business Name		From - To (MM/YY – MM/YY)
Business Address	**City**	**State** / **Zip**
Phone	**Title**	**Number of Employed Hours**
Description 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, Clifford Taylor, **certify that as the MDEG Administrator for** RGH Enterprises, LLC,

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

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

Clifford Taylor
Print Name (First, Last)

Clifford Lee Taylor III
Original Signature (electronic, copies or stamps not accepted)

07/12/22
Date

Board Use Only	Date Received:

4G

NEVADA STATE BOARD OF PHARMACY

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

4

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 MP01599	■ 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: RGH Enterprises, LLC known in MO as HHI Enterprises, LLC DBA: Edgepark Medical Supplies; Cardinal Health at Home

MDEG Physical Address: 12600 NE 40th Street, Suite 100

City: Kansas City State: MO Zip: 64161

Mailing Address (if different from physical address): 7000 Cardinal Place, QRA

City: Dublin State: OH Zip: 43017

Telephone: 816-702-4000 Website: www.edgepark.com

Email: licensure@cardinalhealth.com

Name of MDEG Administrator (NAC 639.694): Philip Beierlle II

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]: Patients w/o Prescription	☐ 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: N/A Telephone:

Check the Days the Business will be Opened and provide the Hours of Operation				
☑ Mon: 8:30 AM-5:00	☑ Tue: 8:30 AM-5:00 P	☑ Wed: 8:30 AM-5:00	☐ Thurs: 8:30 AM-5:00	☑ Fri: 8:30 AM-5:00 P
☐ Sat: N/A	☐ Sun: N/A	☐ Holidays: N/A		

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	✓	
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))

See Attached

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: Ohio

Parent Company (if any): Allegiance Corporation

Corporation Name: Allegiance Corporation

Mailing Address: 7000 Cardinal Place, QRA

City: Dublin State: OH Zip: 43017

Telephone: 508-422-9027 Email: licensure@cardinalhealth.com

Contact Person Name: LaToyia Martin

Date of SEC Registration: 02/25/2022	SEC Registration Number: 721371	Stock Exchange Symbol: CAH

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:

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).**			✓	
• **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.

Keegan Chamberlain

Print Name of Authorized Person Submitting Application

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

7/7/22

Date

✓ payment processed 7/28/22 S

Board Use Only	Date Received: _____	Amount: 500.00 CK - 10829090

CardinalHealth

[July 14, 2022]

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

RE: Explanation of Disciplinary History
[RGH Enterprises, LLC]

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. The below disciplinary history has been previously provided to the Nevada State Board of Pharmacy.

In March 2015, the RGH pharmacy located in Twinsburg, OH, was issued a citation and fined $500 by the Maine Board of Pharmacy, for failure to timely report a change in the facility's pharmacist-in-charge. This failure to report within the seven-day time frame was due to the unavailability of the corporate official authorized to sign the application. RGH paid the fine to the Maine State Board of Pharmacy; additionally, RGH has undertaken a process to ensure regulatory notifications occur in a timely manner.

In April 2016, the Hawaii Board of Pharmacy took derivative action against the Twinsburg, OH, facility based on the action described above. RGH entered a Settlement Agreement with Hawaii and agreed to pay a $250 fine; the matter was closed on May 6, 2016.

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.

If you have any questions, Cory Kopitzke, Assistant General Counsel, Regulatory at Cory.Kopitzke01@cardinalhealth.com.

Sincerely,

Keegan Chamberlain
Director, Global Logistics Quality Management

RGH ENTERPRISES, LLC
1810 Summit Commerce Park
Twinsburg, Ohio 44087
(330)963-6998

RGH Enterprises, LLC
12600 NE 40th Street, Suite 100
Kansas City, MO 64161

Description of Operations

Mail order supplier of medical supplies including Incontinence Supplies, Manual Wheelchairs, Nutritional Supplements, Diabetic Test Supplies, Walkers, Canes, Commodes, Catheters, TENS units, Respiratory equipment (nebulizers and equipment) and wound/skin care products.

RGH Site	Enrollment Address	State	Provider No.	Associated NPI	Associated PTAN
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Alaska	1577887	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Arizona	496738	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Arkansas	199742741	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	California	1609858729	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Colorado	43128556	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Delaware	20044154	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	District of Columbia	41270500	1609858729	0166020001
FL	12705 Pritchard Rd Jacksonville, FL 32220	Georgia	003149398A	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Hawaii	596140	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Idaho	1609858729	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Illinois	3416509510002	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Indiana	200843320A	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Iowa	1609858729	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Kansas	200851380A	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Kansas-DME	200056920B	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Kentucky	7100142060	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Louisiana	2160117	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Maine	1609858729	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Maryland	222515600	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Massachusetts	1101284818	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Michigan	1609858729	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Minnesota	1609858729	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Mississippi	6432701	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Missouri	629969700	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Montana	1609858729	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Nebraska	100258842-00	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Nevada	1609858729	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	New Hampshire	3099440	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	New Jersey	946535	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	New Mexico	38920387	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	New York	3450011	1609858729	0166020001
NC	4234 SURLES CT, STE 100 DURHAM, NC 27703-8598	North Carolina	1356886030	1356886030	0166020004
ND	MCD Only Enrollment	North Dakota	1478102	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Ohio	830757	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Oklahoma	200428360A	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Oregon	290834	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Pennsylvania	71120630002	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Rhode Island	6020001	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	South Carolina	DM1376	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	South Dakota	1609858729	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Tennessee	4582447	1609858729	0166020001
TX	5400 Sandshell Drive, Ste 160 Fort Worth, Tx 76137-2483	Texas - instate	3385056-01	1568878114	166020003
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Texas out of state	1921744-01	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Utah	1609858729	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Vermont	1020569	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Virginia	1609858729	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Washington	1609858729	1609858729	0166020001
PA	171 Thorn Hill Rd, Ste A Warrendale, PA 15086-7527	West Virginia	1336692094	1336692094	0166020005
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Wisconsin	1609858729	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Wyoming	132923500	1609858729	0166020001

CardinalHealth

Officer Name	Title	Business Address	Business Phone Number	Email Address
Scott B. Zimmerman	Senior Vice President, Treasurer	7000 Cardinal Place, Dublin, OH 43017	614-757-7391	scott.zimmerman@cardinalhealth.com
Keegan David Chamberlain	Director, Quality Management	7200 Cardinal Place, Dublin, OH 43017	614-553-4640	Keegan.Chamberlain@cardinalhealth.com
John Joseph Tufano, Jr.	Senior Legal Counsel	7000 Cardinal Place, Dublin OH 43017	614-757-1417	john.tufano@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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RGH ENTERPRISES, LLC
1810 Summit Commerce Park
Twinsburg, Ohio 44087
(330) 963-6998

May 24, 2022

RE: MISSOURI HOME STATE LICENSE

RGH Enterprises, LLC
dba Edgepark Medical Supplies; Cardinal Health at Home
12600 NE 40th Street, Suite 100
Kansas City, MO 64161

RGH Enterprises, LLC dba Edgepark Medical Supplies; Cardinal Health at Home is Distribution of Medical Devices to hospitals, physicians, surgery centers, and consumers/patients.

****

PER MISSOURI LAW, THIS FACILITY IS NOT REQUIRED TO HAVE A LICENSE:

DEVICE DISTRIBUTORS. Missouri law requires a drug distributor license for facilities distributing, providing, or offering legend **drug-related medical devices** to any person other than the ultimate consumer/patient. [§ 338.330(4)]. Legend items bear one of the following statements on their label:

- **"Rx only"**
- **"Caution: Federal (U.S.A.) law prohibits dispensing without a prescription."**
- **"Caution: Federal (U.S.A.) law restricts this drug to use by or on the order of a licensed veterinarian."**
- **"Caution: Federal (U.S.A.) law restricts this device to sale by or on the order of a physician".**

A "drug-related medical device" refers to those devices that contain a legend drug as part of the device. [20 CSR 2220-5.030(9)]. Examples may include, but are not limited to, pre-filled heparin/saline syringes and sterile water/saline for irrigation or inhalation.

A Missouri drug distributor license is not required for facilities solely distributing legend devices that do not contain a legend drug as part of the device. Additionally, a license is not required if devices are only being distributed to the ultimate consumer/patient. [§ 338.330(4)].

Note: The ultimate consumer does not include practitioners' offices (physician, dentist, veterinarian, etc.), hospitals, nursing home facilities, ambulance/fire districts, home medical equipment providers, other distributors, or intra-company transfers.

Over-The-Counter Devices: Distribution of over-the counter devices such as blood glucose testing supplies and insulin syringes/needles does not require a distributor license. The sale of such products unless your facility chooses to dispense them as a prescription, a Missouri pharmacy license is required.

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 RGH ENTERPRISES, LLC, an Ohio Limited Liability Company, Registration Number 770802, was organized in the State of Ohio on April 9, 1990, 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 20th day of May, A.D. 2022.

Ohio Secretary of State

Validation Number: 202214001106

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) 08/27/2022

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	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. 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

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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

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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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 Insureds Continued

Cardinal Health 3, LLC
Cardinal Health 414, LLC
Cardinal Health 418, Inc.
Cardinal Health 5, LLC
Cardinal Health 500, LLC
Cardinal Health 524, LLC
Cardinal Health 529, LLC
Cardinal Health 6, Inc.
Cardinal Health 7, LLC
Cardinal Health 8, LLC
Cardinal Health Australia 503 Pty Ltd.
Cardinal Health Austria 504 GmbH
Cardinal Health Belgium 505 BVBA
Cardinal Health Canada Holdings Cooperatie U.A.
Cardinal Health Canada Inc.
Cardinal Health Capital Corporation
Cardinal Health Cardiology Solutions, LLC
Cardinal Health Chile Limitada
Cardinal Health Colombia S.A.S.
Cardinal Health Commercial Technologies, LLC
Cardinal Health Corporate Solutions, LLC
Cardinal Health D.R. 203 II Ltd.
Cardinal Health Denmark ApS
Cardinal Health do Brasil Ltda.
Cardinal Health Finance
Cardinal Health Finland Oy
Cardinal Health Foundation
Cardinal Health France 506 SAS
Cardinal Health Funding, LLC
Cardinal Health Germany 507 GmbH
Cardinal Health Germany Manufacturing GmbH
Cardinal Health Holding International, Inc.
Cardinal Health International Philippines, Inc.
Cardinal Health IPS, LLC
Cardinal Health Ireland 419 Designated Activity Company
Cardinal Health Ireland 508 Limited
Cardinal Health Ireland Manufacturing Limited
Cardinal Health Ireland Unlimited Company
Cardinal Health Italy 509 S.r.l.
Cardinal Health Japan G.K.
Cardinal Health Korea Limited
Cardinal Health Luxembourg 420 S.a.r.l.
Cardinal Health Luxembourg 522 S.à.r.l.
Cardinal Health Malaysia 211 Sdn. Bhd.
Cardinal Health Malta 212 Limited
Cardinal Health Managed Care Services, LLC
Cardinal Health Medical Products India Private Limited
Cardinal Health Mexico 244 S. de R.L. de C.V.
Cardinal Health Mexico 514 S. de R.L. de C.V.
Cardinal Health Middle East FZ-LLC
Cardinal Health MPB, Inc.
Cardinal Health Napoleon Holding, LLC
Cardinal Health Netherlands 502 B.V.
Cardinal Health Netherlands 525 Coöperatie U.A.
Cardinal Health Netherlands 528 B.V.
Cardinal Health Norway AS

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AGENCY CUSTOMER ID: 570000070825
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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	
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 P.R. 120, Inc.
Cardinal Health P.R. 218, Inc.
Cardinal Health P.R. 220, LLC
Cardinal Health P.R. 436, Inc.
Cardinal Health Pharmaceutical Contracting, LLC
Cardinal Health Pharmacy Services, LLC
Cardinal Health Poland Spólka z ograniczona odpowiedzialnoscia
Cardinal Health Portugal 513, Unipessoal Lda.
Cardinal Health Singapore 225 Pte. Ltd.
Cardinal Health Spain 511 S.L.
Cardinal Health Specialty Pharmacy, LLC
Cardinal Health Sweden 512 A.B.
Cardinal Health Switzerland 515 GmbH
Cardinal Health Systems, Inc.
Cardinal Health Technologies Switzerland GmbH
Cardinal Health Technologies, LLC
Cardinal Health U.K. 418 Limited
Cardinal Health U.K. 432 Limited
Cardinal Health U.K. Holding Limited
Cardinal Health U.K. International Holding LLP
Cardinal Health, Inc.
Cardinal Medical Equipment Consulting (Shanghai) Co., Ltd.
Cirpro de Delicias S.A. de C.V.
Clinic Pharmacies III, LLC
Clinic Pharmacies, LLC
Community Pharmacy Enterprises, LLC
Convertors de Mexico S.A. de C.V.
Cordis (Shanghai) Medical Devices Co., Ltd.
Cordis Cashel Unlimited Company
Cordis Corporation
Cornerstone Partners G.P.O., L.P.
Covidien Canada Holdings (C) Cooperatie U.A. (Inactive)
Covidien Ireland Limited (Inactive)
Covidien Manufacturing Solutions, S.A.
Dutch American Manufacturers II (D.A.M. II) B.V.
Ellipticare, LLC
EPIC Insurance Company
Especialidades Medicas Kenmex S.A. de C.V.
Flexible Stenting Solutions, Inc.
Frog Horned Capital, Inc.
Generic Drug Holdings, Inc.
Griffin Capital, LLC
HDG Acquisition, Inc.
imgRx Healdsburg, Inc.
imgRx Salud, Inc.
imgRx SJ Valley, Inc.
imgRx SLO, Inc.
imgRx Sonoma, Inc.
InnerDyne Holdings, Inc.
Innovative Therapies,LLC
Instant Diagnostic Systems, Inc (Inactive - Aug 2018)
InteCardia-Tennessee East Catheterization, LLC
ITI Sales, LLC
Kendall-Gammatron Limited
Killilea Development Company, Ltd
Kinray I, LLC
KPR Australia Pty. Ltd
KPR Switzerland Sales GmbH
KPR U.S., LLC
Leader Drugstores, Inc

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AGENCY CUSTOMER ID: 570000070825
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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 Insureds Continued

Limited Liability Company "Cardinal Health Russia"
Ludlow Technical Products Canada, Ltd.
Marin Apothecaries
Medicap Pharmacies Incorporated
Medicine Shoppe Capital Corporation
Medicine Shoppe International, Inc.
Medicine Shoppe Internet, Inc.
Mediquip Sdn. Bhd.
Mirixa Corporation
MSCRIPTS HOLDING, LLC
MSCRIPTS, LLC
NeuroLogic GPO, LLC
Nippon Covidien Ltd.
One Cloverleaf, LLC
Outcomes Incorporated
Owen Shared Services, Inc.
Pharmacy Operations Of New York, Inc.
Pharmacy Operations, Inc.
Physicians Purchasing, Inc.
Pinnacle Intellectual Property Services, Inc.
Pinnacle Intellectual Property Services-International, Inc.
Quiroproductos de Cuauhtemoc S. de R.L. de C.V.
RainTree Administrative Services, LLC
RainTree Care Management, LLC
RainTree GPO, LLC
Ransdell Surgical, Inc.
Red Oak Sourcing, LLC
Renal Purchasing Group, LLC
RGH Enterprises, LLC
RT Oncology Services Corporation
Rxealtime, Inc.
Sierra Radiopharmacy, L.L.C.
Sonexus Health Access & Patient Support, LLC
Sonexus Health Distribution Services, LLC
Sonexus Health Financial Solutions, LLC
Sonexus Health Pharmacy Services, LLC
Sonexus Health, LLC
TelePharm, LLC
The Harvard Drug Group, L.L.C.
Tianjin ITI Trading Company
Tradex International, Inc.
Uromed, Inc. (Inactive)
Wavemark Lebanon Offshore s.a.l.
Wavemark, Inc.

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NEVADA STATE BOARD OF PHARMACY

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

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

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG RSH Enterprises, LLC (known as MD as HHI Enterprises, LLC DBA: Edgepark Medical Supplies, Cardinal Health at Home) MDEG License # (if applicable) MP01599

Physical Address 12600 NE 40th Street, Suite 100

City Kansas City State MO Zip 64161

Mailing Address (if different from physical address) 7000 Cardinal Place, QRA

City Dublin State OH Zip 43017

Telephone 816-702-4000 Website www.edgepark.com

Licensing Company Email licensure@cardinalhealth.com

Section 2: Personal Information

First Philip Middle John Last Beierlie II

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

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

Mailing Address 12600 NE 40th Street, Suite 100

City Kansas City State MO Zip 64161

Telephone 816-702-4000 Email philip.beierle@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)	
Park University		6/08 - 6/12	
Address	City	State	Zip
8700 NW River Park Dr	Parkville	MO	64152
Diploma/Degree obtained, if any			
B.S. Business Management			

School Name		From - To (MM/YY – MM/YY)	
Maple Woods Community College		1/05 - 3/08	
Address	City	State	Zip
2601 NE Barry Rd	Kansas City	MO	64156
Diploma/Degree obtained, if any			
A.S. Logistics Management			

School Name		From - To (MM/YY – MM/YY)	
Missouri Western State University		8/96 - 12/96	
Address	City	State	Zip
4525 Downs Dr.	St. Joseph	MO	64507
Diploma/Degree obtained, if any			
N/A			

School Name		From - To (MM/YY – MM/YY)	
Winnetonka High School		8/93 - 5/96	
Address	City	State	Zip
5815 NE 48th St.	Kansas City	MO	64119
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			

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
4/21 - present	[redacted] N. Lewis Ave	Kansas City	MO	64157
6/20 - 4/21	[redacted] N. Flintlock Dr Apt C	Kansas City	MO	64158
4/18 - 6/20	[redacted] NE 98th Ct	Kansas City	MO	64157
4/13 - 4/18	[redacted] NE 101st St.	Kansas City	MO	64157
5/07 - 4/13	[redacted] NE 50th St	Kansas City	MO	64119
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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			9/21 – present	
Business Address		**City**	**State**	**Zip**
12600 NE 40th St suite 100		Kansas City	MO	64161
Phone	**Title**		**Number of Employed Hours**	
816-702-4000	Director of Operations		1,680	
Description of Duties				
Responsible for all facets of the operation. Site Leader.				

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

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

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

7/6/22
Date

I, Philip Beierle, **certify that as the MDEG Administrator for** Cardinal Health @ Home,

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

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

Philip Beierle
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

7/6/22
Date

Board Use Only	Date Received:

4H

NEVADA STATE BOARD OF PHARMACY

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

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

Non-Refundable $500 fee

Rev (05/12/2022)

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

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

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

Type of Application (check applicable box)		MDEG Business Type (check applicable box)
☐ New MDEG	* If making a change, provide current license number:	☒ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9)
☒ Ownership Change*		☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9)
☐ Name Change*	M MP01146	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9)
☐ Location Change*		☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9)

Section 1: General Information

Facility Name: RGH Enterprises, LLC Known in CA as HHI Enterprises, LLC DBA: Edgepark Medical Supplies; Cardinal Health at Home

MDEG Physical Address: 3980 Earlstone Street

City: Ontario State: CA Zip: 91761

Mailing Address (if different from physical address): 7000 Cardinal Place, QRA

City: Dublin State: OH Zip: 43017

Telephone: 909-923-2691 Website: www.edgepark.com

Email: licensure@cardinalhealth.com

Name of MDEG Administrator (NAC 639.694): George Pizarro

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

Check the Days the Business will be Opened and provide the Hours of Operation				
☑ Mon: 9:00AM-4:00p	☑ Tue: 9:00AM-4:00p	☑ Wed: 9:00AM-4:00p	☑ Thurs: 9:00AM-4:00p	☑ Fri: 9:00AM-4:00p
☐ Sat: N/A	☐ Sun: N/A	☐ Holidays: N/A		

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	✓	
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))
See Attached

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: Ohio

Parent Company (if any): Allegiance Corporation

Corporation Name: Allegiance Corporation

Mailing Address: 7000 Cardinal Place, QRA

City: Dublin State: OH Zip: 43017

Telephone: 508-422-9027 Email: licensure@cardinalhealth.com

Contact Person Name: LaToyia Martin

Date of SEC Registration: 02/25/2022	SEC Registration Number: 721371	Stock Exchange Symbol: CAH

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:

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).**			✓	
• **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.

Keegan Chamberlain

Print Name of Authorized Person Submitting Application

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

7/7/22

Date

✓ payment processed 7/28/22 4

Board Use Only	Date Received: _____	Amount: 500.00 CK 10829095

CardinalHealth

[July 14, 2022]

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

RE: Explanation of Disciplinary History
[RGH Enterprises, LLC]

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. The below disciplinary history has been previously provided to the Nevada State Board of Pharmacy.

In March 2015, the RGH pharmacy located in Twinsburg, OH, was issued a citation and fined $500 by the Maine Board of Pharmacy, for failure to timely report a change in the facility's pharmacist-in-charge. This failure to report within the seven-day time frame was due to the unavailability of the corporate official authorized to sign the application. RGH paid the fine to the Maine State Board of Pharmacy; additionally, RGH has undertaken a process to ensure regulatory notifications occur in a timely manner.

In April 2016, the Hawaii Board of Pharmacy took derivative action against the Twinsburg, OH, facility based on the action described above. RGH entered a Settlement Agreement with Hawaii and agreed to pay a $250 fine; the matter was closed on May 6, 2016.

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.

If you have any questions, Cory Kopitzke, Assistant General Counsel, Regulatory at Cory.Kopitzke01@cardinalhealth.com.

Sincerely,

Keegan Chamberlain
Director, Global Logistics Quality Management

RGH ENTERPRISES, INC.
1810 Summit Commerce Park
Twinsburg, Ohio 44087
(330)963-6998

Description of Operations

Type of business: RGH Enterprises, LLC sells, at retail, medical devices and disposable diabetic, ostomy, urological, incontinence and wound care supplies via mail order throughout the United States; and (2) wholesales non-prescription drugs, medical devices and disposable medical supplies to pharmacies, hospitals, clinics, distributors, wholesalers, DME suppliers, physicians and other licensed health care professionals. RGH Enterprises, Inc. does not sell prescription drugs at retail.

Explanation Regarding Enteral supplies

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

(a) Cleaning of the equipment; Business does not clean or service equipment

(b) Potential hazards and warning signs of malfunctioning or inadequately functioning equipment; Information would be provided by the manufacturer of the equipment and if instructed by the manufacturer, business (as a distributor), would notify customers if directed to do so with a communication provided by the manufacturer.

(c) Maintenance procedures for the equipment N/A business does not service equipment

(d) The telephone number, contact name, and contact address for emergency servicing or repair of the equipment, and for routine servicing or repair of the equipment; and N/A would need to contact the manufacturer.

(e) The written materials about the equipment that are available from the medical products provider or the manufacturer of the equipment. Instructions/directions for use are provided in packaging supplied by manufacturer.

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

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

RGM Site	Enrollment Address	State	Provider No.	Associated NPI	Associated PTAN
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Alaska	1577837	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Arizona	496738	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Arkansas	199742741	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	California	1609858729	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Colorado	43128556	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Delaware	20044164	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	District of Columbia	41270500	1609858729	0166020001
FL	12705 Pritchard Rd Jacksonville, FL 32220	Georgia	003149398A	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Hawaii	596140	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Idaho	1609858729	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Illinois	3416509551002	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Indiana	200843320A	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Iowa	1609858729	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Kansas	200851380A	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Kansas-DME	200056920B	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Kentucky	7100142060	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Louisiana	2160117	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Maine	1609858729	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Maryland	222516600	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Massachusetts	110128481B	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Michigan	1609858729	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Minnesota	1609858729	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Mississippi	6432701	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Missouri	629969700	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Montana	1609858729	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Nebraska	100258842-00	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Nevada	1609858729	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	New Hampshire	3099440	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	New Jersey	346535	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	New Mexico	38920387	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	New York	3450011	1609858729	0166020001
NC	4234 SURLES CT, STE 100 DURHAM, NC 27703-8598	North Carolina	1356886030	1356886030	0166020004
ND	MCO Only Enrollment	North Dakota	1478102	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Ohio	830757	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Oklahoma	200428360A	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Oregon	290834	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Pennsylvania	71120630002	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Rhode Island	6020001	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	South Carolina	DM1375	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	South Dakota	1609858729	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Tennessee	4582447	1609858729	0166020001
TX	5400 Sandshell Drive, Ste 160 Fort Worth, Tx 76137-2483	Texas - Instate	3385056-01	1568878114	166020003
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Texas out of state	1921744-01	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Utah	1609858729	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Vermont	1020569	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Virginia	1609858729	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Washington	1609858729	1609858729	0166020001
PA	171 Thorn Hill Rd, Ste A Warrendale, PA 15086-7527	West Virginia	1336692094	1336692094	0166020005
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Wisconsin	1609858729	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Wyoming	132923500	1609858729	0166020001

CardinalHealth

Officer Name	Title	Business Address	Business Phone Number	Email Address
Scott B. Zimmerman	Senior Vice President, Treasurer	7000 Cardinal Place, Dublin, OH 43017	614-757-7391	scott.zimmerman@cardinalhealth.com
Keegan David Chamberlain	Director, Quality Management	7200 Cardinal Place, Dublin, OH 43017	614-553-4640	Keegan.Chamberlain@cardinalhealth.com
John Joseph Tufano, Jr.	Senior Legal Counsel	7000 Cardinal Place, Dublin OH 43017	614-757-1417	john.tufano@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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STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC HEALTH
FOOD AND DRUG BRANCH

HOME MEDICAL DEVICE RETAIL LICENSE

RGH Enterprises, LLC
DBA: Edgepark Medical Supplies; Cardinal Health at Home
3980 Earlstone Street
Ontario, CA 91761

LICENSE NUMBER: 72345
EXPIRATION DATE: 1/17/2023

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: 1/5/2022

OSP 07 102308

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 RGH ENTERPRISES, LLC, an Ohio Limited Liability Company, Registration Number 770802, was organized in the State of Ohio on April 9, 1990, 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 20th day of May, A.D. 2022.

Ohio Secretary of State

Validation Number: 202214001106

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) 08/27/2022

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

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

PRODUCER	CONTACT NAME:	
Aon Risk Services Northeast, Inc. Cincinnati OH Office 8044 Montgomery Road Suite 405 Cincinnati OH 45236-2919 USA	PHONE (A/C. No. Ext): (866) 283-7122	FAX (A/C. No.): (800) 363-0105
	E-MAIL ADDRESS:	

INSURED	INSURER(S) AFFORDING COVERAGE		NAIC #
Cardinal Health, Inc. (See Additional Page) 7000 Cardinal Place Dublin OH 43017 USA	INSURER A:	XL Insurance America Inc	24554
	INSURER B:	XL Specialty Insurance Co	37885
	INSURER C:	Greenwich Insurance Company	22322
	INSURER D:	Indian Harbor Insurance Company	36940
	INSURER E:		
	INSURER F:		

COVERAGES **CERTIFICATE NUMBER: 570094095707** **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
C	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X Liquor Liability Included GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:			RGD943716717 AOS, PR	06/30/2022	06/30/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Liquor Liability Lim	$5,000,000 $1,000,000 $5,000,000 $5,000,000 Excluded Included
C	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY			RAD943716817	06/30/2022	06/30/2023	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$5,000,000
A	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION			US00092147LI22A SIR applies per policy terms & conditions	06/30/2022	06/30/2023	EACH OCCURRENCE AGGREGATE Products/Completed O	$5,000,000 $5,000,000 Excluded
A A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		RWD943512517 (AOS) RWR943512617 (WI)	06/30/2022 06/30/2022	06/30/2023 06/30/2023	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT	$5,000,000 $5,000,000 $5,000,000
D	E&O-PL-Primary			RGD943797703 E&O SIR applies per policy terms & conditions	06/30/2022	06/30/2023	Loss Limit	$5,000,000

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

CERTIFICATE HOLDER

Cardinal Health, Inc.
7000 Cardinal Place
Dublin OH 43017 USA

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Aon Risk Services Northeast Inc.

Holder Identifier : Z

Certificate No : 570094095707

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AGENCY CUSTOMER ID: 570000070825
LOC #:

ADDITIONAL REMARKS SCHEDULE

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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 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

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

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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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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	
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 CUSTOMER ID: 570000070825
LOC #:

ADDITIONAL REMARKS SCHEDULE

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AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Cardinal Health, Inc.
POLICY NUMBER	
See Certificate Number: 570094095707	
CARRIER / NAIC CODE	EFFECTIVE DATE:
See Certificate Number: 570094095707	

ADDITIONAL REMARKS

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

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 Spółka z ograniczona odpowiedzialnoscia
Cardinal Health Portugal 513, Unipessoal Lda.
Cardinal Health Singapore 225 Pte. Ltd.
Cardinal Health Spain 511 S.L.
Cardinal Health Specialty Pharmacy, LLC
Cardinal Health Sweden 512 A.B.
Cardinal Health Switzerland 515 GmbH
Cardinal Health Systems, Inc.
Cardinal Health Technologies Switzerland GmbH
Cardinal Health Technologies, LLC
Cardinal Health U.K. 418 Limited
Cardinal Health U.K. 432 Limited
Cardinal Health U.K. Holding Limited
Cardinal Health U.K. International Holding LLP
Cardinal Health, Inc.
Cardinal Medical Equipment Consulting (Shanghai) Co., Ltd.
Cirpro de Delicias S.A. de C.V.
Clinic Pharmacies III, LLC
Clinic Pharmacies, LLC
Community Pharmacy Enterprises, LLC
Convertors de Mexico S.A. de C.V.
Cordis (Shanghai) Medical Devices Co., Ltd.
Cordis Cashel Unlimited Company
Cordis Corporation
Cornerstone Partners G.P.O., L.P.
Covidien Canada Holdings (C) Cooperatie U.A. (Inactive)
Covidien Ireland Limited (Inactive)
Covidien Manufacturing Solutions, S.A.
Dutch American Manufacturers II (D.A.M. II) B.V.
Ellipticare, LLC
EPIC Insurance Company
Especialidades Medicas Kenmex S.A. de C.V.
Flexible Stenting Solutions, Inc.
Frog Horned Capital, Inc.
Generic Drug Holdings, Inc.
Griffin Capital, LLC
HDG Acquisition, Inc.
imgRx Healdsburg, Inc.
imgRx Salud, Inc.
imgRx SJ Valley, Inc.
imgRx SLO, Inc.
imgRx Sonoma, Inc.
InnerDyne Holdings, Inc.
Innovative Therapies,LLC
Instant Diagnostic Systems, Inc (Inactive - Aug 2018)
InteCardia-Tennessee East Catheterization, LLC
ITI Sales, LLC
Kendall-Gammatron Limited
Killilea Development Company, Ltd
Kinray I, LLC
KPR Australia Pty. Ltd
KPR Switzerland Sales GmbH
KPR U.S., LLC
Leader Drugstores, Inc

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AGENCY CUSTOMER ID: 570000070825
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 Insureds Continued

Limited Liability Company "Cardinal Health Russia"
Ludlow Technical Products Canada, Ltd.
Marin Apothecaries
Medicap Pharmacies Incorporated
Medicine Shoppe Capital Corporation
Medicine Shoppe International, Inc.
Medicine Shoppe Internet, Inc.
Mediquip Sdn. Bhd.
Mirixa Corporation
MSCRIPTS HOLDING, LLC
MSCRIPTS, LLC
NeuroLogic GPO, LLC
Nippon Covidien Ltd.
One Cloverleaf, LLC
Outcomes Incorporated
Owen Shared Services, Inc.
Pharmacy Operations Of New York, Inc.
Pharmacy Operations, Inc.
Physicians Purchasing, Inc.
Pinnacle Intellectual Property Services, Inc.
Pinnacle Intellectual Property Services-International, Inc.
Quiroproductos de Cuauhtemoc S. de R.L. de C.V.
RainTree Administrative Services, LLC
RainTree Care Management, LLC
RainTree GPO, LLC
Ransdell Surgical, Inc.
Red Oak Sourcing, LLC
Renal Purchasing Group, LLC
RGH Enterprises, LLC
RT Oncology Services Corporation
Rxealtime, Inc.
Sierra Radiopharmacy, L.L.C.
Sonexus Health Access & Patient Support, LLC
Sonexus Health Distribution Services, LLC
Sonexus Health Financial Solutions, LLC
Sonexus Health Pharmacy Services, LLC
Sonexus Health, LLC
TelePharm, LLC
The Harvard Drug Group, L.L.C.
Tianjin ITI Trading Company
Tradex International, Inc.
Uromed, Inc. (Inactive)
Wavemark Lebanon Offshore s.a.l.
Wavemark, Inc.

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NEVADA STATE BOARD OF PHARMACY

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

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

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG RSH Enterprises, LLC Known in CA as HH Enterprises, LLC DBA Edgepark Medical Supplies, Cardinal Health at Home MDEG License # (if applicable) MP01146

Physical Address 3980 Earlstone Street

City Ontario State CA Zip 91761

Mailing Address (if different from physical address) 7000 Cardinal Place, QRA

City Dublin State OH Zip 43017

Telephone 909-923-2691 Website www.edgepark.com

Licensing Company Email licensure@cardinalhealth.com

Section 2: Personal Information

First George Middle William Last Pizarro

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

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

Mailing Address 3980 Earlstone Street

City Ontario State CA Zip 91761

Telephone 800-321-0591 ext 4301 Email george.pizarro@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)	
Citrus College		09/88 - 06/94	
Address	City	State	Zip
1000 W. Foothill Blvd	Glendora	CA	91741
Diploma/Degree obtained, if any			
N/A			

School Name		From - To (MM/YY – MM/YY)	
Charter Oak High School		09/84 - 06/88	
Address	City	State	Zip
1430 E. Covina Blvd	Covina	CA	91724
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
07/17 - current	[redacted] Valley Blvd SPC 174	Pomona	CA	91768
05/16 - 07/17	[redacted] Via Esperanza	Rancho Cucamonga	CA	91737
01/15 - 05/16	[redacted] Mull Ave	Riverside	CA	92505
01/12 - 01/15	[redacted] N. Park Ave Apt#101	Pomona	CA	91768
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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			03/2013 - current
Business Address	**City**	**State**	**Zip**
3980 Earlstone St.	Ontario	CA	91761
Phone	**Title**	**Number of Employed Hours**	
800-321-0591	Operations Supervisor	19,395	
Description of Duties			
Supervise team of associates in all facets of distribution of medical supplies via parcel carriers.			

Business Name			From - To (MM/YY – MM/YY)
Invacare Supply Group			04/95 - 03/13
Business Address	**City**	**State**	**Zip**
3980 Earlstone St	Ontario	CA	91761
Phone	**Title**	**Number of Employed Hours**	
909-263-9850	Operations Supervisor	37,440	
Description of Duties			
Supervise team of associates in all facets of distribution of medical supplies via parcel carriers.			

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

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

07/01/2022
Date

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

Cardinal Health @ Home Ontario Facility,

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

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

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

George Pizarro
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

07/01/2022
Date

Board Use Only	Date Received:

41

NEVADA STATE BOARD OF PHARMACY

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

4

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 MP00780	☒ 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: RGH Enterprises, LLC DBA: Edgepark Medical Supplies; Cardinal Health at Home

MDEG Physical Address: 2854 NE 181st Ave

City: Portland State: OR Zip: 97230

Mailing Address (if different from physical address): 7000 Cardinal Place, QRA

City: Dublin State: OH Zip: 43017

Telephone: 503-465-2570 Website: www.edgepark.com

Email: licensure@cardinalhealth.com

Name of MDEG Administrator (NAC 639.694): Theodore Richard Collins

Entities the MDEG will Serve	**Type of MDEG products that will be sold (check all applicable)**
☒ Patients by prescriptions ☒ Pharmacies[a] ☒ Practitioners[a] ☒ Hospitals/Clinics[a] ☒ Clinics[a] ☒ Wholesalers[a] ☐ Other business entities (specify)[a]:	☐ Medical Gases** ☐ Respiratory Equipment** ☐ Life-sustaining equipment** ☒ Parenteral and Enteral Equipment** ☒ Assistive Equipment ☒ Diabetic Supplies ☐ Orthotics and Prosthetics ☐ Others:
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)	**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: See Attached Telephone:

Check the Days the Business will be Opened and provide the Hours of Operation				
☑ Mon: 9:30AM-5:00P	☑ Tue: 9:30AM-5:00P	☑ Wed: 9:30AM-5:00P	☑ Thurs: 9:30AM-5:00	☑ Fri: 9:30AM-5:00P
☐ Sat: N/A	☐ Sun: N/A	☐ Holidays: N/A		

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	✓	
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))

See Attached

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: Ohio

Parent Company (if any): Allegiance Corporation

Corporation Name: Allegiance Corporation

Mailing Address: 7000 Cardinal Place, QRA

City: Dublin State: OH Zip: 43017

Telephone: 508-422-9027 Email: licensure@cardinalhealth.com

Contact Person Name: LaToyia Martin

Date of SEC Registration: 02/25/2022	SEC Registration Number: 721371	Stock Exchange Symbol: CAH

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:

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).**			✓	
• **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.

Keegan Chamberlain

Print Name of Authorized Person Submitting Application

K Chamberlain

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

7/7/22

Date

✓ Payment Processed 7/28/22 S

Board Use Only	Date Received: _____	Amount: 500.00 CK-10829096

CardinalHealth

[July 14, 2022]

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

RE: Explanation of Disciplinary History
[RGH Enterprises, LLC]

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. The below disciplinary history has been previously provided to the Nevada State Board of Pharmacy.

In March 2015, the RGH pharmacy located in Twinsburg, OH, was issued a citation and fined $500 by the Maine Board of Pharmacy, for failure to timely report a change in the facility's pharmacist-in-charge. This failure to report within the seven-day time frame was due to the unavailability of the corporate official authorized to sign the application. RGH paid the fine to the Maine State Board of Pharmacy; additionally, RGH has undertaken a process to ensure regulatory notifications occur in a timely manner.

In April 2016, the Hawaii Board of Pharmacy took derivative action against the Twinsburg, OH, facility based on the action described above. RGH entered a Settlement Agreement with Hawaii and agreed to pay a $250 fine; the matter was closed on May 6, 2016.

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.

If you have any questions, Cory Kopitzke, Assistant General Counsel, Regulatory at Cory.Kopitzke01@cardinalhealth.com.

Sincerely,

Keegan Chamberlain
Director, Global Logistics Quality Management

RGH ENTERPRISES, INC.
1810 Summit Commerce Park
Twinsburg, Ohio 44087
(330)963-6998

Description of Operations

Type of business: RGH Enterprises, LLC sells, at retail, medical devices and disposable diabetic, ostomy, urological, incontinence and wound care supplies via mail order throughout the United States; and (2) wholesales non-prescription drugs, medical devices and disposable medical supplies to pharmacies, hospitals, clinics, distributors, wholesalers, DME suppliers, physicians and other licensed health care professionals. RGH Enterprises, Inc. does not sell prescription drugs at retail.

Explanation Regarding Enteral supplies

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

(a) Cleaning of the equipment; Business does not clean or service equipment

(b) Potential hazards and warning signs of malfunctioning or inadequately functioning equipment; Information would be provided by the manufacturer of the equipment and if instructed by the manufacturer, business (as a distributor), would notify customers if directed to do so with a communication provided by the manufacturer.

(c) Maintenance procedures for the equipment N/A business does not service equipment

(d) The telephone number, contact name, and contact address for emergency servicing or repair of the equipment, and for routine servicing or repair of the equipment; and N/A would need to contact the manufacturer.

(e) The written materials about the equipment that are available from the medical products provider or the manufacturer of the equipment. Instructions/directions for use are provided in packaging supplied by manufacturer.

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

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

RGH Site	Enrollment Address	State	Provider No.	Associated NPI	Associated PTAN
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Alaska	1577887	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Arizona	496738	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Arkansas	1199742741	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	California	1609858729	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Colorado	43128556	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Delaware	20044164	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	District of Columbia	41270500	1609858729	0166020001
FL	12705 Pritchard Rd Jacksonville, FL 32220	Georgia	0031493988	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Hawaii	596140	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Idaho	1609858729	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Illinois	341650951002	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Indiana	200843320A	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Iowa	1609858729	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Kansas	200851380A	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Kansas-DME	2000569208	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Kentucky	7100142060	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Louisiana	2160117	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Maine	1609858729	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Maryland	2225166 00	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Massachusetts	1101284818	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Michigan	1609858729	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Minnesota	1609858729	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Mississippi	6432701	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Missouri	629969700	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Montana	1609858729	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Nebraska	300258842-00	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Nevada	1609858729	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	New Hampshire	3099440	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	New Jersey	346535	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	New Mexico	38920387	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	New York	3450011	1609858729	0166020001
NC	4234 SURLES CT, STE 100 DURHAM, NC 27703-8598	North Carolina	1356886030	1356886030	0166020004
ND	MCO Only Enrollment	North Dakota	1478302	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Ohio	830757	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Oklahoma	200428360A	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Oregon	290834	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Pennsylvania	71120630002	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Rhode Island	6020001	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	South Carolina	DM1376	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	South Dakota	1609858729	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Tennessee	4582447	1609858729	0166020001
TX	5400 Sandshell Drive, Ste 160 Fort Worth, Tx 76137-2483	Texas - instate	3385056-01	1568878114	166020003
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Texas out of state	1921744-01	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Utah	1609858729	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Vermont	1020569	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Virginia	1609858729	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Washington	1609858729	1609858729	0166020001
PA	171 Thorn Hill Rd, Ste A Warrendale, PA 15086-7527	West Virginia	1336692094	1336692094	0166020005
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Wisconsin	1609858729	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Wyoming	132923500	1609858729	0166020001

CardinalHealth

Officer Name	Title	Business Address	Business Phone Number	Email Address
Scott B. Zimmerman	Senior Vice President, Treasurer	7000 Cardinal Place, Dublin, OH 43017	614-757-7391	scott.zimmerman@cardinalhealth.com
Keegan David Chamberlain	Director, Quality Management	7200 Cardinal Place, Dublin, OH 43017	614-553-4640	Keegan.Chamberlain@cardinalhealth.com
John Joseph Tufano, Jr.	Senior Legal Counsel	7000 Cardinal Place, Dublin OH 43017	614-757-1417	john.tufano@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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OREGON BOARD OF PHARMACY

MED DEVICE/EQUIP/GASES-C REGISTRATION

LICENSE NUMBER: NPC-0003604

This license is valid until **01/31/2023**

ISSUED TO:
RGH ENTERPRISES LLC
CARDINAL HEALTH AT HOME
2854 NE 181ST AVE
PORTLAND OR 97230

Executive Director

Issuing Authority: **ORS 475 & 689**

DO NOT COPY - Request certified copies in writing

MUST BE POSTED IN A CONSPICUOUS PLACE - **NOT TRANSFERABLE**

RGH ENTERPRISES LLC
CARDINAL HEALTH AT HOME
ATTN: QRA
7000 CARDINAL PLACE
DUBLIN OH 43017

OREGON BOARD OF PHARMACY

MED DEVICE/EQUIP/GASES-C REGISTRATION

LICENSE NUMBER: NPC-0003554

This license is valid until **01/31/2023**

ISSUED TO:
RGH ENTERPRISES LLC
EDGEPARK MEDICAL SUPPLIES
2854 NE 181ST AVE
PORTLAND OR 97230

Executive Director

Issuing Authority: **ORS 475 & 689**

DO NOT COPY - Request certified copies in writing

MUST BE POSTED IN A CONSPICUOUS PLACE - **NOT TRANSFERABLE**

RGH ENTERPRISES LLC
EDGEPARK MEDICAL SUPPLIES
ATTN: QRA
7000 CARDINAL PLACE
DUBLIN OH 43017

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 RGH ENTERPRISES, LLC, an Ohio Limited Liability Company, Registration Number 770802, was organized in the State of Ohio on April 9, 1990, 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 20th day of May, A.D. 2022.

Ohio Secretary of State

Validation Number: 202214001106

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 SCHEDULED AUTOS						BODILY INJURY (Per accident)	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						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 Y/N			RWD943512517 (AOS)	06/30/2022	06/30/2023	X PER STATUTE OTH-ER	
A	ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? N (Mandatory in NH)	N/A		RWR943512617 (WI)	06/30/2022	06/30/2023	E.L. EACH ACCIDENT	$5,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						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

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

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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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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	
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 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 Insureds Continued

Cardinal Health P.R. 120, Inc.
Cardinal Health P.R. 218, Inc.
Cardinal Health P.R. 220, LLC
Cardinal Health P.R. 436, Inc.
Cardinal Health Pharmaceutical Contracting, LLC
Cardinal Health Pharmacy Services, LLC
Cardinal Health Poland Spólka z ograniczona odpowiedzialnoscia
Cardinal Health Portugal 513, Unipessoal Lda.
Cardinal Health Singapore 225 Pte. Ltd.
Cardinal Health Spain 511 S.L.
Cardinal Health Specialty Pharmacy, LLC
Cardinal Health Sweden 512 A.B.
Cardinal Health Switzerland 515 GmbH
Cardinal Health Systems, Inc.
Cardinal Health Technologies Switzerland GmbH
Cardinal Health Technologies, LLC
Cardinal Health U.K. 418 Limited
Cardinal Health U.K. 432 Limited
Cardinal Health U.K. Holding Limited
Cardinal Health U.K. International Holding LLP
Cardinal Health, Inc.
Cardinal Medical Equipment Consulting (Shanghai) Co., Ltd.
Cirpro de Delicias S.A. de C.V.
Clinic Pharmacies III, LLC
Clinic Pharmacies, LLC
Community Pharmacy Enterprises, LLC
Convertors de Mexico S.A. de C.V.
Cordis (Shanghai) Medical Devices Co., Ltd.
Cordis Cashel Unlimited Company
Cordis Corporation
Cornerstone Partners G.P.O., L.P.
Covidien Canada Holdings (C) Cooperatie U.A. (Inactive)
Covidien Ireland Limited (Inactive)
Covidien Manufacturing Solutions, S.A.
Dutch American Manufacturers II (D.A.M. II) B.V.
Ellipticare, LLC
EPIC Insurance Company
Especialidades Medicas Kenmex S.A. de C.V.
Flexible Stenting Solutions, Inc.
Frog Horned Capital, Inc.
Generic Drug Holdings, Inc.
Griffin Capital, LLC
HDG Acquisition, Inc.
imgRx Healdsburg, Inc.
imgRx Salud, Inc.
imgRx SJ Valley, Inc.
imgRx SLO, Inc.
imgRx Sonoma, Inc.
InnerDyne Holdings, Inc.
Innovative Therapies,LLC
Instant Diagnostic Systems, Inc (Inactive - Aug 2018)
InteCardia-Tennessee East Catheterization, LLC
ITI Sales, LLC
Kendall-Gammatron Limited
Killilea Development Company, Ltd
Kinray I, LLC
KPR Australia Pty. Ltd
KPR Switzerland Sales GmbH
KPR U.S., LLC
Leader Drugstores, Inc

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AGENCY CUSTOMER ID: 570000070825
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

Named Insureds Continued

Limited Liability Company "Cardinal Health Russia"
Ludlow Technical Products Canada, Ltd.
Marin Apothecaries
Medicap Pharmacies Incorporated
Medicine Shoppe Capital Corporation
Medicine Shoppe International, Inc.
Medicine Shoppe Internet, Inc.
Mediquip Sdn. Bhd.
Mirixa Corporation
MSCRIPTS HOLDING, LLC
MSCRIPTS, LLC
NeuroLogic GPO, LLC
Nippon Covidien Ltd.
One Cloverleaf, LLC
Outcomes Incorporated
Owen Shared Services, Inc.
Pharmacy Operations Of New York, Inc.
Pharmacy Operations, Inc.
Physicians Purchasing, Inc.
Pinnacle Intellectual Property Services, Inc.
Pinnacle Intellectual Property Services-International, Inc.
Quiroproductos de Cuauhtemoc S. de R.L. de C.V.
RainTree Administrative Services, LLC
RainTree Care Management, LLC
RainTree GPO, LLC
Ransdell Surgical, Inc.
Red Oak Sourcing, LLC
Renal Purchasing Group, LLC
RGH Enterprises, LLC
RT Oncology Services Corporation
Rxealtime, Inc.
Sierra Radiopharmacy, L.L.C.
Sonexus Health Access & Patient Support, LLC
Sonexus Health Distribution Services, LLC
Sonexus Health Financial Solutions, LLC
Sonexus Health Pharmacy Services, LLC
Sonexus Health, LLC
TelePharm, LLC
The Harvard Drug Group, L.L.C.
Tianjin ITI Trading Company
Tradex International, Inc.
Uromed, Inc. (Inactive)
Wavemark Lebanon Offshore s.a.l.
Wavemark, Inc.

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NEVADA STATE BOARD OF PHARMACY

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

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

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: RGH Enterprises, LLC DBA: Edgepark Medical Supplies; Cardinal Health at Home — MDEG License # (if applicable): MP00780

Physical Address: 2854 NE 181st Ave

City: Portland — State: OR — Zip: 97230

Mailing Address (if different from physical address): 7000 Cardinal Place, QRA

City: Dublin — State: OH — Zip: 43017

Telephone: 503-465-2570 — Website: www.edgepark.com

Licensing Company Email: licensure@cardinalhealth.com

Section 2: Personal Information

First: Theodore — Middle: Richard — Last: Collins

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

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

Mailing Address: 2854 NE 181st Ave

City: Portland — State: OR — Zip: 97230

Telephone: 503-465-2570 x 4711 — Email: theodore.collins@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 ALASKA ANCHORAGE		1991 – 1994	
Address	**City**	**State**	**Zip**
3211 PROVIDENCE DRIVE	ANCHORAGE	AK	99508
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
STELLER SECONDARY SCHOOL		1989 – 1991	
Address	**City**	**State**	**Zip**
2508 BLUEBERRY ROAD	ANCHORAGE	AK	99503
Diploma/Degree obtained, if any			
DIPLOMA			

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/16 – PRESENT	[redacted] NE ML KING BLVD # [redacted]	PORTLAND	OR	97232
01/11 – 2016	[redacted] SW MASTERS LOOP # [redacted]	ALOHA	OR	97007
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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			10/2015 – PRESENT
Business Address	**City**	**State**	**Zip**
2854 NE 181 AVE BLDG F	PORTLAND	OR	97230
Phone	**Title**	**Number of Employed Hours**	
503-465-2570	SUPERVISOR	11K	
Description of Duties			
SUPERVISE EMPLOYEES IN THE PROCESS OF PACKING & SHIPPING MEDICAL SUPPLIES. INVENTORY CONTROL. REVIEWS. COACHING. HIRING.			

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

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

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

7/5/2022
Date

I, TED COLLINS, **certify that as the MDEG Administrator for**

CARDINAL HEALTH AT HOME,

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

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

TED COLLINS

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

7/5/2022

Date

Board Use Only	Date Received:

MP00780

Theodore R. Collins

[redacted] NE MLK Jr Blvd APT [redacted] | Portland, OR 97232 || [redacted]

Objective

Long term career || Team environment || Leadership || Customer first

Experience

2015-Present *|| Operations Supervisor || Cardinal Health || Portland, OR*
Training||Hiring||Coaching & Developing||Managed 20+ Employee's||Ranked #1 DC 2016||Assisted in Implementing Warehouse Expansion and New Business||Logistics

2013-2015 || *Store Manager* || *Dollar Tree* || *Aloha, OR*
Directed retail of 1.5 Million in Sales || Hired and Training || Management Team Development || Merchandising and logistics || Loss Prevention and Safety Awareness Training || Exceeding Customer Expectations

2011 || *Supervisor* || *Netflix* || *Hillsboro, OR*
Articulates and leads team to consistently meet and exceed performance goals || Data Analysis and Strategy Implementation || Handles performance issues in a timely and professional manner || Supervised 10-20 Representatives || Trained new Representatives

2006-2011 || *Assistant Manager* | *OfficeMax* || *Hillsboro, OR*
Logistics || Sales || Data Integrity || Merchandising
Freight to floor || Hiring || Training || Managed 20+ Associates

2005-2006 || *Assistant Manager* || *Big Lots* || *Santa Fe, NM*
Operations || 38k sq ft. closeout store. || Highest Sales volume in district at 5+ million.
Managed || Managed 30+ associates. || Merchandising || Sales || Loss Prevention

2000-2004 || *Senior Manager* || *Kinko's* || *Anchorage, AK*
Yearly sales of 1.5 - 2 million. || Awarded Top Performer for 2003.
Branch ranked top 10% in the company for 2001, 2002 and 2003.
Branch ranked top 3% in 2003 for profit % Sales at 32%.
Branch had second highest mature sales growth in the market for 2001.

Education

1992 || *University of Alaska Anchorage*
Philosophy || Mathematics || Literature || *Coursework Taken*
1991 || *Steller Secondary School*
Member of Paideia Project || *HS Diploma*

Interests

Computers || Photography || Fly-fishing || Reading || Board Games || Movies

References available upon request.

4J

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)

Y

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

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

Type of Application (check applicable box)		**MDEG Business Type (check applicable box)**
☐ New MDEG	* If making a change, provide current license number:	■ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9)
☐ Ownership Change*		☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9)
■ Name Change*	M MP00405	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9)
☐ Location Change*		☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9)

Section 1: General Information

Facility Name: RGH Enterprises, LLC DBA: Edgepark Medical Supplies; Cardinal Health at Home

MDEG Physical Address: 1810 Summit Commerce Park

City: Twinsburg State: OH Zip: 44087

Mailing Address (if different from physical address): 7000 Cardinal Place, QRA

City: Dublin State: OH Zip: 43017

Telephone: 330-963-6998 ext.3476 Website: www.edgepark.com

Email: licensure@cardinalhealth.com

Name of MDEG Administrator (NAC 639.694): Kevin Papesh

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

Check the Days the Business will be Opened and provide the Hours of Operation				
■ Mon: 8:30-5:00 PM	■ Tue: 8:30-5:00 PM	■ Wed: 8:30-5:00 PM	■ Thurs: 8:30-5:00 PM	■ Fri: 8:30-5:00 PM M-
☐ 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))
SEE ATTACHED

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: Ohio

Parent Company (if any): Allegiance Corporation

Corporation Name: Allegiance Corporation

Mailing Address: 7000 Cardinal Place, QRA

City: Dublin State: OH Zip: 43017

Telephone: 508-422-9027 Email: licensure@cardinalhealth.com

Contact Person Name: LaToyia Martin

Date of SEC Registration: 02/25/2022	SEC Registration Number: 721371	Stock Exchange Symbol: CAH

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:

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).**			✓	
• **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.

Keegan Chamberlain

Print Name of Authorized Person Submitting Application

K Chamberlain

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

7/12/22

Date

✓ payment process 7/28/22 $

Board Use Only	Date Received: _____	Amount: 500.00 CK-10829097

CardinalHealth

[July 14, 2022]

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

RE: Explanation of Disciplinary History
[RGH Enterprises, LLC]

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. The below disciplinary history has been previously provided to the Nevada State Board of Pharmacy.

In March 2015, the RGH pharmacy located in Twinsburg, OH, was issued a citation and fined $500 by the Maine Board of Pharmacy, for failure to timely report a change in the facility's pharmacist-in-charge. This failure to report within the seven-day time frame was due to the unavailability of the corporate official authorized to sign the application. RGH paid the fine to the Maine State Board of Pharmacy; additionally, RGH has undertaken a process to ensure regulatory notifications occur in a timely manner.

In April 2016, the Hawaii Board of Pharmacy took derivative action against the Twinsburg, OH, facility based on the action described above. RGH entered a Settlement Agreement with Hawaii and agreed to pay a $250 fine; the matter was closed on May 6, 2016.

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.

If you have any questions, Cory Kopitzke, Assistant General Counsel, Regulatory at Cory.Kopitzke01@cardinalhealth.com.

Sincerely,

Keegan Chamberlain
Director, Global Logistics Quality Management

RGH ENTERPRISES, INC.
1810 Summit Commerce Park
Twinsburg, Ohio 44087
(330)963-6998

Description of Operations

Type of business: RGH Enterprises, LLC sells, at retail, medical devices and disposable diabetic, ostomy, urological, incontinence and wound care supplies via mail order throughout the United States; and (2) wholesales non-prescription drugs, medical devices and disposable medical supplies to pharmacies, hospitals, clinics, distributors, wholesalers, DME suppliers, physicians and other licensed health care professionals. RGH Enterprises, Inc. does not sell prescription drugs at retail.

Explanation Regarding Enteral supplies

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

(a) Cleaning of the equipment; Business does not clean or service equipment

(b) Potential hazards and warning signs of malfunctioning or inadequately functioning equipment; Information would be provided by the manufacturer of the equipment and if instructed by the manufacturer, business (as a distributor), would notify customers if directed to do so with a communication provided by the manufacturer.

(c) Maintenance procedures for the equipment N/A business does not service equipment

(d) The telephone number, contact name, and contact address for emergency servicing or repair of the equipment, and for routine servicing or repair of the equipment; and N/A would need to contact the manufacturer.

(e) The written materials about the equipment that are available from the medical products provider or the manufacturer of the equipment. Instructions/directions for use are provided in packaging supplied by manufacturer.

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

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

RGH Site	Enrollment Address	State	Provider No.	Associated NPI	Associated PTAN
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Alaska	1577887	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Arizona	496738	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Arkansas	199742741	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	California	1609858729	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Colorado	43128556	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Delaware	20044154	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	District of Columbia	41270500	1609858729	0166020001
FL	12705 Pritchard Rd Jacksonville, FL 32220	Georgia	003149398A	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Hawaii	596140	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Idaho	1609858729	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Illinois	341650951002	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Indiana	200843320A	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Iowa	1609858729	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Kansas	200851380A	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Kansas-DME	2000569208	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Kentucky	7100142060	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Louisiana	2160117	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Maine	1609858729	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Maryland	222516600	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Massachusetts	110128481B	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Michigan	1609858729	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Minnesota	1609858729	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Mississippi	6432701	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Missouri	629969700	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Montana	1609858729	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Nebraska	100258842-00	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Nevada	1609858729	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	New Hampshire	3099440	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	New Jersey	346535	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	New Mexico	38920387	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	New York	3450011	1609858729	0166020001
NC	4234 SURLES CT, STE 100 DURHAM, NC 27703-8598	North Carolina	1356886030	1356886030	0166020004
ND	MCO Only Enrollment	North Dakota	1478102	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Ohio	830757	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Oklahoma	200428360A	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Oregon	290834	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Pennsylvania	71120630002	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Rhode Island	6020001	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	South Carolina	DM1376	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	South Dakota	1609858729	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Tennessee	4582447	1609858729	0166020001
TX	5400 Sandshell Drive, Ste 160 Fort Worth, Tx 76137-2483	Texas - Instate	3385056-01	1568878114	166020003
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Texas out of state	1921744-01	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Utah	1609858729	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Vermont	1020569	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Virginia	1609858729	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Washington	1609858729	1609858729	0166020001
PA	171 Thorn Hill Rd, Ste A Warrendale, PA 15086-7527	West Virginia	1336692094	1336692094	0166020005
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Wisconsin	1609858729	1609858729	0166020001
OH	1810 Summit Commerce Park Twinsburg, Ohio 44087-2300	Wyoming	132923500	1609858729	0166020001

CardinalHealth

Officer Name	Title	Business Address	Business Phone Number	Email Address
Scott B. Zimmerman	Senior Vice President, Treasurer	7000 Cardinal Place, Dublin, OH 43017	614-757-7391	scott.zimmerman@cardinalhealth.com
Keegan David Chamberlain	Director, Quality Management	7200 Cardinal Place, Dublin, OH 43017	614-553-4640	Keegan.Chamberlain@cardinalhealth.com
John Joseph Tufano, Jr.	Senior Legal Counsel	7000 Cardinal Place, Dublin OH 43017	614-757-1417	john.tufano@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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STATE OF OHIO
BOARD OF PHARMACY

CERTIFICATE TO PROVIDE HOME MEDICAL EQUIPMENT SERVICES

The entity named below is duly registered,
and is entitled to conduct business in the state of Ohio until
6/30/2024.

RGH Enterprises, LLC DBA EDGEPARK MEDICAL SUPPLIES; CARDINAL HEALTH AT HOME

1810 Summit Commerce Park
Twinsburg, OH 44087

Edgepark Medical Supplies; Cardinal Health at Home

Registration Number: HMER.22320

Home Medical Equipment Facility Registration

Expiration Date: 6/30/2024

Steven W. Schierholt, Esq.
Executive Director

Designated Representative – Print, sign and keep certificate in a readily retrievable location at the address listed on this certificate.

Designated Representative Name (Print)	Signature of Designated Representative

State of Ohio Board of Pharmacy
77 South High Street, 17th Floor, Columbus, Ohio 43215
T: 614/466-4143 | F: 614/752-4836 | licensing@pharmacy.ohio.gov

STATE OF OHIO
BOARD OF PHARMACY

Any change of facility name, address or ownership must be reported to the Board via Service Request on your Ohio eLicense Dashboard - https://elicense.ohio.gov/oh_homepage.

State of Ohio Board of Pharmacy
77 South High Street, 17th Floor, Columbus, Ohio 43215
T: 614/466-4143 | F: 614/752-4836 | licensing@pharmacy.ohio.gov

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 RGH ENTERPRISES, LLC, an Ohio Limited Liability Company, Registration Number 770802, was organized in the State of Ohio on April 9, 1990, 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 20th day of May, A.D. 2022.

Ohio Secretary of State

Validation Number: 202214001106

CardinalHealth™

June 30, 2022

To whom it may concern:

This is a declaration and confirmation by Cardinal Health, Inc. and its subsidiaries exclusively that:

Cardinal Health is self-insured for products, completed operations liability and pharmacist professional liability. You will not be named as additional insured for any of the self-insured retention limits of the product liability, completed operations liability and pharmacist professional liability coverages. Cardinal Health's self-insurance is backed by its financial strength documented in financial statements found at www.cardinalhealth.com. The existence of self-insurance within Cardinal Health's insurance program does not change any contractual obligation we may have, and shall not be deemed to exceed the scope of coverage and/or limits required, under our written contract or agreement with you.

As respects the Automobile Liability, Automobile Physical Damage, Comprehensive and Collision coverage is self-insured for all owned vehicles.

Please direct any questions or concerns to GMB-DUB-RiskManagement@cardinalhealth.com.

Denise Johnston
Director, Risk Management

JPK/as

enc.

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 06/27/2022

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

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

PRODUCER	CONTACT NAME:	
Aon Risk Services Northeast, Inc. Cincinnati OH Office 8044 Montgomery Road Suite 405 Cincinnati OH 45236-2919 USA	PHONE (A/C. No. Ext): (866) 283-7122	FAX (A/C. No.): (800) 363-0105
	E-MAIL ADDRESS:	

INSURED	INSURER(S) AFFORDING COVERAGE		NAIC #
Cardinal Health, Inc. (See Additional Page) 7000 Cardinal Place Dublin OH 43017 USA	INSURER A:	XL Insurance America Inc	24554
	INSURER B:	XL Specialty Insurance Co	37885
	INSURER C:	Greenwich Insurance Company	22322
	INSURER D:	Indian Harbor Insurance Company	36940
	INSURER E:		
	INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** 570094095707 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
C	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X Liquor Liability Included GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:			RGD943716717 AOS, PR	06/30/2022	06/30/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Liquor Liability Lim	$5,000,000 $1,000,000 $5,000,000 $5,000,000 Excluded Included
C	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY			RAD943716817	06/30/2022	06/30/2023	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$5,000,000
A	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION			US00092147LI22A SIR applies per policy terms & conditions	06/30/2022	06/30/2023	EACH OCCURRENCE AGGREGATE Products/Completed O	$5,000,000 $5,000,000 Excluded
A A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (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

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Holder Identifier : Z

Certificate No : 570094095707

AGENCY CUSTOMER ID: 570000070825
LOC #:

ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY: Aon Risk Services Northeast, Inc.	NAMED INSURED: Cardinal Health, Inc.
POLICY NUMBER: See Certificate Number: 570094095707	
CARRIER: See Certificate Number: 570094095707 / NAIC CODE:	EFFECTIVE DATE:

ADDITIONAL REMARKS

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

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER	
INSURER	
INSURER	
INSURER	

ADDITIONAL POLICIES If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
	WORKERS COMPENSATION							
B		N/A		RWR300142404 (AK)	06/30/2022	06/30/2023		
	OTHER							
B	Excess WC			RWE943514317 Xs Work Comp - OH SIR applies per policy terms & conditions	06/30/2022	06/30/2023	EL Each Accident	$4,500,000
							EL Disease - Ea Empl	$4,500,000

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AGENCY CUSTOMER ID: 570000070825
LOC #:

ADDITIONAL REMARKS SCHEDULE

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AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Cardinal Health, Inc.
POLICY NUMBER	
See Certificate Number: 570094095707	
CARRIER / NAIC CODE	EFFECTIVE DATE:
See Certificate Number: 570094095707	

ADDITIONAL REMARKS

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

Evidence of Coverage

As respects the Commercial General Liability Policy:
Additional Insured Managers or Lessors of Premises : as required by written contract
Additional Insured Owners, Lessees or Contractors - Scheduled Persons or Organization : as required by written contract
Coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured and shall not increase the applicable Limits of Insurance

As respects the Automobile Liability Policy:
Coverage symbol 1 (Any Auto) applies to Automobile Liability which includes coverage for Hired / Non-Owned Autos
Lessor - Additional Insured: all leased autos.
The policy will pay as interest may appear, you (Cardinal Health) and the lessor named in this endorsement for "loss" to a "leased auto".
Additional Insured Where Required under Written Contract or Agreement Endorsement

As respects General Liability, Automobile Liability, and Workers Compensation Policies:
Waiver of Subrogation is permitted as required by written contract or agreement executed prior to loss and in accordance with the terms, conditions and exclusions of the applicable policies.

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AGENCY CUSTOMER ID: 570000070825
LOC #:

ADDITIONAL REMARKS SCHEDULE

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AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Cardinal Health, Inc.
POLICY NUMBER	
See Certificate Number: 570094095707	
CARRIER / NAIC CODE	EFFECTIVE DATE:
See Certificate Number: 570094095707	

ADDITIONAL REMARKS

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

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
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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	
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 CUSTOMER ID: 570000070825
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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 Insureds Continued

Cardinal Health P.R. 120, Inc.
Cardinal Health P.R. 218, Inc.
Cardinal Health P.R. 220, LLC
Cardinal Health P.R. 436, Inc.
Cardinal Health Pharmaceutical Contracting, LLC
Cardinal Health Pharmacy Services, LLC
Cardinal Health Poland Spólka z ograniczona odpowiedzialnoscia
Cardinal Health Portugal 513, Unipessoal Lda.
Cardinal Health Singapore 225 Pte. Ltd.
Cardinal Health Spain 511 S.L.
Cardinal Health Specialty Pharmacy, LLC
Cardinal Health Sweden 512 A.B.
Cardinal Health Switzerland 515 GmbH
Cardinal Health Systems, Inc.
Cardinal Health Technologies Switzerland GmbH
Cardinal Health Technologies, LLC
Cardinal Health U.K. 418 Limited
Cardinal Health U.K. 432 Limited
Cardinal Health U.K. Holding Limited
Cardinal Health U.K. International Holding LLP
Cardinal Health, Inc.
Cardinal Medical Equipment Consulting (Shanghai) Co., Ltd.
Cirpro de Delicias S.A. de C.V.
Clinic Pharmacies III, LLC
Clinic Pharmacies, LLC
Community Pharmacy Enterprises, LLC
Convertors de Mexico S.A. de C.V.
Cordis (Shanghai) Medical Devices Co., Ltd.
Cordis Cashel Unlimited Company
Cordis Corporation
Cornerstone Partners G.P.O., L.P.
Covidien Canada Holdings (C) Cooperatie U.A. (Inactive)
Covidien Ireland Limited (Inactive)
Covidien Manufacturing Solutions, S.A.
Dutch American Manufacturers II (D.A.M. II) B.V.
Ellipticare, LLC
EPIC Insurance Company
Especialidades Medicas Kenmex S.A. de C.V.
Flexible Stenting Solutions, Inc.
Frog Horned Capital, Inc.
Generic Drug Holdings, Inc.
Griffin Capital, LLC
HDG Acquisition, Inc.
imgRx Healdsburg, Inc.
imgRx Salud, Inc.
imgRx SJ Valley, Inc.
imgRx SLO, Inc.
imgRx Sonoma, Inc.
InnerDyne Holdings, Inc.
Innovative Therapies,LLC
Instant Diagnostic Systems, Inc (Inactive - Aug 2018)
InteCardia-Tennessee East Catheterization, LLC
ITI Sales, LLC
Kendall-Gammatron Limited
Killilea Development Company, Ltd
Kinray I, LLC
KPR Australia Pty. Ltd
KPR Switzerland Sales GmbH
KPR U.S., LLC
Leader Drugstores, Inc

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AGENCY CUSTOMER ID: 570000070825
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ADDITIONAL REMARKS SCHEDULE

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AGENCY	NAMED INSURED
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 Insureds Continued

Limited Liability Company "Cardinal Health Russia"
Ludlow Technical Products Canada, Ltd.
Marin Apothecaries
Medicap Pharmacies Incorporated
Medicine Shoppe Capital Corporation
Medicine Shoppe International, Inc.
Medicine Shoppe Internet, Inc.
Mediquip Sdn. Bhd.
Mirixa Corporation
MSCRIPTS HOLDING, LLC
MSCRIPTS, LLC
NeuroLogic GPO, LLC
Nippon Covidien Ltd.
One Cloverleaf, LLC
Outcomes Incorporated
Owen Shared Services, Inc.
Pharmacy Operations Of New York, Inc.
Pharmacy Operations, Inc.
Physicians Purchasing, Inc.
Pinnacle Intellectual Property Services, Inc.
Pinnacle Intellectual Property Services-International, Inc.
Quiroproductos de Cuauhtemoc S. de R.L. de C.V.
RainTree Administrative Services, LLC
RainTree Care Management, LLC
RainTree GPO, LLC
Ransdell Surgical, Inc.
Red Oak Sourcing, LLC
Renal Purchasing Group, LLC
RGH Enterprises, LLC
RT Oncology Services Corporation
Rxealtime, Inc.
Sierra Radiopharmacy, L.L.C.
Sonexus Health Access & Patient Support, LLC
Sonexus Health Distribution Services, LLC
Sonexus Health Financial Solutions, LLC
Sonexus Health Pharmacy Services, LLC
Sonexus Health, LLC
TelePharm, LLC
The Harvard Drug Group, L.L.C.
Tianjin ITI Trading Company
Tradex International, Inc.
Uromed, Inc. (Inactive)
Wavemark Lebanon Offshore s.a.l.
Wavemark, Inc.

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NEVADA STATE BOARD OF PHARMACY

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

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

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: RGH Enterprises, LLC DBA: Edgepark Medical Supplies; Cardinal Health at Home — MDEG License # (if applicable): MP00405

Physical Address: 1810 Summit Commerce Park

City: Twinsburg — State: OH — Zip: 44087

Mailing Address (if different from physical address): 7000 Cardinal Place, QRA

City: Dublin — State: OH — Zip: 43017

Telephone: 330-963-6998 ext.3476 — Website: www.edgepark.com

Licensing Company Email: licensure@cardinalhealth.com

Section 2: Personal Information

First: Donald — Middle: — Last: Hazelwood Jr.

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

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

Mailing Address: 1810 Summit Commerce Park

City: Twinsburg — State: OH — Zip: 44087

Telephone: 800.321.0591 ext. 3139 — Email: donald.hazelwood@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?		

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

School Name		From - To (MM/YY – MM/YY)	
John Carroll University		09/10 - 05/14	
Address	City	State	Zip
1 John Carroll Blvd	University Heights	OH	44118
Diploma/Degree obtained, if any			
Master in Accounting			

School Name		From - To (MM/YY – MM/YY)	
United States Military Academy		06/89 - 05/93	
Address	City	State	Zip
USMA, 606 Thayer Road	West Point	NY	10996
Diploma/Degree obtained, if any			
BS			

School Name		From - To (MM/YY – MM/YY)	
South Kitsap High School		09/85 - 06/88	
Address	City	State	Zip
425 Mitchell Avenue	Port Orchard	WA	98366
Diploma/Degree obtained, if any			
High School Diploma			

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/10 - present	[redacted] Ledge Hill Drive	Solon	OH	44139
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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)
Cardinal Health dba RLH Enterprises			01/15-present
Business Address	**City**	**State**	**Zip**
1810 Summit Commerce Park	Twinsburg	OH	44087
Phone	**Title**		**Number of Employed Hours**
865.686.5772	Operations Manager of Distribution		10,020
Description of Duties			
Operations Manager of Distribution, optimizing productivity, monitoring trainins, investigating complaints, increasing throughput			

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

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

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

N/A

Original Signature (electronic, copies or stamps not accepted)

11/12/2021
Date

I, Donald Hazelwood, **certify that as the MDEG Administrator for** R&H Enterprises,

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

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

Donald Hazelwood
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/12/2021
Date

Board Use Only	Date Received: 8-2-22

4K

NEVADA STATE BOARD OF PHARMACY

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

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

Non-Refundable $500 fee

Rev (06/08/2021)

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

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

Section 1: General Information

Facility Name: Kestra Medical Technology Services, Inc.

MDEG Physical Address: 3933 Lake Washington Blvd NE, Suite 200

City: Kirkland State: WA Zip: 98033-7806

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 425-279-8002 Website: www.kestramedical.com

Email: licensing@kestramedical.com; claudia.amortegui@kestramedical.com

Name of MDEG Administrator (NAC 639.694): Kimberly Malone

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

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

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

Name: 1 ASSUREHelpline 2 Michael Carroll RegionalSales Telephone: 1. 833-692-8777 (24/7hrs/day); 2. 425-578-1572

Days and Hours of Operation

Mon:	8:00 - 5:00* - * 24 hour technical support assistance phone line available
Tues	8:00 - 5:00* - * 24 hour technical support assistance phone line available
Wed:	8:00 - 5:00* - * 24 hour technical support assistance phone line available
Thurs:	8:00 - 5:00* - * 24 hour technical support assistance phone line available
Fri:	8:00 - 5:00* - * 24 hour technical support assistance phone line available
Sat:	Closed* - * 24 hour technical support assistance phone line available
Sun:	Closed* - * 24 hour technical support assistance phone line available
Holidays:	Closed* - * 24 hour technical support assistance phone line available

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 NPI 1518506815 - PTAN7880330001 registered w/Medicare in:AK, AR, AZ, CA, CO, CT, DE, DC, FL, GA,HI,
ID, IL, KS, KY, LA, ME, MN, MA, MD, MI, MS, MO,ND, NE, NH, NJ, NM, NY, OK, OR, PA, SD, VA, VT, WA, WI, WV, WY
Licensed for Medicaid in: AZ - #093939; IL - #1518506815; LA - #756013300; MD - #56013300; MI - #1518506815
OK- #201048290 A; PA - #1039847400001; WA - #2180916; WI - #1518506815.

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) N/A

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 N/A

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: Delaware (domiciled in Washington).

Parent Company (if any): Kestra Medical Technologies, Inc. is the Owner (owns 100%)

Corporation/Organization Name: Kestra Medical Technology Services, Inc.

Mailing Address: 3933 Lake Washington Blvd NE, Suite 200

City: Kirkland State: WA Zip: 98033-7806

Telephone: 425-279-8002 Email: licensing@kestramedical.com

Contact Person Name: Max Maxon, Sr. Corporate Paralegal

Section 7: Partnership N/A

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 8: Sole Owner N/A

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/ N/A Corporate Owner.		✓	✓	✓
• **MDEG Administrator Application (NAC 639.694).** Find form at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓

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

Traci S. Umberger

Print Name of Authorized Person Submitting Application

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

14 APRIL 2022

Date

Board Use Only	Date Received: _____	Amount: $500 CC

kestra

April 14, 2022

NEVADA STATE BOARD OF PHARMACY

Medical Products Provider – Medical Devices, Equipment & Gases (MDEG) Application Supplement

Note, there is no Individual Owner of Kestra Medical Technology Services, Inc. Its ownership is corporate and 100% of its stock is owned by its parent corporation, namely Kestra Medical Technologies, Inc. Therefore, a Personal History Application has not been attached.

List of all Officers & Directors of Kestra Medical Technology Services, Inc.

Officers:

Brian Webster – President & CEO

3933 Lake Washington Blvd NE, Suite 200, Kirkland, WA 98033-7806

Traci S. Umberger – Vice President, Secretary & Treasurer

3933 Lake Washington Blvd NE, Suite 200, Kirkland, WA 98033-7806

Directors:

Nicholas Downing – 200 Clarendon Street, Boston, MA 02116-5021

Christopher Gordon – 200 Clarendon Street, Boston, MA 02116-5021

Orly Mishan – 89 Hyde Avenue, Newton, MA 02458-2334

Traci S. Umberger – 3933 Lake Washington Blvd NE, Suite 200, Kirkland, WA 98033-7806

Brian Webster – 3933 Lake Washington Blvd NE, Suite 200, Kirkland, WA 98033-7806

kestramedical.com

Kestra Medical Technology Services, Inc.
3933 Lake Washington Blvd NE
Suite 200
Kirkland, WA 98033

+1 (425) 279-8002 main
+1 (800) 957-0028 toll-free
+1 (425) 279-8040 fax

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/10/2021

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 USA, Inc. 1301 5th Avenue, Suite 1900 Seattle, WA 98101 CN117802184--GAUP-20-22	**CONTACT NAME:** **PHONE (A/C, No, Ext):** **FAX (A/C, No):** **E-MAIL ADDRESS:**
INSURED Kestra Medical Technologies, Inc. Kestra Medical Technology Services 3933 Lake Washington Blvd NE, Suite 200 Kirkland, WA 98033	**INSURER(S) AFFORDING COVERAGE** — **NAIC #** **INSURER A :** N/A — N/A **INSURER B :** N/A — N/A **INSURER C :** N/A — N/A **INSURER D :** Federal Insurance Company — 20281 **INSURER E :** Gemini Insurance Company — 10833 **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** SEA-003796954-01 **REVISION NUMBER:** 2

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						PER STATUTE OTH-ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N / 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	$
E	Products Liability			GL 17231-1	09/01/2021	09/01/2022	Limit:	10,000,000
D	EPL			82554310	05/01/2021	05/01/2022	Limit/SIR Value	2,500,000 / 10,000

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

Evidence of Coverage

For purposes of this Certificate, the term "Errors and Omission" is used interchangeably with "Professional Liability".

CERTIFICATE HOLDER

Kestra Medical Technologies
3933 Lake Washington Blvd. NE, Suite 200
Kirkland, WA 98033

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Marsh USA Inc.

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UNITED STATES OF AMERICA

The State of Washington

Secretary of State

I, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF REGISTRATION

OF

KESTRA MEDICAL TECHNOLOGY SERVICES, INC.

I CERTIFY that the records on file in this office show that the above named entity was registered under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 01/06/2020.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been terminated.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for statement of termination are not pending.

Issued Date:	01/27/2022
UBI Number:	604 555 172
Home Jurisdiction:	DE

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Steve R. Hobbs, Secretary of State

Date Issued: 01/27/2022

STATE OF WASHINGTON

BUSINESS LICENSE

Issue Date: Mar 11, 2022

Profit Corporation

Unified Business ID #: 604555172
Business ID #: 001
Location: 0001
Expires: Jan 31, 2023

KESTRA MEDICAL TECHNOLOGY SERVICES, INC.
STE 200
3933 LAKE WASHINGTON BLVD NE
KIRKLAND WA 98033-7806

UNEMPLOYMENT INSURANCE - ACTIVE

INDUSTRIAL INSURANCE - ACTIVE

TAX REGISTRATION - ACTIVE

CITY ENDORSEMENTS:

KIRKLAND GENERAL BUSINESS - ACTIVE

LICENSING RESTRICTIONS:

Not licensed to hire minors without a Minor Work Permit.

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Vicki Smith

Director, Department of Revenue

STATE OF WASHINGTON

UBI: 604555172 001 0001

Expires: Jan 31, 2023

KESTRA MEDICAL TECHNOLOGY SERVICES, INC.
STE 200
3933 LAKE WASHINGTON BLVD NE
KIRKLAND WA 98033-7806

UNEMPLOYMENT INSURANCE - ACTIVE
INDUSTRIAL INSURANCE - ACTIVE
TAX REGISTRATION - ACTIVE
KIRKLAND GENERAL BUSINESS - ACTIVE

Vicki Smith

IMPORTANT!

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY BEFORE POSTING THIS LICENSE

General Information

Post this Business License in a visible location at your place of business.

If you were issued a Business License previously, **destroy the old one and post this one in its place.**

Login to My DOR at dor.wa.gov if you need to make changes to your business name, location, mailing address, telephone number, or business ownership.

Telephone: 360-705-6741

Endorsements

All endorsements should be renewed by the expiration date that appears on the front of this license to avoid any late fees.

If there is no expiration date, the endorsements remain active as long as you continue required reporting. Tax Registration, Unemployment Insurance, and Industrial Insurance endorsements require you to submit periodic reports. Each agency will send you the necessary reporting forms and instructions.

For assistance or to request this document in an alternate format, visit http://business.wa.gov/BLS or call (360) 705-6741. Teletype (TTY) users may use the Washington Relay Service by calling 711.

BLS-700-107 (07/27/20)

Certificate of Accreditation

Exemplary Provider® Award

Granted To

Kestra Medical Technology Services, Inc.

3933 Lake Washington Blvd NE Suite 200 Kirkland, WA 98033

for demonstrating
Outstanding Healthcare Delivery Practices
and
Compliance to

Safety • Honesty • Caring®

Accreditation Quality Standards

DMEPOS

EXPIRATION DATE: OCTOBER 30, 2023

Founder & CEO, The Compliance Team, Inc.

027995

October 09, 2020
Date

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



The Promise of HEALTHCARE EXCELLENCE

STATE OF WASHINGTON
Pharmacy Quality Assurance Commission
PO Box 47852 • Olympia, Washington 98504-7852
Tel: 360-236-4030 • 711 Washington Relay Service

January 11, 2021

Kestra Medical Technologies
3933 Lake Washington BLVD NE
Suite 200
Kirkland, WA 98033

RE: Distribution of Medical Devices

Dear Mr. Maxon

Thank you for contacting the Department of Health, Pharmacy Commission program with your inquiry.

Although state statute authorizes the Pharmacy Quality Assurance Commission to regulate and promulgate rules regarding the distribution, wholesaling and manufacturing of medical devices, at this time, the Commission does not license entities engaging solely in such activities. The Commission believes that the Food and Drug Administration (FDA) provides adequate oversight of medical devices to ensure the protection of consumers and promote public health, safety, and welfare.

Licensure is required for distributors of medical devices that contain pharmaceuticals, such as, pre-filled syringes, and prescription devices dispensed by non-resident (RCW 18.64.360) or in-state pharmacies.

Device is define in RCW 18.64.011(10) "Device" means instruments, apparatus, and contrivances, including their components, parts, and accessories, intended (a) for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in human beings or other animals, or (b) to affect the structure or any function of the body of human beings or other animals.

(13) "Drug" and "devices" do not include surgical or dental instruments or laboratory materials, gas and oxygen, therapy equipment, X-ray apparatus or therapeutic equipment, their component parts or accessories, or equipment, instruments, apparatus, or contrivances used to render such articles effective in medical, surgical, or dental treatment, or for use or consumption in or for mechanical, industrial,

manufacturing, or scientific applications or purposes. "Drug" also does not include any article or mixture covered by the Washington pesticide control act (chapter 15.58 RCW), as enacted or hereafter amended, nor medicated feed intended for and used exclusively as a feed for animals other than human beings.

Therefore, if Kestra Medical Technologies in not a pharmacy and is soley engaging in the distribution of prescription/non-presciption medical devices it is not required to hold a license issued by the Washington State Department of Health, Pharmacy Quality Assurance Commission.

I hope this information is helpful. Please let me know if you need any additional assistance.

Sincerely,

Doreen E. Beebe, Program Manager
Pharmacy Quality Assurance Commission
wspqac@doh.wa.gov
111 Israel Road SE
Tumwater WA 98501

Site Visit Acknowledgement

The National Supplier Clearinghouse (NSC) is charged with the responsibility of protecting the Medicare Trust Fund by ensuring that all suppliers of Part B covered items are in full compliance with the Centers for Medicare and Medicaid Services (CMS) Medicare DMEPOS supplier standards. The site visit is used to gather information necessary to verify compliance with the Medicare Supplier Standards.

The individual conducting the site visit is responsible for gathering the required information but is not in a position to validate compliance with all of the supplier standards. The NSC and/or CMS make all final determinations regarding issuance, revocation or reinstatement of a Medicare supplier billing number.

By signing this statement, I acknowledge the following:

1. A site inspection of this facility was conducted today 03/26/2021, at the physical address listed below, by personnel from the NSC or one of its subcontractors.
2. I am an employee, owner or legal representative of the company at which this site visit has been conducted.
3. I have been provided with a copy of the disclosure statement and/or the abridged Medicare Supplier Standards. (These standards, in their entirety, are listed in 42 C.F.R. pt. 424, sec. 424.57(c)).
4. The item(s) checked below were requested by the representative and should be faxed to: 1-800-568-9733 within **2 business days,** to the attention of: Gail Hudgens.
5. I have been told that the supplier's failure to provide the requested information could result in the denial or revocation of a Medicare supplier billing number.

Signing this statement only indicates receipt of this information.

Signature of employee. Owner or legal Representative of the Supplier	[signature]	Telephone Number	425-279-9002
Name/Title (printed)	TRACI UMBERGER	Address of Supplier	3933 LAKE WASHINGTON BLVD NE STE 200 KIRKLAND - WA 98033
Supplier Number			
Supplier Name/ Company Name	KESTRA MEDICAL TECHNOLOGY SERVICES INC	*Name (printed) of Inspector*	CARLOS TOLEDO

Supplier Checklist

- ☐ Required licenses, including zoning (per 42 CFR § 424.57(c) 1, 7)
- ☐ Credit agreement(s) or invoices (per 42 CFR § 424.57(c) 4)
- ☐ Capped rental/inexpensive or routinely purchase option agreement (per 42 CFR § 424.57(c) 5)
- ☐ Proof of warranty coverage (per 42 CFR § 424.57(c) 6)
- ☐ Accessibility to physical site (42 CFR § 424.57(c) 1, 7)
- ☐ Hours of operation (42 CFR § 424.57(c) 7)
- ☐ Comprehensive liability insurance policy and/or the Certificate of Insurance showing NSC as the certificate holder with PO Box 100142 Columbia, SC 29202 (per 42 CFR § 424.57(c) 10)
- ☐ Other:
- ☐ Documentation for written instruction/information on beneficiary use/maintenance of supply (per 42 CFR § 424.57(c) 12)
- ☐ Beneficiary copy of supplier standards found in 42 CFR § 424.57 (per 42 CFR § 424.57(c) 16)
- ☐ Listing of all Management/Owners, including name and title (per 42 CFR § 424.57(c) 17)
- ☐ Complaint resolution protocol (per 42 CFR § 424.57(c) 19)
- ☐ Complaint log (per 42 CFR § 424.57(c) 20)
- ☐ Accreditation information (per 42 CFR § 424.57(c) 22)
- ☐ Surety bond agreement (per 42 CFR § 424.57(c) 26)
- ☐ License of oxygen supplier/distributor/wholesaler (per 42 CFR § 424.57(c) 27)

**********Please Note**********

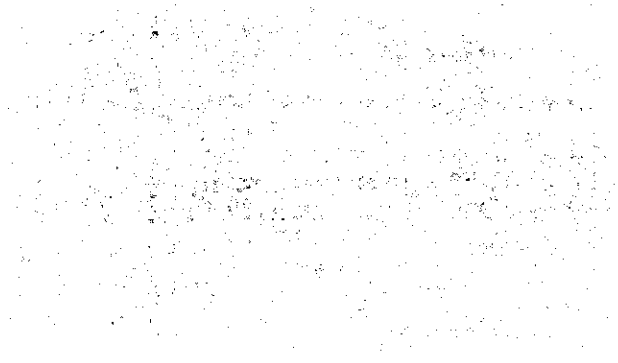
Examples of forms can be located at **www.palmettogba.com/medicare** (select *National Supplier Clearinghouse*, then *Forms and Participation Agreement*, and then select *Suggested Templates for Compliance with Certain Standards).* If there are any questions, please call the National Supplier Clearinghouse customer service line at (866) 238-9652. For timely updates, subscribe to the NSC listserv at **www.palmettogba.com/nsc**.

[redacted]
Insurance Premium Auditor

+1.206.714.7810
carlos.toledo@exlservice.com

10975 Grandview Dr., Suite 400
Overland Park, KS 66210

OVERLAND SOLUTIONS



The ComplianceTeam
Accreditation Organization

P.O. Box 160
905 Sheble Lane, Suite 102, Spring House, PA 19477
[215] 654-9110 | TheComplianceTeam.org

October 11, 2021

Max Maxon
Senior Corporate Paralegal
Kestra Medical Technology Services, Inc.
3933 Lake Washington Blvd NE Suite 200
Kirkland, WA 98033

LETTER OF ACCREDITATION

Dear Max,

Congratulations on the successful completion your recent accreditation on-site evaluation visit. You previously had a successful Real Time Remote (RtR™) evaluation, and the Accreditation Certificate and approved product category lists were provided with the scoring document for the RTR October 09, 2020.

This letter of accreditation verifies that Kestra Medical Technology Services, Inc. has established processes that conform to the Evidence of Compliance requirements of The Compliance Team's Exemplary Provider® DMEPOS Quality Standards and is accredited.

The scoring document registers a Passing Final Score as a result of the recent on-site evaluation conducted August 17, 2021.

Accreditation Period
Accreditation Date: October 09, 2020
Survey Date: October 09, 2020
Expiration Date: October 31, 2023

It is essential to keep The Compliance Team informed of any business changes, and to maintain on-going compliance with Exemplary Provider® Pharmacy Services and DMEPOS Quality Standards.

Our entire team congratulates you on achieving your EP™ status and wishes your organization continued success.

Sincerely,

Sandra Canally, RN
Founder & CEO

kestra
MEDICAL TECHNOLOGIES

April 14, 2022

Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, NV 89521

Re: Out-of-State Requirement for Licensing
Kestra Medical Technology Services, Inc. Application for MDEG Certificate

To Whom It May Concern:

Attached is the supplementary documentation to our application for Kestra Medical Technology Services, Inc. – a non-public, for-profit corporation. This includes a list of all Officers and Directors (attachment 1), and a Certificate of Good Standing/Existence from Washington - our state of domiciliation (attachment 2).

Kestra Medical Technology Services, Inc. is domiciled and licensed in the State of Washington and holds a current business license there. See attachment 3. The Washington State Pharmacy Quality Commission neither licenses nor inspects Durable Medical Equipment Providers. See attachment 4.

While we are not inspected by Washington State's Pharmacy Quality Assurance Commission, we have been inspected as part of our Medicare enrollment process by a CMS Inspector. We are also subject to inspection as part of the accreditation credentialling and renewal process by The Compliance Team™ (TCT). We were most recently inspected by CMS on March 26, 2021 and by TCT on August 17, 2021. See attachments 5 and 6, respectively.

As required, a current copy of our proof of liability insurance is also included. See attachment 7.

We trust these items will suffice as documentation of proper licensure, accreditation and inspection for Kestra Medical Technology Services, Inc. Thank you.



E. "Max" Maxon
Sr. Corporate Paralegal
Enclosures:
Attachment 1 – List of All Officers & Directors
Attachment 2 – Washington Certificate of Good Standing/("Registration")
Attachment 3 – Current Washington State Business License
Attachment 4 – WA State Pharmacy Comm. Letter Dated January 11, 2021 confirming no inspection necessary
Attachment 5 – CMS Site Visit Acknowledgment
Attachment 6 – TCT Accreditation Onsite Evaluation Letter; Certificate of Accreditation
Attachment 7 – Proof of Insurance

3933 Lake Washington Blvd. NE
Suite 200
Kirkland, WA 98033

main 425 279.8002
toll-free 800 957.0028
fax 425 279.8040

www.kestramedical.com

NEVADA STATE BOARD OF PHARMACY

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

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

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Kestra Medical Technology Services, Inc. MDEG License # (if applicable): _____

Physical Address: 3933 Lake Washington Blvd NE, Suite 200

City: Kirkland State: WA Zip: 98033-7806

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (425) 279-8002 Website: https://www.kestramedical.com/

Licensing Company Email: licensing@kestramedical.com

Section 2: Personal Information

First: Angela Middle: _____ Last: Stewart

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

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

Mailing Address: [redacted] 70th Ave NE

City: Kenmore State: WA Zip: 98028

Telephone: [redacted] Email: angela.stewart@kestramedical.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)	
Seattle University		09/84 - 05/87	
Address	**City**	**State**	**Zip**
901 12th Ave	Seattle	WA	98122
Diploma/Degree obtained, if any			
Bachelor of Science - Nursing			

School Name		From - To (MM/YY – MM/YY)	
Washington State University		08/81 - 05/82	
Address	**City**	**State**	**Zip**
123 Bustad Hall	Pullman	WA	99164
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Seattle Preparatory School		09/78 - 06/81	
Address	**City**	**State**	**Zip**
2400 11th Ave E	Seattle	WA	98102
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
09/21 - 08/22	[redacted]70th Ave NE	Kenmore	WA	98028
11/17 - 09/21	[redacted] Market St	Kirkland	WA	98033
09/00 - 06/17	[redacted] 36th St NE	Granite Falls	WA	98252

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)	
Kestra Medical Technology Services, Inc.			01/15 - Present	
Business Address		**City**	**State**	**Zip**
3933 Lake Washington Blvd NE, Suite 200		Kirkland	WA	98033-7806
Phone	**Title**		**Number of Employed Hours**	
(425) 202-6785	Manager, Technical Support		14,560	
Description of Duties				
Involvement in new product development; identify methods of obtaining data for algorhythm, hardware and software creation; support, organize and execute usability design and testing; integral in implementation of clinical trials				

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

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

I, Angela Stewart, **certify that as the MDEG Administrator for**

Kestra Medical Technology Services, Inc.,

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

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

Angela Stewart
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

1 Aug 2022
Date

Board Use Only	Date Received: 8-4-22

4L

NEVADA STATE BOARD OF PHARMACY

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

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

Non-Refundable $500 fee

Rev (05/12/2022)

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

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

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

Section 1: General Information

Facility Name: Mendtronix, Inc.

MDEG Physical Address: 55 Bay Hill Drive, Suites A-E

City: Latrobe State: PA Zip: 15650

Mailing Address (if different from physical address): 1855 Dornoch Court, Suite 100

City: San Diego State: CA Zip: 92154

Telephone: (858)726-0200 Website: mendtronix.com

Email: hr@mendtronix.com

Name of MDEG Administrator (NAC 639.694): Nina Eltringham

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

Check the Days the Business will be Opened and provide the Hours of Operation				
☒ Mon: 8:30 - 17:00	☒ Tue: 8:30 - 17:00	☒ Wed: 8:30-17:00	☒ Thurs: 8:30 - 17:00	☒ Fri: 8:30 - 17:00
☐ 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)?		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: N/A	%: N/A
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

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

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: California

Parent Company (if any): N/A

Corporation/Organization Name: Mendtronix, Inc.

Mailing Address: 1855 Dornoch Court, Suite 100

City: San Diego State: CA Zip: 92154

Telephone: (858) 726-0200 x223 Email: hr@mendtronix.com

Contact Person Name: Jacob Fetsch

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.

Jacob Fetsch

Print Name of Authorized Person Submitting Application

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

7/14/2022

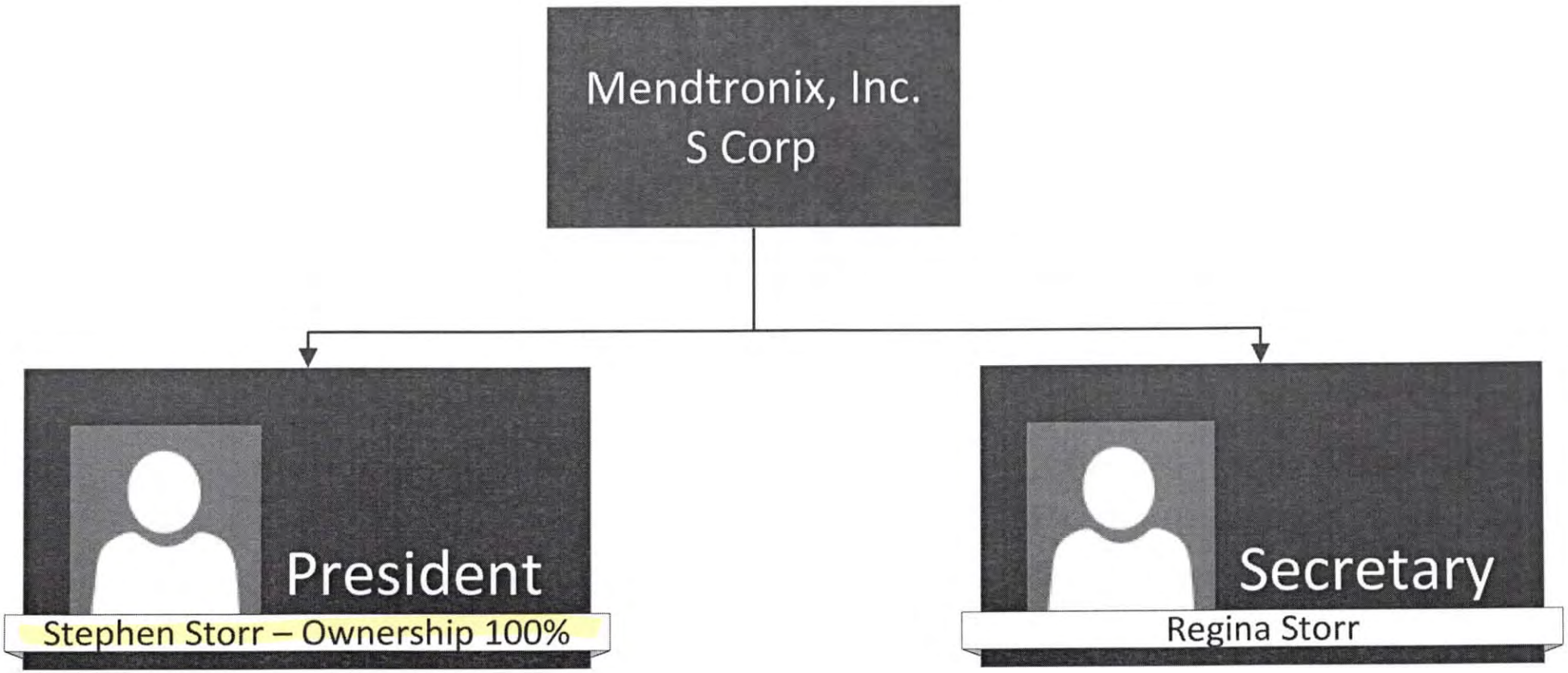
Date

PROCESSED 7/26/22 LJ

Board Use Only	Date Received: _____	Amount: 500	CHECK # 779

Mendtronix, Inc.

Organizational Chart



Secretary of State
Certificate of Status

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

Entity Name:	MENDTRONIX, INC.
Entity No.:	2669283
Registration Date:	08/04/2004
Entity Type:	Stock Corporation - CA - General
Formed In:	CALIFORNIA
Status:	Active

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

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

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

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of July 12, 2022.

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

Certificate No.: 028778132

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.

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

07/12/2022

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Mendtronix, Inc. DBA Project Doctor

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

Leigh M. Chapman

Acting Secretary of the Commonwealth

Certification Number: TSC220712232664-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify

337

Certificate of Registration

Certificate No. 6000010465
(A certificate starting with a number 4, 5 or 6 does not permit the possession or sale of controlled substances or prescription drugs.)

Category:

Devices

Drug & Device Registration
555 WALNUT ST
FORUM PLACE -7th FLOOR -SUITE 701
HARRISBURG, PA 17101
(717) 787-4779

MENDTRONIX INC
55 BAY HILL DRIVE
SUITES A-E
LATROBE, PA 15650

The above business is registered in the required category to conduct and maintain a facility in accordance with the provisions of the Controlled Substance, Drug, Device and Cosmetic Act #64, approved September 9, 1972.

Issuance Date: May 12, 2022
Expiration Date: The Last Day of May, 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.

MENDINC-01 KKELLY

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/26/2022

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: Mindy Nguyen
Rubin Insurance Agency, Inc. 5075 Shoreham Place Suite 100 San Diego, CA 92122	PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: mindy@rubininsurance.com

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
Mendtronix Inc 55 Bay Hill Dr Stes A-E Latrobe, PA 15650	INSURER A : Travelers Property Casualty Company of America	25674
	INSURER B : ZNAT Insurance Company	30120
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			ZLP-16P00639-22	2/4/2022	2/4/2023	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 500,000
	X Products/Comp Ops						MED EXP (Any one person)	$ 10,000
	X Employee Benefits						PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 6,000,000
	OTHER:						Empl Benefits	$
A	AUTOMOBILE LIABILITY			BA-9R33545A-22	2/4/2022	2/4/2023	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	UMBRELLA LIAB X OCCUR			CUP-9R171831-22	2/4/2022	2/4/2023	EACH OCCURRENCE	$ 5,000,000
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	$ 5,000,000
	DED X RETENTION $ 0							$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			M1030512-CA	2/4/2022	2/4/2023	X PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. EACH ACCIDENT	$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000
A	Property - RC			ZLP-16P00639-22	2/4/2022	2/4/2023	PPOO (PA)	202,000
A	Ded $1000			ZLP-16P00639-22	2/4/2022	2/4/2023		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Job PROOF45
Proof of Insurance.

CERTIFICATE HOLDER

PROOF OF INSURANCE

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Stuart Rubin

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NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Mendtronix, Inc.

Pharmacy/MDEG/Wholesaler License # (If applicable): N/A

Physical Address: 55 Bay Hill Drive, Suites A-E

City: Latrobe State: PA Zip: 15650

Mailing Address (If different from physical address): 1855 Dornoch Court, Suite 100

City: San Diego State: CA Zip: 92154

Telephone: (858) 726-0200 Website: www.mendtronix.com

Licensing Company Email: hr@mendtronix.com

Section 2: Personal Information

First: Stephen Middle: Frederick Last: Storr

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

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

Mailing Address: 585 Hickory Mill Lane

City: Milton State: GA Zip: 30004

Telephone: [redacted] Email: steve.storr@mendtronix.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 Detroit			08/82 - 06/84 (est.)
Address	**City**	**State**	**Zip**
4001 West McNichols Rd.	Detroit	MI	48221
Diploma/Degree obtained, if any			
MBA			

School Name			From - To (MM/YY – MM/YY)
University of Michigan - Dearborn			08/76 - 06/79 (est.)
Address	**City**	**State**	**Zip**
4901 Evergreen Rd.	Dearborn	MI	48128
Diploma/Degree obtained, if any			
BA			

School Name			From - To (MM/YY – MM/YY)
Oakland Community College			09/73 - 06/76 (est.)
Address	**City**	**State**	**Zip**
2900 Featherstone Rd.	Auburn Hills	MI	48326
Diploma/Degree obtained, if any			
credits all transferred to Univ. of Michigan			

School Name			From - To (MM/YY – MM/YY)
Lutheran High School West (closed)			08/69 - 06/73
Address	**City**	**State**	**Zip**
8181 Greenfield Rd.	Detroit	MI	48228
Diploma/Degree obtained, if any			
HS diploma			

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/18 - 07/22	[redacted]Hickory Mill Lane	Milton	GA	30004
06/01 - 12/17	[redacted] Twisted Branch Rd.	Poway	CA	92064

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)
Mendtronix Inc.			02/05 - 07/22
Business Address	**City**	**State**	**Zip**
1855 Dornoch Ct, Suite 100	San Diego	CA	92154
Phone	**Title**		
858.726.0200 x202	President/CEO		
Description of Duties			
All Presidential and CEO duties. Owner and officer.			

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

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

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

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

Continue on next page if additional space is needed.

Applicant's initials _____

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

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

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

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

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

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

Applicant's initials _____

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

Applicant's initials _____

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

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

Date of Event/Arrest	Disposition Date	State	City	County

Case #	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)

July 18, 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.

Stephen F. Storr

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

July 18, 2022

Date

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

State of Georgia, ss. County of Fulton

I, STEPHEN STORR, 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

July 18, 2022

Date

Subscribed and Sworn to before me this 18 day of July.

Notary Public Signature

JACKIE BURKHART NOTARY PUBLIC CHEROKEE COUNTY GEORGIA EXPIRES April 25, 2026

(Seal)

Applicant's initials _____

NEVADA STATE BOARD OF PHARMACY

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

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

Rev (06/21/2022)

NAC 639.694

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

NAC 639.6946

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

NAC 639.6957

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

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

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

NEVADA STATE BOARD OF PHARMACY

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

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

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Mendtronix, Inc. MDEG License # (if applicable): N/A

Physical Address: 55 Bay Hill Drive, Suites A-E

City: Latrobe State: PA Zip: 15650

Mailing Address (if different from physical address): 1855 Dornoch Court, Suite 100

City: San Diego State: CA Zip: 92154

Telephone: (858) 726-0200 Website: www.mendtronix.com

Licensing Company Email: hr@mendtronix.com

Section 2: Personal Information

First: Nina Middle: Margaret Last: Eltringham

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

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

Mailing Address: [redacted] McArthur Drive

City: Greensburg State: PA Zip: 15601

Telephone: [redacted] Email: nina.eltringham@mendtronix.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 University of Pennsylvania		07/13-05/15	
Address	City	State	Zip
250 University Ave	California	PA	15419
Diploma/Degree obtained, if any			
Bachelor of Science (Sports Management)			

School Name		From - To (MM/YY – MM/YY)	
Seton Hill University		05/13-07/13	
Address	City	State	Zip
1 Seton Hill Drive	Greensburg	PA	15601
Diploma/Degree obtained, if any			
transferred credits to CAL U after 1 semester			

School Name		From - To (MM/YY – MM/YY)	
Westmoreland County Community College		08/10-05/13	
Address	City	State	Zip
145 Pavilion Lane	Youngwood	PA	15697
Diploma/Degree obtained, if any			
Associate of Art Degree			

School Name		From - To (MM/YY – MM/YY)	
Hempfield Area High School		08/06-06/10	
Address	City	State	Zip
4345 PA-136	Greensburg	PA	15601
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
05/18-present	[redacted] McArthur Drive	Greensburg	PA	15601
From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/98-05/18	[redacted]illersdale Road	Greensburg	PA	15601
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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)	
Mendtronix, Inc.			10/13-present	
Business Address		**City**	**State**	**Zip**
55 Bay Hill Drive, Suites A-E		Latrobe	PA	15650
Phone	**Title**		**Number of Employed Hours**	
858-726-0200 x408	Senior Account Manager/Operations Manager		16,408	
Description of Duties				
• Manage administrative, tech support and 3PL services for SLA customers, Manage record keeping, storage and shipment of medical devices, Serve as the Sr. Account Manager for 7 major clients.				

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

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

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

19JUL2022
Date

I, Nina Eltringham, **certify that as the MDEG Administrator for**

Mendtronix, Inc.,

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

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

Nina Eltringham
Print Name (First, Last)

Nina Eltringham
Original Signature (electronic, copies or stamps not accepted)

19JUL2022
Date

Board Use Only	Date Received:

4M

NEVADA STATE BOARD OF PHARMACY

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

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

Non-Refundable $500 fee

Rev (05/12/2022)

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

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

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

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

Section 1: General Information

Facility Name: Advance Medical Services, Inc dba Petersen Medical

MDEG Physical Address: 2019 E Riverside Dr STE A100

City: St George State: UT Zip: 84790

Mailing Address (if different from physical address): 1268 S 1380 W

City: Orem State: UT Zip: 84058

Telephone: 435-628-4949 Website: www.petersenmedical.com

Email: nataliea@petersenmedical.com

Name of MDEG Administrator (NAC 639.694): Gordon Ridley

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 supplies, Complex Rehab/power chairs
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: Christi Bardsley
	Telephone: 435-628-4949

Check the Days the Business will be Opened and provide the Hours of Operation				
▣ Mon: 9am-5pm	▣ Tue: 9am-5pm	▣ Wed: 9am-5pm	▣ Thurs: 9am-5pm	▣ Fri: 9am-5pm
☐ Sat: on-call	▣ Sun: on-call	☐ Holidays: on-call		

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))
1310120003- St George Utah Medicare #, 1310120002- Orem Utah Medicare #, 1310120004- Cortez Colorado Medicare #
1310120005- Blanding Utah Medicare #, 13101200060 Kaysville Utah Medicare #
870618816015- Utah Medicaid #, 87184893- Colorado Medicaid #, 1164519856- Idaho Medicaid #,
1134387921- Wyoming Medicaid #,

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: not applicable	Credentials: n/a	%: n/a
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

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

Section 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: Gordon Ridley

Business Name: Advance Medical Services, Inc dba Petersen Medical

Business Address: 1268 S 1380 W

City: Orem State: UT Zip: 84058

Telephone: 801-373-1010 ext 4404 Email: gordonr@petersenmedical.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.

Gordon Ridley

Print Name of Authorized Person Submitting Application

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

5-19-22

Date

Board Use Only	Date Received: _____	Amount: 500 CC ✓ Processed 7/19/22 S

Utah Department of Commerce
Division of Corporations & Commercial Code
160 East 300 South, 2nd Floor, PO Box 146705
Salt Lake City, UT 84114-6705
Service Center: (801) 530-4849
Toll Free: (877) 526-3994 Utah Residents
Fax: (801) 530-6438
Web Site: http://www.commerce.utah.gov

05/18/2022
1423843-014205182022-2833419

CERTIFICATE OF EXISTENCE

Registration Number:	1423843-0142
Business Name:	ADVANCE MEDICAL SERVICES, INC.
Registered Date:	September 21, 1998
Entity Type:	Corporation - Domestic - Profit
Status:	Current

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division **(unless Delinquent)**; and, that Articles of Dissolution have not been filed.

L. Veillette

Leigh Veillette
Director
Division of Corporations and Commercial Code

NOTICE
THIS LICENSE MUST BE POSTED
IN A CONSPICUOUS PLACE

CITY OF ST. GEORGE
175 E 200 N
ST. GEORGE, UT 84770

LICENSE NO.: 00040133
DATE ISSUED: 1/01/2022
EXPIRES: 12/31/2022

BUSINESS LICENSE

THIS CERTIFIES that the business or individual listed below is hereby granted a license to do business as stated at the specified business location for the year indicated on this certificate.

St.George

LICENSE YEAR: **2022**

NAME: PETERSEN MEDICAL

TO: 1268 S 1380 W
OREM, UT 84058-4911

BUSINESS OWNER: GORDON RIDLEY

BUSINESS LOCATION: 2019 E RIVERSIDE DR A100

TYPE OF BUSINESS: MEDICAL EQUIPMENT COM

Heidi Mathis
CITY LICENSE OFFICER

THIS LICENSE IS NOT TRANSFERABLE BETWEEN OWNERS AND/OR LOCATIONS

STATE OF UTAH
DEPARTMENT OF COMMERCE
ACTIVE LIMITED LICENSE

Advance Medical Services, Inc. dba Petersen Medical

EFFECTIVE: 09/12/2012
EXPIRATION 09/30/2023

REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAIL(S)

8383699-1714 Pharmacy - Class E Business

Durable Medical Equipment Providers

DBA: None Associated

IMPORTANT LICENSURE REMINDERS:

- Your license is valid until the expiration date listed on this form. Approximately 60 days prior to this expiration you will receive a renewal notice in the mail.
- Please note the address listed below. This is your public address of record for the division, and all future correspondence from the division will be mailed to this address. If you move, it is your responsibility to notify us directly of the change. Maintaining your current address with us is the easiest way to ensure continuous licensure.

ADVANCE MEDICAL SERVICES, INC. DBA
PETERSEN MEDICAL
2019 E RIVERSIDE DR A100
SAINT GEORGE UT 847908147

Please visit our web site at www.dopl.utah.gov should you have any questions in the future.

STATE OF UTAH
DEPARTMENT OF COMMERCE
DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSING
ACTIVE LIMITED LICENSE

EFFECTIVE DATE: 09/12/2012
EXPIRATION DATE: 09/30/2023
ISSUED TO: Advance Medical Services, Inc. dba Petersen Medical
2019 E RIVERSIDE DR A100
SAINT GEORGE UT 847908147

REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAIL(S)
8383699-1714 Pharmacy - Class E Business Durable Medical Equipment Providers

DBA: None Associated

Form #1

CERTIFICATE *of* ACCREDITATION

ACCREDITATION COMMISSION FOR HEALTH CARE CERTIFIES THAT:

Advance Medical Services, Inc.
d/b/a Petersen Medical
ST. GEORGE, UTAH

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

DMEPOS

Home/Durable Medical Equipment Services, Rehabilitation Technology Supplier Services

FROM *August 10, 2019* THROUGH *August 9, 2022*

PRESIDENT & CHIEF EXECUTIVE OFFICER

CHAIRMAN OF THE BOARD OF COMMISSIONERS

ACCREDITATION COMMISSION FOR HEALTH CARE
ACHC

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 1/14/2022

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
The Millward Agency, Inc.
11142 Highland Blvd
Highland UT 84003

License#: 334384

CONTACT NAME:
PHONE (A/C, No, Ext): 801-216-4545 **FAX (A/C, No):** 801-216-4275
E-MAIL ADDRESS: certs@millwardagency.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Philadelphia Indemnity Insurance Company	18058
INSURER B : Republic Indemnity Company Of America	22179
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Advance Medical Services, Inc. Dba: Petersen Medical
1268 S 1380 W
Orem UT 84058

BRAT105000

COVERAGES **CERTIFICATE NUMBER:** 1320018735 **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			PHPK2317704	9/5/2021	9/5/2022	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1,000,000
							MED EXP (Any one person)	$ 20,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 3,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY			PHPK2317704	9/5/2021	9/5/2022	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS ONLY / X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			25540001	12/31/2021	12/31/2022	X PER STATUTE OTH-ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? Y	N/A					E.L. EACH ACCIDENT	$ 1,000,000
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	$ 1,000,000
A	Professional Liability			PHPK2317704	9/5/2021	9/5/2022	Occurrence	1,000,000
A	Crime Liability			PHSD1647500	9/5/2021	9/5/2022	Aggregate	3,000,000
							Crime Limit	50,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Coverages listed above, apply to the following locations;
1) 1268 S 1380 W, Orem, UT 84058-4911
2) 154 S Main St, Blanding, UT 84511
3) 75 E Fort Union Blvd # 109, Midvale, UT 84047
4) 2019 E Riverside Dr Ste A100, St George, UT 84790
5) 1108 N Mildred Rd, Cortez, CO 81321
6) 870 W 300 N, Ste 100, Kaysville, UT 84037
7) 488 Blue Lakes Blvd N Ste 114, Twin Falls, ID 83301

CERTIFICATE HOLDER

Proof of Insurance

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Weston Millward

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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)

NAC 639.694

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

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

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

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Advance Medical Services, Ind dba Petersen Medical

Physical Address: 2019 E Riverside Dr STE A100

City: St George State: UT Zip: 84790

Mailing Address (if different from physical address): 1268 S 1380 W

City: Orem State: UT Zip: 84058

Telephone: 435-628-4949 Website: www.petersenmedical.com

Licensing Company Email: nataliea@petersenmedical.com

Section 2: Personal Information

First: Gordon Middle: R Last: Ridley

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

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

Mailing Address: [redacted] W 3825 S

City: West Haven State: UT Zip: 84401

Telephone: [redacted] Email: gordonr@petersenmedical.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 GR

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

School Name		From - To (MM/YY – MM/YY)	
Weber State University		08/11-06/15	
Address	**City**	**State**	**Zip**
3848 Harrison Blvd	Ogden	UT	84408
Diploma/Degree obtained, if any			
Business Admin			

School Name		From - To (MM/YY – MM/YY)	
Ben Lomond High School		08/99-05/02	
Address	**City**	**State**	**Zip**
1080 9th Street	Ogden	UT	84404
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
01/07-05/22 (current	[redacted]W 3825 S	West Haven	UT	84401
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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)
Advance Medical Services, Inc dba Petersen Medical			04/08-05/22 (current)
Business Address	**City**	**State**	**Zip**
870 W 300 N STE 100	Kaysville	UT	84037
Phone	**Title**		
801-728-3333	President/CEO + owner		

Description of Duties

Oversee the running of the company and all departments. Establish goals and policies, oversee finances, review sales, inventory selection. Manage the Respiratory department, the Mobility and Operation directors.

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

Description of Duties

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

Description of Duties

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

Description of Duties

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

Description of Duties

Continue on next page if additional space is needed.

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

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

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

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

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

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

Applicant's initials _____

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

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

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

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

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.

Gordon Ridley
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

5-20-22
Date

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

State of Utah, ss. County of Utah

I, Gordon Ridley, 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

5-20-22
Date

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

Notary Public Signature

MICHELLE BOHN
Notary Public • State of Utah
Commission # 700974
My Commission Expires
August 8, 2022

(Seal)

Applicant's initials

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: Advance Medical Services, Inc MDEG License # (if applicable): _____

Physical Address: 2019 E Riverside Dr STE A100

City: St George State: UT Zip: 84790-8147

Mailing Address (if different from physical address): 1268 S 1380 W

City: Orem State: UT Zip: 84058-4911

Telephone: 435-628-4949 Website: www.petersenmedical.com

Licensing Company Email: natalliea@petersenmedical.com

Section 2: Personal Information

First: Christi Middle: _____ Last: Bardsley

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

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

Mailing Address: _____

City: _____ State: UT Zip: _____

Telephone: [redacted] Email: christib@petersenmedical.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)	
Idaho State University		08/02-10/12	
Address	**City**	**State**	**Zip**
921 S 8th Ave	Pocatello	ID	83209
Diploma/Degree obtained, if any			
Associates in Respiratory Therapy and Bachelors in Health Science			

School Name		From - To (MM/YY – MM/YY)	
Taylorsville High School		08/82-5/85	
Address	**City**	**State**	**Zip**
5225 S Redwood Road	Taylorsville	UT	84123
Diploma/Degree obtained, if any			
GED 1992 from Idaho State University			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**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
05/14-8/22 (current)	[redacted]N Waverly St	Washington	UT	84780
08/12-5/14	[redacted]N Monte Verde Circle	Washington	UT	84780
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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)	
Advance Medical Services, Inc dba Petersen Medical		04/16-08/22 (current)	
Business Address	**City**	**State**	**Zip**
2019 E Riverside Dr STE A100	St George	UT	84790
Phone	**Title**	**Number of Employed Hours**	
435-628-4949	Area Manager	12,480	
Description of Duties			
Oversee the operations of the location. Respiratory Therapist on site for all cpap/bipap setups, mask fittings, compliance follow up. manage inventory, facilitate all hospice contracts, maintain accreditation standing			

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

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

I, Christi Bardsley, **certify that as the MDEG Administrator for**

Advance Medical Services, Inc dba Petersen Medical,

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

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

Christi Bardsley
Print Name (First, Last)

Christi Bardsley
Original Signature (electronic, copies or stamps not accepted)

8/2/2022
Date

Board Use Only	Date Received: 8-3-22

4N

NEVADA STATE BOARD OF PHARMACY

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

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

Non-Refundable $500 fee

Rev (06/08/2021)

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

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

Section 1: General Information

Facility Name: Founders Healthcare, LLC DBA Preferred Homecare

MDEG Physical Address: 2153 E. Gordon Drive, Suite G

City: Kingman State: AZ Zip: 86409

Mailing Address (if different from physical address): PO Box 9004 ATTN: Licensing Dept.

City: Clearwater State: FL Zip: 33758-9004

Telephone: 928-692-9401 Website: https://preferredhomecare.com/

Email: CWaller1@lincare.com

Name of MDEG Administrator (NAC 639.694): Michael Pfleiderer

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

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

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

Name: Preferred Homecare Telephone: 928-692-9401

Days and Hours of Operation

Mon:	9:00 AM - 4:00 PM. Closed 12:00 noon - 1:00 PM for lunch.
Tues	9:00 AM - 4:00 PM. Closed 12:00 noon - 1:00 PM for lunch.
Wed:	9:00 AM - 4:00 PM. Closed 12:00 noon - 1:00 PM for lunch.
Thurs:	9:00 AM - 4:00 PM. Closed 12:00 noon - 1:00 PM for lunch.
Fri:	9:00 AM - 4:00 PM. Closed 12:00 noon - 1:00 PM for lunch.
Sat:	On call
Sun:	On call
Holidays:	On call

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))
1104867506

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: Arizona

Parent Company (if any): Maverick Healthcare Group, LLC

Corporation/Organization Name: Founders Healthcare, LLC

Mailing Address: PO Box 9004 ATTN: Licensing Dept.

City: Clearwater State: FL Zip: 33758-9004

Telephone: 1-800-284-2006 Ext. 18226 Email: Licensing@lincare.com

Contact Person Name: Collin Waller

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

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

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

Gregory McCarthy

Print Name of Authorized Person Submitting Application

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

4/26/2022

Date

Board Use Only	Date Received: _____	Amount: $60	check # 19027835 ✓

Olivia Mora

From: Waller, Collin (CWaller1) <CWaller1@secure.lincare.com>
Sent: Monday, June 6, 2022 11:17 AM
To: Olivia Mora
Subject: RE: MDEG Application - Preferred Homecare - Kingman, AZ - Need more information
Attachments: Founders Healthcare good standing.png

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

It had been out intention to verify the good standing with the submitted printout. It can be verified directly from Arizona at https://ecorp.azcc.gov/BusinessSearch/BusinessInfo?entityNumber=L08255785. A screenshot is attached.

Founders Healthcare has no shareholders, stockholders, partners, or owners who are natural persons; only corporations, and so the Personal History Record Application is not applicable.

The revised MDEG Administrator experience form should be over to you soon

Collin Waller
Licensing Administrator

LINCARE
A Linde company

Lincare
Phone +1-800-284-2006 Ext. 18226
CWaller1@lincare.com www.lincare.com

From: Olivia Mora <o.mora@pharmacy.nv.gov>
Sent: Thursday, May 19, 2022 2:02 PM
To: Waller, Collin (CWaller1) <cwaller1@lincare.com>
Subject: ::EXTERNAL:: MDEG Application - Preferred Homecare - Kingman, AZ - Need more information

*** Please note the message below originated on the Internet. Please use caution when replying or opening links or attachments. ***
To whom it may concern:

We received your MDEG Application for Preferred Homecare – Kingman, AZ. Please be advised that we are missing the below documentation -

- Certificate of Corporate Status or Certificate of Good Standing (within 6 months)
- Personal History Record Application – must be completed by each shareholder/stockholder/partner/owner. (If applicable)
- MDEG Administrator – page 4, section 7 please provide an updated page with the (Description of Duties) and the (Number of Employed Hours) instead of the years.

Can you please provide? We can attach it to your application and work to process this request.

Please let me know if you have any questions.
Thank you,

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



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

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

This message contains information that may be confidential or legally privileged and is intended only for the person to which it was sent. It is prohibited for anyone else to disclose, copy, distribute or use the contents of this message. All personal messages express views solely of the sender, which are not to be attributed to the company with which the sender may be employed or otherwise affiliated, and may not be copied or distributed without this disclaimer. If you are not the intended recipient, (i) any use, distribution or copying of this message is strictly prohibited; and (ii) please notify us immediately at help@mailsysadmin.com or 1 (800) 284-2006, and delete the message and any attachments from your system.

Preferred Homecare

CORPORATE OFFICERS

CHIEF EXECUTIVE OFFICER	Crispin Teufel
CHIEF OPERATIONS OFFICER	Gregory G. McCarthy

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520 Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749
http://www.azpharmacy.gov

Receipt Date: 10/01/2020
Receipt Number: 202092470
Receipt Amount $: 100.00

Medical Gas - Supplier/DME

Rx Devices

	PERMIT NO	EXPIRES
	C001745	10/31/2022
Issued to :	Founders Healthcare, LLC d/b/a Preferred Homecare Maverick Healthcare Group, LLC ATTN: LICENSING P.O. BOS 9004 CLEARWATER, FL 33758	Founders Healthcare, LLC d/b/a Preferred Homecare 2153 E. GORDON DRIVE SUITE G KINGMAN, AZ 86409

Kam Gandhi
EXECUTIVE DIRECTOR

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520
Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749

WALLET CARD

NAME : Maverick Healthcare Group, LLC
LICENSE NUMBER : C001745
EXPIRES : 10/31/2022

http://www.azpharmacy.gov

- Your license must be available for inspections during business hours.
- Permit holder(s) must display permit in the location to which it is issued.
- Please note it is your responsibility to keep this license/permit current.

Important Information

LICENSE HOLDER (pharmacist, intern, technician, technician-trainee)

- Holder of this license number, printed above, is authorized in accordance with A.A.C. R4-23-201(A), A.A.C. R4-23-301(A) or A.A.C R4-23-1101(A), to perform the duties associated within their profession. By holding this license, the licensee agrees to comply with state & federal law.
- You are required by law to notify the Board of any home address and/or employment change within 10 business days

PERMIT HOLDER (pharmacy, non-prescription retailer (OTC), wholesale, manufacture, CMG, DME)

- Holder of this permit number, printed above, is authorized to conduct business according to the classification specified in A.R.S. § 32-1908(A); A.A.C. R4-23-601 and A.A.C. R4-23-607. By holding this permit, the permittee agrees to comply with state & federal law
- In-state pharmacy, wholesaler & manufacture permit holder(s) who plan to remodel or move locations, must submit a change-of-location/remodel form within 30 days prior to move/remodel. In-state non-prescription (OTC), compressed medical gas (CMG) & DME providers who plan to move locations must notify the board within 10 business days of move.
- Out-of-State permit holders must notify the Board of location changes, in writing, within 10 business days of move. A revised copy of your state permit shall be submitted to the Board, when available.
- Permits are non-transferable. Ownership changes of more than 30% require that a new application be submitted to the Board.



ENTITY INFORMATION

Search Date and Time: 6/6/2022 8:57:16 AM

Entity Details

Entity Name:	FOUNDERS HEALTHCARE, L.L.C.	Entity ID:	L08255785
Entity Type:	Domestic LLC	Entity Status:	Active
Formation Date:	12/8/1997	Reason for Status:	In Good Standing
Approval Date:	12/8/1997	Status Date:	10/3/2019
Original Incorporation Date:	12/8/1997	Life Period:	12/31/2027
Business Type:	Any legal purpose	Last Annual Report Filed:	
Domicile State:	Arizona	Annual Report Due Date:	
		Years Due:	
Original Publish Date:	2/26/1998		

Statutory Agent Information

Name:	CT Corporation system	Appointed Status:	Active 6/10/2019
Attention:			
Address:	3800 NORTH CENTRAL AVENUE SUITE 460 , PHOENIX, AZ 85012, USA		
Agent Last Updated:	10/3/2019	E-mail:	
Attention:		Mailing Address:	3800 NORTH CENTRAL AVENUE SUITE 460 , PHOENIX, AZ 85012, USA
County:	Maricopa		

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 12/2/2021

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 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
Phone No.: (212) 488-0200
Fax No.: (212) 488-0220

EPIC Insurance Brokers & Consultants
350 Hudson Street – 4th Floor
New York, NY 10014

CONTACT NAME: Haendel Conil
PHONE (A/C, No, Ext): 212.488.0445 | FAX (A/C, No):
E-MAIL ADDRESS: Haendel.Conil@epicbrokers.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: ALLIANZ GLOBAL RISKS US INSURANCE CO.	35300
INSURER B: TRAVELERS PROPERTY CASUALTY CO. OF AMERICA	25674
INSURER C: TRAVELERS INDEMNITY COMPANY	25658
INSURER D: ALLIANZ UNDERWRITERS INSURANCE CO	36420
INSURER E:	
INSURER F:	

INSURED
Founders Healthcare, LLC d/b/a Preferred Homecare
LifeCare Solutions, Inc.
Maverick Healthcare Holdings II, Inc.
19387 US 19 North
Clearwater, FL 33764

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			USL00157021	10/01/2021	10/01/2022	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1,000,000
							MED EXP (Any one person)	$ Excluded
							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	$ 1,000,000
	OTHER:							$
B	AUTOMOBILE LIABILITY			CAP-7440L676	01/01/2022	01/01/2023	COMBINED SINGLE LIMIT (Ea accident)	$ 2,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS / NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	X UMBRELLA LIAB X OCCUR			USL00157121	10/01/2021	10/01/2022	EACH OCCURRENCE	$ 5,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$ 5,000,000
	DED RETENTION $							$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			UB-1R81742A-22-51-K	01/01/2022	01/01/2023	X PER STATUTE OTH-ER	
C	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N / N/A (Mandatory in NH)			UB-1R614596-22-51-R	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
D	PROFESSIONAL LIABILITY			U5F00031621	10/01/2021	10/01/2022	$1,000,000 Each Act / $3,000,000 Aggregate	

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

CERTIFICATE HOLDER

National Supplier Clearinghouse - AG-495
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

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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: Founders Healthcare, LLC DBA Preferred Homecare MDEG License # (if applicable): _____

Physical Address: 2153 E. Gordon Drive, Suite G

City: Kingman State: AZ Zip: 86409

Mailing Address (if different from physical address): PO Box 9004 ATTN: Licensing Dept.

City: Clearwater State: FL Zip: 33758-9004

Telephone: 928-692-9401 Website: https://preferredhomecare.com/

Licensing Company Email: CWaller1@lincare.com

Section 2: Personal Information

First: Mike Middle: _____ Last: Pfleiderer

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

Date of Birth: 03/11/1968 SSN or ITIN: 559-57-3944 Sex: ☑ M ☐ F ☐ X

Mailing Address: 3840 E Nicole Ave

City: Kingman State: AZ Zip: 86409

Telephone: 928-300-2819 Email: michael.pfleiderer@preferredhomecare.com / mpfleide@lincare.cor

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

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active 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?		✓

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)

NAC 639.694

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
Mohave Community college		past unknown	
Address	**City**	**State**	**Zip**
jagerson St	Kingman	Az	86409
Diploma/Degree obtained, if any			
N/A			
School Name		**From - To (MM/YY – MM/YY)**	
South Gate High School		1982-1986	
Address	**City**	**State**	**Zip**
3351 Firestone Blvd	South Gate	Ca	90280
Diploma/Degree obtained, if any			
Diploma			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2003-current	[redacted] E Nicole Ave	Kingman	AZ	86409
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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)	
Preferred Homecare			2012- current	
Business Address		City	State	Zip
2153 E Gordon Dr		Kingman	AZ	86409
Phone	Title		Number of Employed Hours	
928-692-9401	Distribution supervisor / manager		9 1/2 years	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Uptown Drug			2010-2012	
Business Address		City	State	Zip
2820 E Andy Devine		Kingman	AZ	86401
Phone	Title		Number of Employed Hours	
753-2226	Customer service tech / driver		2 years	
Description of Duties				

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

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

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

Continue on next page if additional space is needed.

Section 7: 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)
Preferred Homecare			10/12/2012 - current
Business Address	**City**	**State**	**Zip**
2153 Gordon Drive Suite G	Kingman	AZ	86409
Phone	**Title**	**Number of Employed Hours**	
928-692-9401	Distribution Supervisor	20/88	

Description of Duties
weekly ordering, dispatching orders, run routes, inventory, truck and location audits, receiving, new hire interviews, warehouse duties, cutomer complaints, vacation approvals, yearly employee reviews,employee disiplanary actions, approve time cards

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

Description of Duties

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

Description of Duties

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

Description 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.

Mike Alfredson DS 6/16/22 MIKE ALFREDSON

MICHAEL PFLEIDERER

[redacted] Michael.pfleiderer@preferredhomecare.com

HEALTHCARE BUSINESS PROFESSIONAL

Education

- South Gate High School Graduate 1986 with diploma
- Major was architecture 4 years, 2 years prior in mechanical drafting

Work Experience

- Preferred Homecare October 2012 – Present: Manager overseeing day-to-day business and patient care operations
- Uptown Drug 2010 – 2012: Patient service and set up specialist
- Boyd's outlaw sleep center – Manager, sales representative

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:

Mike Gladden OS
Original Signature (electronic, copies or stamps not accepted)

4/14/22
Date

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

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

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

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

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

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

I, Mike Pfleiderer, **certify that as the MDEG Administrator for**

Lincare / Preferred Homecare,

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

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

MIKE PFLEIDERER

Print Name (First, Last)

Mike Pfleiderer DS

Original Signature (electronic, copies or stamps not accepted)

4/14/22

Date

Board Use Only	Date Received:

40

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: ABB/CON-CISE OPTICAL GROUP LLC d/b/a ABB Optical Group

Physical Address: 1750 North Loop Road, Suite 150

City: Alameda State: CA Zip: 94502

Mailing Address (if different from physical address): 12301 NW 39th Street

City: Coral Springs, FL State: FL Zip: 33065

Telephone: 800-852-8089 Website: https://www.abboptical.com/

Name of Designated Representative (DR): ~~Michael E. Dell~~ Roger Earp

Licensing Company Email: n/a DR Email: MDell@abboptical.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: Contact Lenses

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: Johnson & Johnson Vision Care Inc.
Address: 7500 Centurion Parkway, Suite 100 City: Jacksonville State: FL Zip: 32256

Name: CooperVision Inc.
Address: 209 High Point Drive City: Victor State: NY Zip: 14564

Name: Alcon Laboratories, Inc.
Address: 6201 South Freeway City: Fort Worth State: TX Zip: 76134-209

Name: Bausch & Lomb Incorporated
Address: 1400 N Goodman St. City: Rochester State: NY Zip: 14609-359

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): ABB Concise Acquisition, LLC
Corporation/Organization Name: ABB/CON-CISE OPTICAL GROUP LLC d/b/a ABB Optical Group
Mailing Address: 12301 NW 39th Street
City: Coral Springs State: FL Zip: 33065
Telephone: 800-852-8089 Email: MDell@abboptical.com
Contact Person Name: Michael E. Dell

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/ Applicant is 100% owned by another LLC and therefore exempt from this requirement		✓	✓	✓
• **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.

Michael E. Dell

Print Name of Authorized Person Submitting Application

Michael E. Dell Digitally signed by Michael E. Dell Date: 2022.07.22 10:33:05 -04'00'

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

7/22/2022

Date

Board Use Only	Date Received: _____	Amount: _____

1. Officers:

   a. Thomas A. Burke, President and Chief Executive Officer
      12301 NW 39th Street
      Coral Springs, FL 33065
      PH: 800-852-8089
      (Work Address)
      DOB: [redacted]

   b. Michael J. Bono, Chief Financial Officer & Treasurer
      12301 NW 39th Street
      Coral Springs, FL 33065
      PH: 800-852-8089
      (Work Address)
      DOB: [redacted]

   c. Michael E. Dell, General Counsel & Secretary
      12301 NW 39th Street
      Coral Springs, FL 33065
      PH: 800-852-8089
      (Work Address)
      DOB: [redacted]

2. Ownership

ABB Concise Acquisition, LLC owns 100% of ABB/CON-CISE OPTICAL GROUP LLC

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ABB/CON-CISE OPTICAL GROUP 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 NINTH DAY OF FEBRUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ABB/CON-CISE OPTICAL GROUP LLC" WAS FORMED ON THE TWELFTH DAY OF MARCH, A.D. 2007.

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

Jeffrey W. Bullock, Secretary of State

4315614 8300

SR# 20220341251

Authentication: 202620624

Date: 02-09-22

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

ABB Optical Group

February 25, 2022

Maria Herrera
Licensing Specialist
Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521

Re: Wholesale and MDEG Application to Sell Contact Lenses in the State of Nevada

Dear Ms. Herrera,

This letter is to confirm that the California Board of Pharmacy or any other regulatory agency of the State of California does not require ABB/CON-CISE OPTICAL GROUP LLC *"ABB") to be licensed for the sale of medical devices in its contact lens distribution business. Therefore, there have been no licensure surveys or inspections completed at the ABB Florida facility.

If you have any questions, please do not hesitate to contact me. I can be reached at 305-432-6007.

Kind regards,

Michael E. Dell

Michael E. Dell
General Counsel and Secretary

MED/dps

Establishment Registration & Device Listing

New Search | Back To Search Results

Establishment:
ABB Optical Group LLC.
1750 N Loop Rd Ste 150
Alameda, CA 94502
Registration Number: 2916547
FEI Number*: 2916547
Status: Active
Date Of Registration Status: 2022

Owner/Operator:
ABB OPTICAL GROUP, LLC
1750 N. Loop Road Ste #150
Alameda, CA US 94502
Owner/Operator Number: 10036093

Official Correspondent:
John T Kenyon
1750 N. Loop Road Ste #150
Alameda, CA 94502
Phone: 510-4839400-5846

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

√verified M.H 5/25/22

Page Last Updated: 05/16/2022
Note: If you need help accessing information in different file formats, see Instructions for Downloading Viewers and Players.
Language Assistance Available: Español | 繁體中文 | Tiếng Việt | 한국어 | Tagalog | Русский | العربية | Kreyòl Ayisyen | Français | Polski | Português | Italiano | Deutsch | 日本語 | فارسی | English

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 ABB/CON-CISE OPTICAL GROUP LLC

Physical Address 12301 NW 39th Street

City Coral Springs State FL Zip 33065

Mailing Address (if different from physical address) 1750 North Loop Road, Suite 150

City Alameda State CA Zip 94502

Telephone 800-772-3911 Ext. 5373 Website abboptical.com

Licensing Company Email mdell@abboptical.com

Section 2: Personal Information

First Roger Middle J.D. Last Earp

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

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

Mailing Address [redacted] Gary Drive, Unit [redacted]

City Castro Valley State CA Zip 94546

Telephone [redacted] Email rearp@abboptical.com

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

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

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

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

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

Applicant's initials RE

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

School Name		From - To (MM/YY – MM/YY)	
San Leandro High School		09/2000 - 07/2004	
Address	**City**	**State**	**Zip**
2200 Bancroft Ave.	San Leandro	CA	94577
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
California Coast University		03/2021 - Present	
Address	**City**	**State**	**Zip**
925 N Spurgeon St.	Santa Ana	CA	92701
Diploma/Degree obtained, if any			

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/1989 - 01/2019	[redacted] 147th Ave.	San Leandro	CA	94578
1/2019 - Present	[redacted] Gary Drive, Unit [redacted]	Castro Valley	CA	94546
NA				
NA				
NA				
NA				
NA				
NA				
NA				
NA				

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)
ABB/CON-CISE OPTICAL GROUP LLC			03/2017 - Present
Business Address	**City**	**State**	**Zip**
1750 North Loop Road, Suite 150	Alameda	CA	94502
Phone	**Title**	**Number of Employed Hours**	
800-772-3911 Ext. 5373	Distribution Manager	40 / Week	
Description of Duties			
Oversee Distribution -please see attached resume			

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

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

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

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

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

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

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

Business Name		From - To (MM/YY – MM/YY)	
NA			
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:

NA

Original Signature (electronic, copies or stamps not accepted)

3.17.2022
Date

Applicant's initials DE

I, Roger Earp, **certify that as the designated representative for**

ABB Optical Group,

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

Roger Earp

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3.12.2022

Date

Applicant's initials RE

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

Roger Earp

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3.17.2022

Date

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

State of California, ss. County of Alameda

I, Roger Earp, 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

3.17.2022

Date

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

See Attached Jurat

Notary Public Signature

(Seal)

Applicant's initials RE

CALIFORNIA JURAT

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

State Of: **California**
County Of: Alameda

Subscribed and sworn to *(or affirmed)* before me on this 17 **day of** March, **2022**

by Roger Earp,

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

Cora Angel

Signature: **Cora Angel**

CORA ANGEL
COMM. #2356251
NOTARY PUBLIC • CALIFORNIA
ALAMEDA COUNTY
Commission Expires MAY 27, 2025

Title of Document: Designated Representative application

Total Number of Pages including Attachment: 9

Notary Commission Expiration Date: May 27, 2025

Notary Commission Number: 2356251

[redacted] Gary Dr. Castro Valley, CA 94546 | [redacted] | [redacted]@yahoo.com

Roger Earp

Seeking a position where I can maximize my years of management, operations, continuous improvement and training experience in distribution and operations management. To lead a company into operational excellence.

Experience

March 2017 - Present — ABB Optical Group — Alameda, CA

Operations Manager

- Leading all operations and developing a team of 5-6 Supervisors, 6-12 Leads and 160-200 hourly associates by embodying ABB's core principals
- Chairman of the California Safety Committee
- Supporting all safety programs and OSHA compliance to ensure a safe work environment for all associates and managers
- Acting as the primary information source for the team, maintaining compliance and consistency, and taking corrective action when needed
- Mentoring, training, and developing teammates for career progression, performance improvement, and recognition purposes
- Proactively identifying and leading process improvement initiatives using Lean methods
- Building and delivering productivity plans by reviewing work forecasts, determining productivity requirements, and partnering with product procurement team to balance labor
- Evaluating performance objectives and metrics to determine inbound or outbound productivity requirements to achieve customer time, accuracy, and quality expectations
- Partnering with other managers to share best practices across shifts and the network
- Project management working with build and re-organization of warehouses, optimizing efficiency, reducing error rate, and robotics
- Site is at a 99.9% quality rate in customer interactions

Oct 2015 – March 2017 — Capstone Logistics — Fremont, CA

Site Operations Manager

- Manage and oversee warehouse of 50 to 100 people including site supervisors, leads, clerks, receivers, schedulers, and unloaders
- Communication with the partners to plan and execute scheduling and up to date information.
- To ensure the workflow is operating to the best of our ability through KPIs and Coaching
- Responsible for daily and weekly operational shift cost and execution
- Captain of all site managers within our branch to ensure everyone is up to date with our operating system, hiring practices and general company information

[redacted]Gary Dr. Castro Valley, CA 94546 | [redacted] | [redacted]@yahoo.com

Roger Earp

June 2012 – Oct 2015 Mulholland Berkeley, CA

Operations Manager

- Manage inventory, inbound, outbound, and overall operations
- Planning, organizing and controlling of warehouse's overall operations and improvements
- Responsible for daily and weekly operational shift cost and execution
- Scheduling of inbound and outbound shipment of goods

Jan 2012 – June 2012 Wind River Technology Alameda, CA

Operations Manager

- Hired to help organize and transition into the next phase of their operations
- Update management of stock, retrieval and timely delivery of goods, shipment loading & transferring, document recording and data entry into system
- Manage team's work; to QC orders and to ensure a working environment that is to the company's standard
- Compile and cycle count inventory to sort and organize all stock to proper locations

Additional Operations Manager experience available on request

[redacted] Gary Dr. Castro Valley, CA 94546 | [redacted] | [redacted]@yahoo.com

Roger Earp

Education

Graduated 2004	San Leandro High School
2004 - 2005	Chabot College
Certified 2020	Aveta Business Institute
2021 – Present	California Coast University

Additional

- Certified Lean Six Sigma Black Belt
- Certified HIPPAA HITECH and Security Awareness
- Certified Eagle Scout
- Extensive experience with coaching and building up internal staff in various aspects of the business, specifically leadership and management positions
- A problem solver, able to adapt to any environment and make sure that I and the team around me work up to their best potential

References

- References are available on request

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 ABB/CON-CISE OPTICAL GROUP LLC MDEG License # (if applicable) _____

Physical Address 12301 NW 39th Street

City Coral Springs State FL Zip 33065

Mailing Address (if different from physical address) 1750 North Loop Road, Suite 150

City Alameda State CA Zip 94502

Telephone 800-772-3911 Ext. 5373 Website abboptical.com

Licensing Company Email mdell@abboptical.com

Section 2: Personal Information

First Roger Middle J.D. Last Earp

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

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

Mailing Address [redacted] Gray Drive, Unit [redacted]

City Castro Valley State CA Zip 94546

Telephone [redacted] Email rearp@abboptical.com

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

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

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

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

School Name			From - To (MM/YY – MM/YY)
San Leandro High School			09/2000 - 07/2004
Address	**City**	**State**	**Zip**
2200 Bancroft Ave.	San Leandro	CA	94577
Diploma/Degree obtained, if any			
Diploma			

School Name			From - To (MM/YY – MM/YY)
California Coast University			03/2021 - Present
Address	**City**	**State**	**Zip**
925 N. Spurgeon St.	Santa Ana	CA	92701
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
01/1989 - 01/2019	[redacted] 147th Ave.	San Leandro	CA	94578
From - To (MM/YY – MM/YY)	Address	City	State	Zip
1/2019 - Present	[redacted] Gary Drive, Unit [redacted]	Castro Valley	CA	94546
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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)	
ABB/CON-CISE OPTICAL GROUP LLC			03/2017 - Present	
Business Address		City	State	Zip
1750 North Loop Road, Suite 150		Alameda	CA	94502
Phone	Title		Number of Employed Hours	
800-772-3911 Ext. 5373	Distribution Manager		40 / Week	
Description of Duties				

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

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

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

4.05.2022
Date

I, Roger J.D. Earp, **certify that as the MDEG Administrator for**

ABB/CON-CISE OPTICAL GROUP LLC,

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

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

Roger Earp
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4.05.2022
Date

Board Use Only	Date Received:

SUMITOMO MITSUI BANKING CORPORATION
277 Park Avenue
New York, NY 10172, U.S.A.

NEVADA STATE BOARD OF PHARMACY
985 DAMONTE RANCH PKWY, SUITE 206
RENO, NV 89521
(775) 850-1440 – (775) 850-1444 – FAX
pharmacy@pharmacy.nv,gov

PHARMACEUTICAL WHOLESALER IRREVOCABLE STANDBY LETTER OF CREDIT

Sumitomo Mitsui Banking Corporation, New York Branch
277 Park Avenue
New York, NY 10172
(Attn: Trade Credit Services Department)

Acknowledgment Receipt:

Fax: (212) 224-4566
Email: trade_credit_svc@smbcgroup.com

Applicant/Licensee:
ABB/CON-CISE OPTICALGROUP LLC

IRREVOCABLE STANDBY LETTER OF CREDIT NO.: LG/MIS/NY-214871

Effective Date: March 22, 2022
Expires at our counter (unless evergreen): March 22, 2023

To Beneficiary: Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Suite 206
Reno, NV 89521
Attn: Executive Secretary

1. At the request and on the instructions of ABB/CON-CISE OPTICALGROUP LLC, we, Sumitomo Mitsui Banking Corporation, New York Branch, hereby establish in favor of the Beneficiary, the Nevada State Board of Pharmacy (Board), this Irrevocable Standby Letter of Credit (Credit) in the principal sum of $100,000.00 [One Hundred Thousand and 00/100 United States Dollars].

2. This Credit is and has been established for the sole benefit of the Board pursuant to the terms of NRS 639.515 pertaining to the initial or renewal application filed by the Applicant/Licensee.

3. This Credit is intended by the parties to serve as a security device for the performance by Applicant/Licensee of its obligations under applicable Nevada law regarding Applicant/Licensee's operation as a pharmaceutical wholesaler.

SUMITOMO MITSUI BANKING CORPORATION
277 Park Avenue
New York, NY 10172, U.S.A.

NEVADA STATE BOARD OF PHARMACY
985 DAMONTE RANCH PKWY, SUITE 206
RENO, NV 89521
(775) 850-1440 – (775) 850-1444 – FAX
pharmacy@pharmacy.nv,gov

PHARMACEUTICAL WHOLESALER IRREVOCABLE STANDBY LETTER OF CREDIT

Sumitomo Mitsui Banking Corporation, New York Branch
277 Park Avenue
New York, NY 10172
(Attn: Trade Credit Services Department)

Applicant/Licensee:
ABB/CON-CISE OPTICALGROUP LLC

IRREVOCABLE STANDBY LETTER OF CREDIT NO.: LG/MIS/NY-214871

Effective Date: March 22, 2022
Expires at our counter (unless evergreen): March 22, 2023

To Beneficiary: Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Suite 206
Reno, NV 89521
Attn: Executive Secretary

1. At the request and on the instructions of ABB/CON-CISE OPTICALGROUP LLC, we, Sumitomo Mitsui Banking Corporation, New York Branch, hereby establish in favor of the Beneficiary, the Nevada State Board of Pharmacy (Board), this Irrevocable Standby Letter of Credit (Credit) in the principal sum of $100,000.00 [One Hundred Thousand and 00/100 United States Dollars].

2. This Credit is and has been established for the sole benefit of the Board pursuant to the terms of NRS 639.515 pertaining to the initial or renewal application filed by the Applicant/Licensee.

3. This Credit is intended by the parties to serve as a security device for the performance by Applicant/Licensee of its obligations under applicable Nevada law regarding Applicant/Licensee's operation as a pharmaceutical wholesaler.

SUMITOMO MITSUI BANKING CORPORATION
277 Park Avenue
New York, NY 10172, U.S.A.

4. The Board shall be entitled to draw upon this Credit by presentation of a Certificate of Drawing purporting to be duly executed in substantially the same form as Attachment A, attached hereto, at our office located at the address above.

5. The Certificate of Drawing shall be completed and purportedly signed by the Executive Secretary for the Board. Presentation by the Board of a completed Certificate of Drawing may be made in person or by courier provided that presentment by courier is followed by a confirmatory phone call to 212-224-4310, Attn: Trade Credit Services Department.

6. If presentation of a purportedly duly executed Certificate of Drawing as above Provided is made on a Business Day and such presentation is made on or before 10:00 a.m. New York Time, we shall satisfy such drawing request on the second Business Day following such request. If the drawing certificate is received after 10:00 a.m. New York Time, we will satisfy such drawing request on the third Business Day following such request. Payment shall be made to the Board, to an account designated by the Board, in immediately available funds, as the Board shall specify in writing.

7. Funds may be drawn in one or more drawings not to exceed the principal sum.

8. If demand for payment does not conform to the terms of the Credit, we shall give the Board prompt notice that the demand for payment was not effected in accordance with the terms of this Credit, state the reasons therefore, and await further instructions.

9. Upon being notified that the demand for payment was not effected in conformity with the Credit, the Board may correct any such non-conforming demand for payment.

10. All drawings under this Credit shall be paid with our funds. Each drawing honored by us hereunder shall reduce, *pro tanto,* the principal sum. By paying to the Board an amount demanded in accordance herewith, we make no representations as to the correctness of the amount demanded.

11. This Credit will be cancelled in whole or in part only upon receipt by us of a Certificate of Cancellation which shall be in the form of Attachment B, attached hereto and shall be completed and purportedly signed by the Executive Secretary of the Board.

12. Communications with respect to this Credit shall be in writing and addressed to us at the address above and shall specifically refer to this Credit by the number above.

13. This Credit may not be transferred or assigned, either in whole or in part.

14. This Credit shall be governed by the International Standby Practices Publication No. 590 of the International Chamber of Commerce, including any amendments, modifications or revisions thereof (the "ISP"), except to the extent that terms hereof are

SUMITOMO MITSUI BANKING CORPORATION
277 Park Avenue
New York, NY 10172, U.S.A.

inconsistent with the provisions of the ISP, in which case the terms of the Credit shall govern. This Credit shall be governed by the internal laws of the State of New York to the extent that the terms of the ISP are not applicable; provided that, in the event of any conflict between the ISP and such New York laws, the ISP shall control.

15. It is a condition of this Credit that it will be automatically extended without amendment for one (1) year from the expiration date hereof, or any future expiration date, unless at least ninety (90) days prior to any expiration date we send notice to you at the above address by registered mail or courier service that we elect not to consider this Credit extended for any such period.

THEREFORE,
has executed and delivered this Irrevocable Standby Letter of Credit to the Board as of the 22nd day of MARCH, 2022

SUMITOMO MITSUI BANKING CORPORATION
NEW YORK BRANCH

DocuSigned by:
Shayla Tramel
596FEF180170440...

SHAYLA TRAMEL
DIRECTOR

Attachment A

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

CERTIFICATE OF DRAWING

Sumitomo Mitsui Banking Corporation, New York Branch
277 Park Avenue
New York, NY 10172
(Attn: Trade Credit Services Department)

Applicant/Licensee :
ABB/CON-CISE OPTICALGROUP LLC

IRREVOCABLE STANDBY LETTER OF CREDIT NO.: LG/MIS/NY-214871

To Beneficiary: Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Suite
206 Reno, NV 89521
Attn: Executive Secretary

The undersigned, the Executive Secretary for the Nevada State Board of Pharmacy (Board) hereby certifies to the Issuer that:
1. A lawful order imposing fines and/or costs against the Applicant/Licensee has been entered that entitles the Board to draw against Irrevocable Standby Letter of Credit No. LG/MIS/NY-214871 (Credit).
2. The undersigned is authorized under the terms of the Credit to present this Certificate of Drawing as the sole means for demanding payment on the Credit.
3. The Board is therefore making a drawing under the Credit in the amount of $ (INSERT AMOUNT).
4. The amount demanded does not exceed the principal sum.
5. Sums received shall be used by the Board in accordance with the terms of the Credit.
6. The amount of drawing requested shall be payable to the Board in lawful, immediately available funds to be received by the Board at the above address.

THEREFORE, the undersigned has executed and delivered this Certificate of Drawing on this day of , 20 .

NEVADA STATE BOARD OF PHARMACY
By:
Larry L. Pinson, Pharm.D.
Executive Secretary

Attachment B

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

CERTIFICATE FOR CANCELLATION

Sumitomo Mitsui Banking Corporation, New York Branch
277 Park Avenue
New York, NY 10172
(Attn: Trade Credit Services Department)

Applicant/Licensee :
ABB/CON-CISE OPTICALGROUP LLC

IRREVOCABLE STANDBY LETTER OF CREDIT NO. LG/MIS/NY-214871:

To Beneficiary: Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Suite 206
Reno, NV 89521
Attn: Executive Secretary

The undersigned, the Executive Secretary for the Nevada State Board of Pharmacy (Board) hereby certifies to the Issuer that:
1. The license for which the Credit was issued has expired, been revoked, been cancelled, or otherwise is no longer in effect, thereby making the cancellation of the Credit appropriate.
2. The Board therefore requests the cancellation of the above-referenced Credit.

THEREFORE, the undersigned has executed and delivered this Certificate of Cancellation on this day of , 20 .

NEVADA STATE BOARD OF PHARMACY
By:
Larry L. Pinson, Pharm.D.
Executive Secretary

Last Name	First Name	Location Description
Abejero	Bernadette	California
Alay Esquivel	Denise	California
Alcontin	Raynan	California
Alimuin	Jerry	California
Ambriz	Nayeli	California
Angeles	Rowena	California
Angeles	Raymundo	California
Antonio Ordaz	Ana	California
Arceo	Cynthia	California
Ayers	Monica	California
Badua	Marlene	California
Bautista	Angelito	California
Beltran	Michelle	California
Bienh	Anna-Liza	California
Boyle	John	California
Calalang	Jan Raniel	California
Camonayan	Bernard	California
Camonayan	Edwin	California
Campana	Jingle	California
Canlas	Haideelyn	California
Caratachea Mejia	Eden	California
Carreon	Alberto	California
Cascasan	Judy	California
Castaneda	Kahn	California
Castillo Espinoza	Monse	California
Concepcion	Lydia	California
Conti	Elizabeth	California
Cook	Terry	California
Cooper	Joel	California
Davis	Markita	California
Davis	Angela	California
Dawson	Chase	California
Despi	Joy Anne	California
Dillard	Debra	California
Dizon	Monnette	California
Dudley	Michael	California
Earp	Roger	California
Eclipse	Alfredo	California
Edoria Jr.	Marcelino	California
Eugenio	Marivic	California
Fajardo	Claudia	California
Falcon	Maritza Ivelisse	California
Finnegan	Leina	California
Fisher	Solomon	California
Foley	Sarah	California
Fonseca	Erica	California
Frando	Rosario	California
Franklin	Alicia	California
Galvan	Audrey	California
Geronimo	Rowena	California
Giang	Thanh	California

Gloria	Gerardo	California
Gomez	Sean	California
Gonzales	Jerry	California
Goodwin	Ayanna	California
Guan	Allen	California
Guzman Hernandez	Delmy	California
Halili	Meliza	California
Heng	Chanvouch	California
Hernandez	Nathalie	California
Hickman	David	California
Holden	Sybil	California
Javier Jr	Gonzalo	California
Jimenes Martinez	Angelica	California
Jimenez Calmo	Gloria	California
John	Natasha	California
Joseph Jr	Ken	California
Keuankaew	Ounekham	California
Lin	Man Li	California
Lopez	Jennifer	California
Low	Nathan	California
Macalalad	Ferdinand	California
Mangulabnan	Sherlean	California
Mei	Lihua	California
Mekonnen	Mihila	California
Morales	Jhercy	California
Moran Castillo	Kenny	California
Munoz	Bryant	California
Muth	Sokunthea	California
Muth	Rem	California
Myers	Brenda	California
Nem	Sovannarith	California
Neurer	Christopher	California
Ojeda	Gilda	California
Oshin	Kunle	California
Pagay	Marianna	California
Panganiban	John Fred	California
Panganiban	Alfredo	California
Panganiban	Remy	California
Ramos Flores	Ignacia	California
Renoj Ovalle	Gerson	California
Reyes Perez	Roxana	California
Rodriguez Mendez	Huber	California
Rudeen	Nathaniel	California
Saechao	Ay Choy	California
Saeteurn	Peter	California
Salonga Jr	Edgardo	California
Sanchez	Bridgette	California
Sandro	Teodoro	California
Sayles-Ramirez	Sarah	California
Shariff	Zaveeda	California
Silva	Bryan	California
Smith Jr	Michael	California

Sola Hudson	Christian	California
Solis Escalante	Davis	California
Soriano	Maria	California
Tenorio	Ruben	California
Tolentino	Homer	California
Tongohan	Jhunie Rvee	California
Toscano	Llesenia	California
Tran	Crystal	California
Trinh	Derek	California
Ubungen-Delos Reyes	Maria	California
Valencerina	Ashley Ann	California
Vargas Cruz	Maria Del Carmen	California
Vernon	Sarah	California
Villalobos Santos	Janet	California
Wang	Hui-Hua	California
Watts	Starsean	California
Williams	Destiny	California
Winn	Jacyln	California
Winston	Cheyenne	California
Zantua	Ronnie	California
Zeng	Wei	California
Zepeda Betancourth	Daniel	California
Abano	Susan	California
Aduca	Daisy	California
Barrera De Mendoza	Maria	California
Brown	Hope	California
Cabasal	Andrea	California
Campbell	Lourdes	California
Canare	Elizabeth	California
Cannon	Tammy	California
Cordoviz Duldulao	Maria	California
Edoria	Violeta	California
Gonzales	Timothy	California
Kaur	Ranjeet	California
Kennedy	Scott	California
Kenyon	John	California
Le	Muoi	California
Li	Kelly	California
Ly	Yen	California
Marcelino	Jaime	California
Mercado	Thelma	California
Nator	Albert	California
Paiste	Geraldine	California
Pham	Ly	California
Radosevich	Annette	California
Sabharwal	Ratna	California
Shelopal	Paramjit	California
Stephens	Robert	California
Vo	Duy	California
Bailey	Crystal	California
Carnegie	Stephanie	California
Shackelford	Ann	California

Aldana	Lyn	California
Lander	Georgina	California
Alvarez	Javier	California
Chua	Malvin	California
Jackson Jr	Nathan	California
Agustin	Brian	California
Arca	Nancy	California
Calalang	Raquel	California
Concepcion	Nally	California
Dawson	Charles	California
Gonzalez	Jose	California
Guinsan	Vevincio	California
Huber	Jared	California
Lacsina	Irene	California
Lumboy	Lolita	California
Madrigal	Almira	California
Martin Cruz	Dominga	California
Mejia	Liliana	California
Melegrito	Mitchie	California
Morano	Nida	California
Pastor	Maribel	California
Powers	Olivia	California
Sarmiento	Keenanrai	California
Sharon	Delbert	California
Sor	Stephanie	California
Zamora Jimenez	Maria	California
Garner	Barbara	California
Peebles	Karen	California
Vega	Amanda	California
Batac	Edgardo	California
De Leon	Kimberly	California
Takahashi	Samantha	California
Jones	Adriene	California
Leal	Remmie	California
Mitchell	Lashay	California
Mitchell	Erica	California
Reyna	Bernice	California
Stephens	Anternett	California
Tedlock	Ryan	California
Calhoun	Thomas	California
Herzner	Jennifer	California
Carter	Lakesha	California
Wong	Davey	California
Morris	Vincente	California

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/09/2022

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 Northeast, 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 ABB/ Con-Cise Optical Group LLC 12301 NW 39th St. Coral Springs, FL 330652403	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A: Hartford Fire Insurance Company — 19682 INSURER B: Trumbull Insurance Company — 27120 INSURER C: Hartford Casualty Insurance Company — 29424 INSURER D: Hartford Insurance Company of Illinois — 38288 INSURER E: Everest Indemnity Insurance Company — 10851 INSURER F: Pacific Insurance Company Limited — 10046

COVERAGES **CERTIFICATE NUMBER:** W23906959 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:			10UENDD4151	06/30/2021	06/30/2022	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 300,000 $ 10,000 $ 1,000,000 $ 2,000,000 $
B	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY			10 UEN DE4638	06/30/2021	06/30/2022	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
C	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION $ 10,000			10RHUDD2942	06/30/2021	06/30/2022	EACH OCCURRENCE AGGREGATE	$ 15,000,000 $ 15,000,000
D	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		10 WE AD4M2D	06/30/2021	06/30/2022	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 1,000,000 $ 1,000,000 $ 1,000,000
E	Cyber/Tech E&O Liability			CYBP000516-211	02/01/2021	03/03/2022		$5,000,000

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

SEE ATTACHED

CERTIFICATE HOLDER

Sample

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

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SR ID: 22197726 BATCH: 2407145

AGENCY CUSTOMER ID: _____

LOC #: _____

ACORD®

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Willis Towers Watson Northeast, Inc.	ABB/ Con-Cise Optical Group LLC 12301 NW 39th St. Coral Springs, FL 330652403
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

INSURER AFFORDING COVERAGE: Pacific Insurance Company Limited NAIC#: 10046

POLICY NUMBER: 10UGAAK3Y4S-016 EFF DATE: 06/30/2021 EXP DATE: 06/30/2022

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Products Liability	Limit	$10,000,000

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SR TD: 22197726 BATCH: 2407145 CERT: W23906959

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 _____	☐ 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: Almatica Pharma, LLC

Physical Address: 44 Whippany Road, Suite 300

City: Morristown State: NJ Zip: 07960

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

City: _____ State: _____ Zip: _____

Telephone: 973-796-3400 Website: www.alvogen.com

Name of Designated Representative (DR): Christine Gordon

Licensing Company Email: mary.hutchason@alvogen.com DR Email: chris.gordon@alvogen.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:		☐ Others:

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

N/A

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

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

Date of Event/Arrest	Disposition Date	State	City	County

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

Reason/Charge

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

Name of Business/Industry/Entity

Provide explanation below:

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: See attached 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: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Alvogen Pharma US, Inc.

Corporation/Organization Name: Almatica Pharma, LLC

Mailing Address: 44 Whippany Road, Suite 300

City: Morristown State: NJ Zip: 07960

Telephone: 973-796-3400 Email: mary.hutchason@alvogen.com

Contact Person Name: Mary Hutchason

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: _____

Almatica – CMO List

Norwich Pharmaceuticals
6826 State Highway 12
Norwich, NY 13815

Pillar5 Pharma
365 Madawaska Blvd
Arnprior, ON K7S 0C9, Canada

Orion Corporation
Orionintie 1,
FI-02200 Espoo
Finland

Patheon Puerto Rico, Inc. (Thermo Fisher)
State Road 670 km 2.7
Manati, PR 00674

3PL:
Howell & Company
100 East Miller St
Elmira, NY 14902

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration See attached Proof of FDA Labeler Code 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.

Almatica Pharma, LLC

Facility Name

Lisa Graver

Print Name of Authorized Person Submitting Application

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

Date

Board Use Only	Date Received: _____	Amount: 1,000 00 10/10/22

NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE
P.O. Box 369, Trenton, New Jersey 08625-0369

0746285

DRUG AND MEDICAL DEVICE CERTIFICATE OF REGISTRATION

N.J.S.A. 24:6B-5 -- "If any location of a registered business is to be changed, the registrant shall give the department written notice prior to the change of the address of such new location and the name and address of the individual to be in charge thereof. A fee of $20.00 shall accompanying such notification."

Registered as: [X] manufacturer [X] wholesaler which conducts business at the following locations in this State:

44 WHIPPANY RD, STE 300 MORRISTOWN, NJ 07960-

Reg. No.
5003865

ALVOGEN GROUP / ALVOGEN, INC.
ALMATICA PHARMA, LLC
44 WHIPPANY RD, STE 300
MORRISTOWN, NJ 07960-

ISSUED PURSUANT TO
N.J.S.A. 24:6B

EXPIRES: January 31, 2023

Establishment Copy

National Drug Code Directory

SHARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=NATIONAL DRUG CODE DIRECTORY&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

LINKEDIN (HTTPS://WWW.LINKEDIN.COM/SHAREARTICLE?MINI=TRUE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM&TITLE=NATIONAL DRUG CODE DIRECTORY&SOURCE=FDA)

PIN IT (HTTPS://WWW.PINTEREST.COM/PIN/CREATE/BUTTON/?URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM&DESCRIPTION=NATIONAL DRUG CODE DIRECTORY)

EMAIL (MAILTO:?SUBJECT=NATIONAL DRUG CODE DIRECTORY&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM) PRINT

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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	Start Marketing Date	End Marketing Date	Mar Cat
Buprenorphine and Naloxone	52427-692-03	2 mg/1, .5 mg/1	FILM	BUCCAL; SUBLINGUAL	ANDA205954	Almatica Pharma Inc.	52427-692	Buprenorphine and Naloxone	BUPRENORPHINE HYDROCHLORIDE; NALOXONE HYDROCHLORIDE DIHYDRATE	HUMAN PRESCRIPTION DRUG	02/11/2019	N/A	ANDA
Buprenorphine and Naloxone	52427-698-03	8 mg/1, 2 mg/1	FILM	BUCCAL; SUBLINGUAL	ANDA205954	Almatica Pharma Inc.	52427-698	Buprenorphine and Naloxone	BUPRENORPHINE HYDROCHLORIDE; NALOXONE HYDROCHLORIDE DIHYDRATE	HUMAN PRESCRIPTION DRUG	02/11/2019	N/A	ANDA
Buprenorphine and Naloxone	52427-694-03	4 mg/1, 1 mg/1	FILM	BUCCAL; SUBLINGUAL	ANDA205954	Almatica Pharma Inc.	52427-694	Buprenorphine and Naloxone	BUPRENORPHINE HYDROCHLORIDE; NALOXONE HYDROCHLORIDE DIHYDRATE	HUMAN PRESCRIPTION DRUG	02/11/2019	N/A	ANDA

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date	Mar Cat
Buprenorphine and Naloxone	52427-712-03	12 mg/1, 3 mg/1	FILM	BUCCAL; SUBLINGUAL	ANDA205954	Almatica Pharma Inc.	52427-712	Buprenorphine and Naloxone	BUPRENORPHINE HYDROCHLORIDE, NALOXONE HYDROCHLORIDE DIHYDRATE	HUMAN PRESCRIPTION DRUG	02/11/2019	N/A	ANDA
citalopram	52427-691-30	30 mg/1	CAPSULE	ORAL	NDA215428	Almatica Pharma LLC	52427-691	citalopram	CITALOPRAM HYDROBROMIDE	HUMAN PRESCRIPTION DRUG	03/01/2022	N/A	NDA
Comtan	52427-800-01	200 mg/1	TABLET, FILM COATED	ORAL	NDA020796	Almatica Pharma LLC	52427-800	entacapone	ENTACAPONE	HUMAN PRESCRIPTION DRUG	10/05/2020	N/A	NDA
Fluoxetine HCl	52427-576-30	60 mg/1	TABLET, FILM COATED	ORAL	NDA202133	Almatica Pharma Inc.	52427-576	Fluoxetine HCl	FLUOXETINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	09/01/2017	N/A	NDA
Forfivo	52427-575-30	450 mg/1	TABLET FILM COATED, EXTENDED RELEASE	ORAL	NDA022497	Almatica Pharma Inc.	52427-575	bupropion hydrochloride	BUPROPION HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	05/15/2017	N/A	NDA
Gralise	52427-803-90	300 mg/1	TABLET, FILM COATED	ORAL	NDA022544	Almatica Pharma LLC	52427-803	gabapentin	GABAPENTIN	HUMAN PRESCRIPTION DRUG	10/01/2020	N/A	NDA
Gralise	52427-815-99		KIT		NDA022544	Almatica Pharma LLC	52427-815	gabapentin		HUMAN PRESCRIPTION DRUG	10/01/2020	N/A	NDA
Gralise	52427-806-90	600 mg/1	TABLET, FILM COATED	ORAL	NDA022544	Almatica Pharma LLC	52427-806	gabapentin	GABAPENTIN	HUMAN PRESCRIPTION DRUG	10/01/2020	N/A	NDA
LOREEV XR	52427-658-30	1 mg/1	CAPSULE, EXTENDED RELEASE	ORAL	NDA214826	Almatica Pharma LLC	52427-658	lorazepam	LORAZEPAM	HUMAN PRESCRIPTION DRUG	09/24/2021	N/A	NDA
LOREEV XR	52427-663-30	2 mg/1	CAPSULE, EXTENDED RELEASE	ORAL	NDA214826	Almatica Pharma LLC	52427-663	lorazepam	LORAZEPAM	HUMAN PRESCRIPTION DRUG	09/24/2021	N/A	NDA
LOREEV XR	52427-667-30	3 mg/1	CAPSULE, EXTENDED RELEASE	ORAL	NDA214826	Almatica Pharma LLC	52427-667	lorazepam	LORAZEPAM	HUMAN PRESCRIPTION DRUG	09/24/2021	N/A	NDA
Macrobid	52427-285-01	25 mg/1, 75 mg/1	CAPSULE	ORAL	NDA020064	Almatica Pharma LLC	52427-285	Nitrofurantoin Monohydrate/Macrocrystalline	NITROFURANTOIN, NITROFURANTOIN MONOHYDRATE	HUMAN PRESCRIPTION DRUG	05/31/2011	N/A	NDA

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date	Mar Cat
Macrodantin	52427-286-01	25 mg/1	CAPSULE	ORAL	NDA016620	Almatica Pharma LLC	52427-286	Nitrofurantoin macrocrystals	NITROFURANTOIN	HUMAN PRESCRIPTION DRUG	09/27/2010	N/A	NDA
Macrodantin	52427-288-01	100 mg/1	CAPSULE	ORAL	NDA016620	Almatica Pharma LLC	52427-288	Nitrofurantoin macrocrystals	NITROFURANTOIN	HUMAN PRESCRIPTION DRUG	09/27/2010	N/A	NDA
Macrodantin	52427-287-01	50 mg/1	CAPSULE	ORAL	NDA016620	Almatica Pharma LLC	52427-287	Nitrofurantoin macrocrystals	NITROFURANTOIN	HUMAN PRESCRIPTION DRUG	09/27/2010	N/A	NDA
Naprelan	52427-273-75	500 mg/1	TABLET, FILM COATED, EXTENDED RELEASE	ORAL	NDA020353	ALMATICA PHARMA INC.	52427-273	Naproxen Sodium	NAPROXEN SODIUM	HUMAN PRESCRIPTION DRUG	01/17/2014	N/A	NDA
Naprelan	52427-272-01	375 mg/1	TABLET, FILM COATED, EXTENDED RELEASE	ORAL	NDA020353	ALMATICA PHARMA INC.	52427-272	Naproxen Sodium	NAPROXEN SODIUM	HUMAN PRESCRIPTION DRUG	01/17/2014	N/A	NDA
Naprelan	52427-274-30	750 mg/1	TABLET, FILM COATED, EXTENDED RELEASE	ORAL	NDA020353	ALMATICA PHARMA INC.	52427-274	Naproxen Sodium	NAPROXEN SODIUM	HUMAN PRESCRIPTION DRUG	01/17/2014	N/A	NDA
sertraline HCl	52427-664-30	150 mg/1	CAPSULE	ORAL	NDA215133	Almatica Pharma LLC	52427-664	sertraline hydrochloride	SERTRALINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	11/01/2021	N/A	NDA
sertraline HCl	52427-672-30	200 mg/1	CAPSULE	ORAL	NDA215133	Almatica Pharma LLC	52427-672	sertraline hydrochloride	SERTRALINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	11/01/2021	N/A	NDA
Stalevo	52427-809-01	18.75 mg/1, 200 mg/1, 75 mg/1	TABLET, FILM COATED	ORAL	NDA021485	Almatica Pharma LLC	52427-809	carbidopa, levodopa, and entacapone	CARBIDOPA; LEVODOPA; ENTACAPONE	HUMAN PRESCRIPTION DRUG	10/05/2020	N/A	NDA
Stalevo	52427-816-01	25 mg/1, 200 mg/1, 100 mg/1	TABLET, FILM COATED	ORAL	NDA021485	Almatica Pharma LLC	52427-816	carbidopa, levodopa, and entacapone	CARBIDOPA; LEVODOPA; ENTACAPONE	HUMAN PRESCRIPTION DRUG	10/05/2020	N/A	NDA
Stalevo	52427-805-01	12.5 mg/1, 200 mg/1, 50 mg/1	TABLET, FILM COATED	ORAL	NDA021485	Almatica Pharma LLC	52427-805	carbidopa, levodopa, and entacapone	CARBIDOPA; LEVODOPA; ENTACAPONE	HUMAN PRESCRIPTION DRUG	10/05/2020	N/A	NDA

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date	Mar Cat
Stalevo	52427-827-01	31.25 mg/1, 200 mg/1, 125 mg/1	TABLET, FILM COATED	ORAL	NDA021485	Almatica Pharma LLC	52427-827	carbidopa, levodopa, and entacapone	CARBIDOPA; LEVODOPA; ENTACAPONE	HUMAN PRESCRIPTION DRUG	10/05/2020	N/A	NDA
Stalevo	52427-842-01	50 mg/1, 200 mg/1, 200 mg/1	TABLET, FILM COATED	ORAL	NDA021485	Almatica Pharma LLC	52427-842	carbidopa, levodopa, and entacapone	CARBIDOPA; LEVODOPA; ENTACAPONE	HUMAN PRESCRIPTION DRUG	10/05/2020	N/A	NDA
Stalevo	52427-834-01	37.5 mg/1, 200 mg/1, 150 mg/1	TABLET, FILM COATED	ORAL	NDA021485	Almatica Pharma LLC	52427-834	carbidopa, levodopa, and entacapone	CARBIDOPA; LEVODOPA; ENTACAPONE	HUMAN PRESCRIPTION DRUG	10/05/2020	N/A	NDA
TENORETIC	52427-382-90	50 mg/1, 25 mg/1	TABLET	ORAL	NDA018760	Almatica Pharma LLC	52427-382	Atenolol and Chlorthalidone	ATENOLOL CHLORTHALIDONE	HUMAN PRESCRIPTION DRUG	04/21/2015	N/A	NDA
TENORETIC	52427-383-90	100 mg/1, 25 mg/1	TABLET	ORAL	NDA018760	Almatica Pharma LLC	52427-383	Atenolol and Chlorthalidone	ATENOLOL; CHLORTHALIDONE	HUMAN PRESCRIPTION DRUG	04/21/2015	N/A	NDA
TENORMIN	52427-431-90	100 mg/1	TABLET	ORAL	NDA018240	Almatica Pharma LLC	52427-431	Atenolol	ATENOLOL	HUMAN PRESCRIPTION DRUG	04/15/2015	N/A	NDA
TENORMIN	52427-429-90	25 mg/1	TABLET	ORAL	NDA018240	Almatica Pharma LLC	52427-429	Atenolol	ATENOLOL	HUMAN PRESCRIPTION DRUG	04/15/2015	N/A	NDA
TENORMIN	52427-430-90	50 mg/1	TABLET	ORAL	NDA018240	Almatica Pharma LLC	52427-430	Atenolol	ATENOLOL	HUMAN PRESCRIPTION DRUG	04/15/2015	N/A	NDA
Zestoretic	52427-436-90	12.5 mg/1, 20 mg/1	TABLET	ORAL	NDA019888	Almatica Pharma Inc.	52427-436	lisinopril and hydrochlorothiazide	LISINOPRIL; HYDROCHLOROTHIAZIDE	HUMAN PRESCRIPTION DRUG	04/15/2015	N/A	NDA
Zestoretic	52427-437-90	25 mg/1, 20 mg/1	TABLET	ORAL	NDA019888	Almatica Pharma Inc.	52427-437	lisinopril and hydrochlorothiazide	LISINOPRIL; HYDROCHLOROTHIAZIDE	HUMAN PRESCRIPTION DRUG	04/15/2015	N/A	NDA
Zestoretic	52427-435-90	12.5 mg/1, 10 mg/1	TABLET	ORAL	NDA019888	Almatica Pharma Inc.	52427-435	lisinopril and hydrochlorothiazide	LISINOPRIL; HYDROCHLOROTHIAZIDE	HUMAN PRESCRIPTION DRUG	04/15/2015	N/A	NDA
Zestril	52427-440-90	10 mg/1	TABLET	ORAL	NDA019777	Almatica Pharma LLC	52427-440	Lisinopril	LISINOPRIL	HUMAN PRESCRIPTION DRUG	07/21/2017	N/A	NDA
Zestril	52427-439-90	5 mg/1	TABLET	ORAL	NDA019777	Almatica Pharma LLC	52427-439	Lisinopril	LISINOPRIL	HUMAN PRESCRIPTION DRUG	07/21/2017	N/A	NDA

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date	Mar Cat
Zestril	52427-442-90	30 mg/1	TABLET	ORAL	NDA019777	Almatica Pharma LLC	52427-442	Lisinopril	LISINOPRIL	HUMAN PRESCRIPTION DRUG	07/21/2017	N/A	NDA
Zestril	52427-438-90	2.5 mg/1	TABLET	ORAL	NDA019777	Almatica Pharma LLC	52427-438	Lisinopril	LISINOPRIL	HUMAN PRESCRIPTION DRUG	07/21/2017	N/A	NDA
Zestril	52427-443-90	40 mg/1	TABLET	ORAL	NDA019777	Almatica Pharma LLC	52427-443	Lisinopril	LISINOPRIL	HUMAN PRESCRIPTION DRUG	07/21/2017	N/A	NDA
Zestril	52427-441-90	20 mg/1	TABLET	ORAL	NDA019777	Almatica Pharma LLC	52427-441	Lisinopril	LISINOPRIL	HUMAN PRESCRIPTION DRUG	07/21/2017	N/A	NDA

Showing 1 to 43 of 43 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

Almatica Officers

Lisa Graver – CEO
44 Whippany Road
Suite 300
Morristown, NJ 07960
973-796-3400
Ownership: 0%

Andrea Sweet – Secretary
44 Whippany Road
Suite 300
Morristown, NJ 07960
973-796-3400
Ownership: 0%

Lumtunie Zaku – CFO/Treasurer
44 Whippany Road
Suite 300
Morristown, NJ 07960
973-796-3400
Ownership: 0%

Designated Representative:

Christine Gordon-Director, Sales Operations
44 Whippany Road
Suite 300
Morristown, NJ 07960
973-796-3400

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALMATICA PHARMA 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 JUNE, A.D. 2022.

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

Jeffrey W. Bullock, Secretary of State

4479642 8300

SR# 20222572806

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

Authentication: 203568863

Date: 06-01-22

Application Attachment – Employee Roster

Johnson, Andrea
Gordon, Christine
David, Andrew D
Kushner, Phillip
Kraft, Kristine J.
Hutchason, Marylea
Ziegler, Linda
Keys-Lundy, Zakiyyah
Billemeyer, Carolyn
Spinelli, Leonard
Marchitelli, John
Shah, Kaushik
Watson, Raymond
Spears, Twonna L.
Cestaro, Frank
Miranda, Roberto
Ramirez, Myreen
Rosario, Lucy
Buenviaje, Agustin Abarquez
Zaku, Lumtunie
Ulit, Ithti T
Demera, Luis
Stedge, Barbara
Puzanova, Svetlana
Guarch, Elisabeth
Garbarini, John
Park, Peter J.
Lasser, Robert
Halpin, Janet
Wickware, Erin
Lucero-Urgilez, Yennifer
Mossa, Annemarie
Andre, Elvila
Smith, Emily
Zamor, Wendy
Said, Momina
Suchy, William
Nugent, Roxan A
Seymore, Taneka C
Karamched, Srinivasa C
Daniels, Neema
Pena, Wendy
Fecho Jr., Stephen J
Palmer, Joana
Bersey, Joshua A
Beal, Douglas L

Moss, Raymond
Scheideler, Gregg S
Anello, Natale F
Lorenz, Sean Joseph
Vitale, Sheryl
Sinha, Neela
Leonor, Christopher
Binaku, Shqipe
Wood, Kevin
Rehberger, Mary Beth
Lee, Evan
Deng, Li
Spruill, Natasha
White, James P.
Dixit, Karuna
Patel, Sonal
Terra, Joel
Penny, Keith B.
Oliveira, Damiana
Ellison, Paul
Sumler, Heather L.
Haddad, Ali
Vieru, Oleg
Zagmot, Robert J
Kirsch, Daniel
Marino, Mark
Patel, Neha
Graynor, Michael
Jackson, Leslie
Bailey, Anna Kay
Lepelis, Sara
Referente, Michael S
Guerrero, Pilar
Ludwig, Matthew B
Peele, Tonya
Lin, Howie
Williams, Aisha
Lee, Alyssa
Dinh, Daniel
Bianchini, Matthew W
Elvin, Lisa
Godek, Anna M
Beffert, Jordan
Knauer, Kristina
Ramkishun, Nadina
Oyebade, Joseph
Krishnaraj, Narmadha
Rosado, Nicholas

Luo, Min
Cakmak Yuce, Yekta
Singh, Harvinder
Hamlett, Kelvin Marcus
Graver, Lisa
Ore, Rita
Kusmick, Michael
Baker, Ivana
Vettoso, Brian
Kannan, Ravishankar
Hamblin, Stacey Sun

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 Almatica Pharma, LLC

Physical Address 44 Whippany Road, Suite 300

City Morristown State NJ Zip 07960

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

City _____ State _____ Zip _____

Telephone 973-796-3400 Website www.alvogen.com

Licensing Company Email mary.hutchason@alvogen.com

Section 2: Personal Information

First Christine Middle _____ Last Gordon

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

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

Mailing Address [redacted] Meadow Street

City Roselle State NJ Zip 07203

Telephone [redacted] Email chris.gordon@alvogen.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 CLG

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2000 to Present	[redacted] Meadow Street	Roselle	NJ	07203
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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: Almatica Pharma, LLC			From - To (MM/YY – MM/YY): 1/2/2011 to Present
Business Address: 44 Whippany Road, Suite 300	City: Morristown	State: NJ	Zip: 07960
Phone: 973-796-3419	Title: Director, Government Contracts & Pricing		Number of Employed Hours: 21,8000 employed hours
Description of Duties: Negotiating and monitoring all contracts with the Government			

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

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

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

I, Christine Gordon, **certify that as the designated representative for**

Almatica 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

Christine Gordon

Print Name (First, Last)

Christine Gordon

Original Signature (electronic, copies or stamps not accepted)

6-1-22

Date

Applicant's initials CG

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

Christine Gordon

Print Name (First, Last)

Christine Gordon — 6-1-22

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 MORRIS

I, CHRISTINE GORDON, 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.

Christine Gordon — 6-1-22

Original Signature — **Date**

Subscribed and Sworn to before me this 1ST day of JUNE 2022.

Marylea Hutchason

Notary Public Signature

Marylea Hutchason
NOTARY PUBLIC
State of New Jersey
ID # 2376861
My Commission Expires August 13, 2023

(Seal)

Applicant's initials CG

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: Almatica Pharma, LLC

Physical Address: 44 Whippany Road, Suite 300

City: Morristown State: NJ Zip: 07960

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

City: State: Zip:

Telephone: 973-796-3400 Website: www.alvogen.com

Licensing Company Email: mary.hutchason@alvogen.com

Section 2: Personal Information

First: Lumtunie Middle: Last: Zaku

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

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

Mailing Address: [redacted]orraine Drive

City: Pine Brook State: NJ Zip: 07058

Telephone: [redacted] Email: tunie.zaku@alvogen.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: TZ

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

School Name		From - To (MM/YY – MM/YY)	
Boonton High School		1992 to 1996	
Address	**City**	**State**	**Zip**
	Boontoon	NJ	
Diploma/Degree obtained, if any			
HS Diploma			

School Name		From - To (MM/YY – MM/YY)	
Seton Hall University		1996 to 1999	
Address	**City**	**State**	**Zip**
	Orange	NJ	
Diploma/Degree obtained, if any			

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
6/2013 to Present	[redacted]Lorraine Drive	Pine Brook	NJ	07058
11/2002 to 6/2013	[redacted] Evergreen Drive	Lincoln Park	NJ	07035
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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 TG

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: Almatica Pharma, LLC			From - To (MM/YY – MM/YY): 2/2018 to Present
Business Address: 44 Whippany Road, Suite 300	City: Morristown	State: NJ	Zip: 07960
Phone: 973-487-3957	Title: Chief Financial Officer, Americas Region		
Description of Duties: CFO			

Business Name: Par Pharmaceutical Inc			From - To (MM/YY – MM/YY): 11/2006 to 2/2018
Business Address: 1 Ram Ridge Road	City: Chestnut Ridge	State: NY	Zip: 10977
Phone: 845-364-4780	Title: Generics Controller		
Description of Duties: Controller			

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

_____ _____

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

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.

Lumtunie Zaku

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted) — Date: 6/1/2022

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

State of New Jersey, ss. County of Morris

I, Tunie Zaku, 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:** 6/1/2022

Subscribed and Sworn to before me this 1st day of June 2022

Notary Public Signature

Marylea Hutchason
NOTARY PUBLIC
State of New Jersey
ID # 2376861
My Commission Expires August 13, 2023

(Seal)

Applicant's initials TZ

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: Almatica Pharma, LLC

Physical Address: 44 Whippany Road, Suite 300

City: Morristown State: NJ Zip: 07960

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

City: State: Zip:

Telephone: 973-796-3400 Website: www.alvogen.com

Licensing Company Email: mary.hutchason@alvogen.com

Section 2: Personal Information

First: Andrea Middle: Last: Sweet

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

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

Mailing Address: [redacted] Morgan Drive

City: Glastonbury State: CT Zip: 06033

Telephone: [redacted] Email: andrea.sweet@alvogen.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 AS

Section 5: List your high school and college experience 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 Canada Valley		1992 to 1996	
Address	**City**	**State**	**Zip**
5447 State Rd 28	Newport	NY	13416
Diploma/Degree obtained, if any			
HS diploma			

School Name		From - To (MM/YY – MM/YY)	
Boston University		1996 to 2000	
Address	**City**	**State**	**Zip**
881 Commonwealth Ave	Boston	MA	02215
Diploma/Degree obtained, if any			
Bachelor's of Arts			

School Name		From - To (MM/YY – MM/YY)	
Western New England University		2002-2005	
Address	**City**	**State**	**Zip**
1215 Wilbraham Rd	Springfield	MA	01119
Diploma/Degree obtained, if any			
JD and Law Degree			

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
4/2016 to Present	[redacted]Morgan Drive	Glastonbury	CT	06033
8/2005 to 3/2016	[redacted]Evergreen Road	Vernon	CT	06066

Applicant's initials AS

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: Almatica Pharma, LLC			From - To (MM/YY – MM/YY): 3/2013 to Present
Business Address: 44 Whippany Road, Suite 300	City: Morristown	State: NJ	Zip: 07960
Phone: 973-487-3978	Title: Secreatary		
Description of Duties: Vise President, Legal Affairs			

Business Name: Actavis			From - To (MM/YY – MM/YY): 12/2009 to 3/2013
Business Address: 400 Interplace Parkway	City: Parsippany	State: NJ	Zip: 07054
Phone: 862-261-7000	Title: Senior Director of IP		
Description of Duties: Intellectual Property Counsel			

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

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

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:

Andy Sweat

Original Signature (electronic, copies or stamps not accepted)

5/27/2022

Date

Applicant's initials AS

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

Andrea Sweet

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

5/27/2022

Date

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

State of NEW JERSEY, ss. County of MORRIS

I, Andrea Sweet, 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

5/27/2022

Date

Subscribed and Sworn to before me this 27th day of MAY, 2022.

Notary Public Signature

Marylea Hutchason
NOTARY PUBLIC
State of New Jersey
ID # 2376861
My Commission Expires August 13, 2023

(Seal)

Applicant's initials AS

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: Almatica Pharma, LLC

Physical Address: 44 Whippany Road, Suite 300

City: Morristown State: NJ Zip: 07960

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

City: State: Zip:

Telephone: 973-796-3400 Website: www.alvogen.com

Licensing Company Email: mary.hutchason@alvogen.com

Section 2: Personal Information

First: Lisa Middle: Last: Graver

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

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

Mailing Address: [redacted] N. Ft. Lauderdale Beach Blvd # [redacted]

City: Ft. Lauderdale State: FL Zip: 33304

Telephone: [redacted] Email: lisa.graver@alvogen.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: St. Francis High School			From - To (MM/YY – MM/YY): 1986 to 1990
Address	City	State	Zip
Diploma/Degree obtained, if any: HS diploma			
School Name: Lakehead University			From - To (MM/YY – MM/YY): 1990 to 1994
Address	City: Thunder Bay	State: Ontario	Zip
Diploma/Degree obtained, if any: Bachelor's in Biology			
School Name: Case Western University			From - To (MM/YY – MM/YY): 1995 to 1998
Address	City	State	Zip
Diploma/Degree obtained, if any: JD and Law Degree			
School Name			From - To (MM/YY – MM/YY)
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name			From - To (MM/YY – MM/YY)
Address	City	State	Zip
Diploma/Degree obtained, if any			

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
6/2021 to present	[redacted] N. Ft. Lauderdale Beach Blvd #[redacted]	Ft. Lauderdale	FL	33304
2020 to 5/2021	[redacted] Prospect Street, Apt [redacted]	Morristown	NJ	07960
2014 to 2020	[redacted] William Street, Apt [redacted]	New York	NY	10005
2009 to 2014	[redacted] Bloomfield Avenue	Essex Fells	NJ	07021
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials: [signature]

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

Business Name			From - To (MM/YY – MM/YY)	
Almatica Pharma, LLC			6/2010 to Present	
Business Address		**City**	**State**	**Zip**
44 Whippany Road, Suite 300		Morristown	NJ	07960
Phone	**Title**			
973-796-3423	CEO			
Description of Duties				

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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 _____

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

Lisa Graver

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

6-1-22

Date

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

State of NEW JERSEY, ss. County of MORRIS

I, LISA GRAVER, 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

6-1-22

Date

Subscribed and Sworn to before me this 1ST day of JUNE 2022

Notary Public Signature

(Seal)

Applicant's initials

*** Effective 06/01/2022 this bond cancels and replaces The Hanover Insurance Company bond #1000977. ***

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. 20BSBIW6143

Application/License No. _____

Alvogen, Inc. and entities on attached schedule (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 44 Whippany Road, Morristown, NJ 07960 (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 06155 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on June 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 1st day of June, 20[illegible].

APPLICANT/PRINCIPAL

Alv[illegible]

Authorized Representative

SURETY COMPANY

Hartford Fire Insurance Company

Surety Company's Representative

Sandy McElhaney, Attorney in Fact

print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness Marie Lett

Witness Andrea Allman

Countersigned by:

N/A

Nevada Resident Agent

Alvogen, Inc.
Pharmaceutical Wholesaler Surety Bond
Schedule of Applicant/Principal Names for bond 20BSBIW6143
as of 06/01/2022

Application/License No.:	Applicant/Principal Name	Address of Applicant/Principal
	Almatica Pharma, LLC	44 Whippany Road, Morristown, NJ 07960
	Almaject, Inc.	44 Whippany Road, Morristown, NJ 07960
	County Line Pharmaceuticals	44 Whippany Road, Morristown, NJ 07960
	Norwich Pharmaceuticals, Inc.	6826 State Highway 12, Norwich, NY 13815

POWER OF ATTORNEY

Direct Inquiries/Claims to:
THE HARTFORD
BOND, T-11
One Hartford Plaza
Hartford, Connecticut 06155
Bond.Claims@thehartford.com
all **888-266-3488** *or fax* **860-757-5835**

KNOW ALL PERSONS BY THESE PRESENTS THAT:

Agency Name:
Agency Code:

- [ ] **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
Sandy M

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.
Naming
and Nev

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 12228
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 _____.

Signed and sealed in Lake Mary, Florida.

Keith D. Dozois, Assistant Vice President



SURETY BOND DIGITAL SEAL
The Hartford Financial Services Group, Inc.

To Our Valued Partners:

In efforts of continuing business during the pendency of the COVID-19 pandemic, The Hartford has authorized its Attorneys-in-Fact to affix the electronic corporate seal in a digital format, in lieu of its traditional raised seal to any bond document issued on its behalf by any such Attorney-in-Fact.

The Hartford agrees and affirms that the digital corporate seal affixed to any bond document is equivalent to its raised corporate seal had it been affixed to the bond document itself.

Effective this 30th day of March, 2020.

The Hartford

Shelby Wiggins

Shelby Wiggins, Assistant Secretary

The Hartford Financial Services Group, Inc.
P.O. Box 958461
Lake Mary, FL 32795

P: 888-656-0617
F: 877-257-2166

www.thehartford.com/bond
www.thehartford.com
www.facebook.com/thehartford
www.twitter.com/thehartford

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: CeQur Corp.

Physical Address: 355 South Main Street

City: Greenville State: SC Zip: 29601

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

City: _____ State: _____ Zip: _____

Telephone: 864-201-9572 Website: www.cequrcorp.com

Name of Designated Representative (DR): Gary Lohr, Vice President of Operations

Licensing Company Email: cequrstatelicensing@cequr.com DR Email: cequrstatelicensing@cequr.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: DME Suppliers		☑ Others: Virtual Manufacturer

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

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

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

Date of Event/Arrest	Disposition Date	State	City	County

Case #	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)

7-12-22
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: CeQur has not sold nor distributed product in Nevada within the 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: Delaware

Parent Company (if any): CeQur SA

Corporation/Organization Name: CeQur SA

Mailing Address: Altsagenstrasse 5 6048

City: Horw, Switzerland State: _____ Zip: _____

Telephone: +41 41 500 48 62 Email: info@cequr.com

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	N[redacted]	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 [redacted] (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.

CeQur Corporation

Facility Name

Bradley Paddock, Chief Executive Officer

Print Name of Authorized Person Submitting Application

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

7-12-22

Date

Board Use Only	Date Received: _____	Amount: 1000.00 CK - 1795

Attachment to CeQur Corporation's Out-of-State Wholesaler New Application (Nevada Board of Pharmacy)

Description of Operations

CeQur Corp. ("CeQur") is a wholly-owned (100%) subsidiary of CeQur, SA, located in Horw, Switzerland.

CeQur is a virtual manufacturer of an FDA-approved 510K Class 2 wearable insulin delivery device. The device does not contain a drug.

As a virtual manufacturer, CeQur does not manufacture, maintain or warehouse its products at the Greenville, South Carolina, facility.

There are no non-controlled or controlled drugs in its products list. CeQur does not need a DEA registration.

CeQur's legend device product is manufactured by contract manufacturers and is physically shipped using a 3PL company. CeQur's device is sold to Wholesalers, pharmacies, DME suppliers. The product is also provided to licensed physicians in the form of a starter kit that is given to patients by the licensed physician at no charge to learn how to use the device. Samples are also provided to sales representatives.

The Greenville, South Carolina, facility is CeQur's US corporate headquarters. CeQur's normal hours of operations are Monday through Friday from 8:00 a.m. to 5:00 p.m. ET.

Ownership

CeQur Corp. ("CeQur") is a wholly-owned subsidiary of CeQur, SA, located in Horw, Switzerland.

Corporate Officers

Name	Title	Residence
Bradley Paddock	Chief Executive Officer	[redacted] Gardenview Ave Greenville, SC 29601
Gary Lohr	Vice President of Operations	[redacted] Old Beulah Road Kenly, NC 27542

Employee List

Please see the attached.

Feingold, Laura

From: Leslie LaRue <leslie.larue@cequr.com>
Sent: Wednesday, March 2, 2022 4:40 PM
To: Feingold, Laura
Cc: James Van Dam
Subject: Requested items...

External Email – Please use caution before opening attachments or clicking links

Hey Laura!

Additionally, below is a list of Greenville, SC (headquarter employees) as of today:

Bradley Paddock - CEO
Ryan O'Leary - Director, Manufacturing Operations
Leslie LaRue – Executive Administrator
Caroline Hamilton – Senior Clinical Manager
Dmitriy Konyrev – Director, Financial Planning & Analysis
Katie Ivanov – Senior Buyer/Planner
James Van Dam – Controller, Manufacturing Operations
Bradley Smith – Supply Chain & Business Operations
Jade Hall – Customer Care Advocate

Thank you!

CeQur

Leslie LaRue
Executive Administrator

M: 864-201-9572
E: leslie.larue@cequr.com

www.myceqursimplicity.com

FDA

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

Establishment Registration & Device Listing

1 result found for **Establishment Registration**
or Business Trade Name : *CeQur Corporation*

New Search[6]

Establishment Name	▲7 ▼8	Registration Number	Current Registration Yr
CeQur Corporation[9]	SC/USA	3007871880	2022
• Pump, Infusion, Insulin - CeQur Simplicity Patch[10]			Complaint File Establishment
• Pump, Infusion, Insulin Bolus - CeQur Simplicity Patch[11]			Complaint File Establishment

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6. ../cfrl/rl.cfm
7. ../cfrl/rl.cfm?start_search=1&establishmentName=CeQur%20Corporation®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNum
8. ../cfrl/rl.cfm?start_search=1&establishmentName=CeQur%20Corporation®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNum
9. ./rl.cfm?rid=172104
10. ./rl.cfm?lid=710231&lpcd=LZG
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6. ../cfrl/rl.cfm
7. ../cfrl/rl.cfm?start_search=1&establishmentName=CeQur%20Corporation®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNum

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Establishment Registration & Device Listing

New Search

Back To Search Results

Establishment:
CeQur Corporation
355 S Main St
1st And 2nd Floor
Greenville, SC 29601
Registration Number: 3007871880
FEI Number*: 3007871880
Status: Active
Date Of Registration Status: 2022

Owner/Operator:
CeQur Corporation[6]
355 SOUTH MAIN STREET
Greenville, SC US 29601
Owner/Operator Number: 10046968[7]

Verified
7/27/22
MS

Official Correspondent:
Michael Simpson
355 SOUTH MAIN STREET
Greenville, SC 29601
Phone: 1-404-2765449

* 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=10046968&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryName=&establishmentType=&PAGENUM=10&SortColumn=
7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=10046968&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryName=&establishmentType=&PAGENUM=10&SortColumn=

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7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=10046968&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryName=&establishmentType=&PAGENUM=10&SortColumn=

FDA

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

Establishment Registration & Device Listing

New Search Back To Search Results

Proprietary Name:	CeQur Simplicity Patch
Classification Name:	PUMP, INFUSION, INSULIN
Product Code:	LZG[6]
Device Class:	2
Regulation Number:	880.5725[7]
Medical Specialty:	General Hospital
Registered Establishment Name:	CeQur Corporation[8]
Registered Establishment Number:	3007871880
Premarket Submission Number:	K163357[9]
Owner/Operator:	CeQur Corporation[10]
Owner/Operator Number:	10046968
Establishment Operations:	Complaint File Establishment

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9. /scripts/cdrh/cfdocs/cfpmn/pmn.cfm?id=K163357
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Establishment Registration & Device Listing

New Search Back To Search Results

Proprietary Name:	CeQur Simplicity Patch
Classification Name:	PUMP, INFUSION, INSULIN BOLUS
Product Code:	OPP[6]
Device Class:	2
Regulation Number:	880.5725[7]
Medical Specialty:	General Hospital
Registered Establishment Name:	CeQur Corporation[8]
Registered Establishment Number:	3007871880
Premarket Submission Number:	K163357[9]
Owner/Operator:	CeQur Corporation[10]
Owner/Operator Number:	10046968
Establishment Operations:	Complaint File Establishment

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PRC 1048563

PERMIT NO. 20377
DATE ISSUED: 05/17/2022

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

CEQUR CORP.
Permit Holder: BRADLEY PADDOCK
355 SOUTH MAIN STREET
GREENVILLE SC 29601

CeQur Corporation, p. 11

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CEQUR CORPORATION" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINETEENTH DAY OF 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 "CEQUR CORPORATION" WAS INCORPORATED ON THE TWENTIETH DAY OF MARCH, A.D. 2008.

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

Jeffrey W. Bullock, Secretary of State

4522289 8300

SR# 20220176572

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

Authentication: 202433320

Date: 01-19-22

Chubb Insurance (Switzerland) Limited
Bärengasse 32
CH-8001 Zurich

T +41 43 456 76 00
www.chubb.com/ch

Certificate of Insurance

CHUBB

Chubb Insurance (Switzerland) Limited herewith certifies that the policy listed below has been issued to the policyholder and is in force at this time. Nothing herein contained shall serve to alter, vary or waive the provisions of the below mentioned policy and endorsements. For full details regarding coverage refer to the policy in force at the time of issuance of this certificate. This certificate of insurance is issued as a matter of information only and confers no right upon the certificate holder.

Policyholder

CeQur SA
Ebenaustrasse 10
6048 Horw

Insured Companies with a local policy

CeQur Corporation
734 Forest Street, Suite 100
Marlborough, Massachusetts 01752
USA

Policy Number

CHLSCA11056

Type of Insurance

Commercial general & product liability insurance

Insured Losses

- Bodily injury (death of, injury to or other impairment of the health of persons)
- Property damage (destruction of, damage to or loss of tangible property)

Limit of Liability

Combined single limit for all insured losses:

USD	15'000'000	per claim
USD	15'000'000	per policy period

Territorial Limit

Worldwide

Policy Period

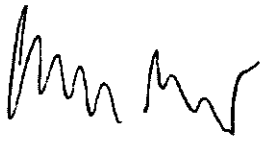
01.01.2022 – 31.12.2022 (both days inclusive)

Insurer

Chubb Insurance (Switzerland) Limited

Zurich, 10.01.2022





Christian Graber
Head of Commercial Lines

Ulrich Stalder
Underwriting Manager Life Science

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 CeQur Corp.

Pharmacy/Wholesaler License # (if applicable)

Physical Address 355 S Main Street

City Greenville State SC Zip 29601

Mailing Address (if different from physical address) same

City State Zip

Telephone 888-552-3787 Website www.myceqursimplicity.com

Licensing Company Email cequrstatelicensing@cequr.com

Section 2: Personal Information

First Gary Middle Leigh Last Lohr

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

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

Mailing Address [redacted] Old Beulah Rd

City Kenly State NC Zip 27542

Telephone [redacted] Email gary.lohr@cequr.com

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
New River Community College		1986	
Address	City	State	Zip
Diploma/Degree obtained, if any			
Electronic Technology			

School Name		From - To (MM/YY – MM/YY)	
New River Community College		1986	
Address	City	State	Zip
Diploma/Degree obtained, if any			
Instrumentation Technology			

School Name		From - To (MM/YY – MM/YY)	
Address	City	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	[redacted] Old Beulah Rd	Kenly	NC	27542
From - To (MM/YY – MM/YY)	Address	City	State	Zip
2004-2014	[redacted] Kingston Ridge Rd	Cary	NC	27511
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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)	
CeQur Corp			Sept 2019 - Present	
Business Address		**City**	**State**	**Zip**
355 S Main St		Greenville	SC	29601
Phone	**Title**		**Number of Employed Hours**	
888-552-3787	Vice President - Operations		40+ per week	
Description of Duties				
Responsible for all assembly, packaging and bulk processes and a team of 200 employees for distribution				

Business Name			From - To (MM/YY – MM/YY)	
NNE US			Jan 2018 - Sept 2018	
Business Address		**City**	**State**	**Zip**
1101 Slater Rd, Suite 120		Durham	NC	27703
Phone	**Title**		**Number of Employed Hours**	
	President		40+ per week	
Description of Duties				
Led North American operations as General Manager				

Business Name			From - To (MM/YY – MM/YY)	
Novo Nordisk Diabetes API-US			Feb 2005 - Jan 2018	
Business Address		**City**	**State**	**Zip**
3612 Powhatan Rd		Clayton	NC	27527
Phone	**Title**		**Number of Employed Hours**	
	Director; Deputy Site Head		40+ per week	
Description of Duties				
Responsible for global supply chain strategy; Developed Project Management Office; Managed investment budget; ensured operations efficiency of processes				

Business Name			From - To (MM/YY – MM/YY)	
Glaxo Smith Kline			Dec 2000 - Feb 2005	
Business Address		**City**	**State**	**Zip**
1011 North Arendell Ave		Zebulon	NC	27597
Phone	**Title**		**Number of Employed Hours**	
	Senior Project Engineer / Project Leader		40+ week	
Description of Duties				
Responsible for product scope, resource loading, design, execution and system validation associated with the manufacturing and packaging processes				

Business Name			From - To (MM/YY – MM/YY)	
Jacobs Engineers			Dec 1989 - Dec 2000	
Business Address		**City**	**State**	**Zip**
111 Corning Rd		Cary	NC	27518
Phone	**Title**		**Number of Employed Hours**	
	Controls Systems Engineer			
Description of Duties				
Project lead responsible for project execution and leading controls design teams in pharmaceutical, chemical, pulp and paper, and power industries				

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:

Mary John
Original Signature (electronic, copies or stamps not accepted)

01 Aug 2022
Date

I, Gary Lohr, certify that as the designated representative for

CeQur Corp,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. GL I am at least 21 years of age;
3. GL 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. GL I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. GL I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. GL 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. GL I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Gary Lohr
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

01 Aug 2023
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.

Gary Lohr
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

01 Aug 2022
Date

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

State of South Carolina, ss. County of Greenville

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

Original Signature

01 Aug 2022
Date

Subscribed and Sworn to before me this 1st day of August.

Notary Public Signature

LESLIE LARUE NOTARY PUBLIC MY COMM. EXP. 4/4/2032 SOUTH CAROLINA

(Seal)

NEVADA STATE BOARD OF PHARMACY

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

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

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG CeQur Corp MDEG License # (if applicable) _____

Physical Address 355 S Main St

City Greenville State SC Zip 29601

Mailing Address (if different from physical address) same

City _____ State _____ Zip _____

Telephone 888-552-3787 Website www.myceqursimplicity.com

Licensing Company Email cequrstatelicensing@cequr.com

Section 2: Personal Information

First Gary Middle Leigh Last Lohr

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

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

Mailing Address [redacted] Old Beulah Rd

City Kenly State NC Zip 27542

Telephone [redacted] Email gary.lohr@cequr.com

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
New River Community College		1986	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
Electronic Technology			

School Name		From - To (MM/YY – MM/YY)	
New River Community College		1986	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
Instrumentation Technology			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**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	[redacted] Old Beulah Rd	Kenly	NC	27542
From - To (MM/YY – MM/YY) 2004 - 2014	Address [redacted] Kingston Ridge Rd	City Cary	State NC	Zip 27511
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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)	
CeQur Corp			Sept 2019 - Present	
Business Address		**City**	**State**	**Zip**
355 S Main St		Greenville	SC	29601
Phone	**Title**		**Number of Employed Hours**	
888-552-3787	Vice President - Operations		40+ week	
Description of Duties				
Responsible for all assembly, packaging and bulk processes and a team of 200 employees for distribution				

Business Name			From - To (MM/YY – MM/YY)	
NNE US			Jan 2018 - Sept 2018	
Business Address		**City**	**State**	**Zip**
1101 Slater Rd, Suite 120		Durham	NC	27703
Phone	**Title**		**Number of Employed Hours**	
	President		40+ week	
Description of Duties				
Led North American operations as General Manager				

Business Name			From - To (MM/YY – MM/YY)	
Novo Nordisk Diabetes API-US			Feb 2005 - Jan 2018	
Business Address		**City**	**State**	**Zip**
3612 Powhatan Rd		Clayton	NC	27527
Phone	**Title**		**Number of Employed Hours**	
	Director; Deputy Site Head		40+ week	
Description of Duties				
Responsible for global supply chain strategy; Developed Project Management Office; Managed investment budget; ensured operations efficiency of processes				

Business Name			From - To (MM/YY – MM/YY)	
Glaxo Smith Kline			Dec 2000 - Feb 2005	
Business Address		**City**	**State**	**Zip**
1011 North Arendell Ave		Zebulon	NC	27597
Phone	**Title**		**Number of Employed Hours**	
	Senior Project Engineer / Project Leader		40+ week	
Description of Duties				
Responsible for product scope, resource loading, design, execution and system validation associated with the manufacturing and packaging processes				

Business Name			From - To (MM/YY – MM/YY)	
Jacobs Engineers			Dec 1989 - Dec 2000	
Business Address		**City**	**State**	**Zip**
111 Corning Rd		Cary	NC	27518
Phone	**Title**		**Number of Employed Hours**	
	Controls Systems Engineer			
Description of Duties				
Project lead responsible for project execution and leading controls design teams in pharmaceutical, chemical, pulp and paper, and power industries				

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)

01 Aug 2022
Date

I, Gary Lohr, **certify that as the MDEG Administrator for** CeQur Corp,

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

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

Gary Lohr
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

01 Aug 2022
Date

Board Use Only	Date Received:

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. S-919424

Application/License No. _____

CeQur Corporation (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 355 S. Main Street Greenville, SC 29601 (Address of Applicant/Principal), as PRINCIPAL, and NGM Insurance Company (Surety Company), a corporation organized under the laws of the state of Florida (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 55 West Street Keene NH 03431-7000 (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 7/8/2022 (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 July, 2022.

APPLICANT/PRINCIPAL
CeQur Corporation

CEO
Authorized Representative

SURETY COMPANY
NGM Insurance Company

Corinne E. Yousey
Surety Company's Representative

NGM INSURANCE COMPANY FOUNDED 1923 FLORIDA

Corinne E Yousey, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

OPERATIONS CONTROLLER
Witness

Witness

SIGNED and SEALED in the presence of:

Joyce Ambuke
Witness

Michele L. Green
Witness

Countersigned by:

N/A
Nevada Resident Agent

NGM INSURANCE COMPANY
A member of The Main Street America Group

POWER OF ATTORNEY

S-919424

KNOW ALL MEN BY THESE PRESENTS: That NGM Insurance Company, a Florida corporation having its principal office in the City of Jacksonville, State of Florida, pursuant to Article IV, Section 2 of the By-Laws of said Company, to wit:

"SECTION 2. The board of directors, the president, any vice president, secretary, or the treasurer shall have the power and authority to appoint attorneys-in-fact and to authorize them to execute on behalf of the company and affix the seal of the company thereto, bonds, recognizances, contracts of indemnity or writings obligatory in the nature of a bond, recognizance or conditional undertaking and to remove any such attorneys-in-fact at any time and revoke the power and authority given to them."

does hereby make, constitute and appoint Corinne E Yousey its true and lawful Attorney-in-fact, to make, execute, seal and deliver for and on its behalf, and as its act and deed bond number S-919424 dated July 8, 2022 , on behalf of **** CeQur Corporation **** in favor of Nevada State Board of Pharmacy for Twenty Five Thousand and 00/100 Dollars ($ 25,000) and to bind NGM Insurance Company thereby as fully and to the same extent as if such instrument was signed by the duly authorized officers of NGM Insurance Company; this act of said Attorney is hereby ratified and confirmed.

This power of attorney is signed and sealed by facsimile under and by the authority of the following resolution adopted by the Directors of NGM Insurance Company at a meeting duly called and held on the 2nd day of December 1977.

Voted: That the signature of any officer authorized by the By-Laws and the company seal may be affixed by facsimile to any power of attorney or special power of attorney or certification of either given for the execution of any bond, undertaking, recognizance 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.

IN WITNESS WHEREOF, NGM Insurance Company has caused these presents to be signed by its Vice President, General Counsel and Secretary and its corporate seal to be hereto affixed this 7th day of January, 2020.

NGM INSURANCE COMPANY By: Kimberly K. Law

NGM INSURANCE COMPANY FOUNDED 1923 FLORIDA

Kimberly K. Law
Vice President, General Counsel and Secretary

State of Florida,
County of Duval

On this 7th day of January, 2020, before the subscriber a Notary Public of State of Florida in and for the County of Duval duly commissioned and qualified, came Kimberly K. Law of NGM Insurance Company, to me personally known to be the officer described herein, and who executed the preceding instrument, and she acknowledged the execution of same, and being by me fully sworn, deposed and said that she is an officer of said Company, aforesaid: that the seal affixed to the preceding instrument is the corporate seal of said Company, and the said corporate seal and her signature as officer were duly affixed and subscribed to the said instrument by the authority and direction of the said Company; that Article IV, Section 2 of the By-Laws of said Company is now in force.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed by official seal at Jacksonville, Florida this 7th day of January, 2020.

Lisa K. Penton

Notary Public State of Florida
Lisa K Penton
My Commission GG 926587
Expires 12/17/2023

I, Nancy Giordano-Ramos, Vice President of NGM Insurance Company, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney executed by said Company which is still in force and effect. IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Company at Jacksonville, Florida this 8th day of July , 2022 .

Nancy Giordano-Ramos

NGM INSURANCE COMPANY FOUNDED 1923 FLORIDA

WARNING: Any unauthorized reproduction or alteration of this document is prohibited.
TO CONFIRM VALIDITY of the attached bond please call **1-800-225-5646**.
TO SUBMIT A CLAIM: Send all correspondence to 55 West Street, Keene, NH 03431 Attn: Bond Claims.

PRINCIPAL'S ACKNOWLEDGMENT
INDIVIDUAL VERIFICATION

State of _____
County of _____

On this _____ day of _____, in the year 20____, before me personally came _____ to me known, and known to me to be the person (s) who is (are) described in and who executed the forgoing instrument, and acknowledges to me that he (they) executed the same.

_____
(Notary Public)

LIMITED LIABILITY COMPANY VERIFICATION

State of _____
County of _____

On this _____ day of _____, in the year 20____, before me personally appeared _____, to me known and known to me to be the person who executed the forgoing instrument, and who being by me duly sworn, deposes and says that (s)he is the _____ _____ of _____. A Limited Liability Company, and that (s) he executed the forgoing instrument as the act and deed of the said Limited Liability Company.

_____
(Notary Public)

CORPORATE VERIFICATION

State of South Carolina
County of Greenville

On this 11 day of July, in the year 20 22, before me personally came Bradley Paddock to me known, who, being by me duly sworn, deposes and says that (s) he resides in the City of Greenville that (s) he is the CEO of the CeQur Corporation the corporation described in and which executed the forgoing instrument, that (s) he knows the seal of the said corporation; that the seal affixed to the said instrument is such corporate seal; that it was so affixed by the order of the Board of Directors of said corporation, and that (s) he signed his/her name thereto by like order.

Leslie LaRue
(Notary Public)

LESLIE LARUE NOTARY PUBLIC MY COMM. EXP. 4/4/2032 SOUTH CAROLINA

SURETY ACKNOWLEDGMENT

State of New York
County of Onondaga

On this 8th day of July in the year 2022, before me personally came Corinne E. Yousey to me known, who, being by me duly sworn, did depose and say that (s)he resides in Syracuse, NY; that (s)he is the Attorney-in-Fact of the NGM Insurance Company, the corporation described in and which executed the attached instrument; that (s) he knows the corporate seal of the said corporation; that the seal affixed to the said instrument is such corporate seal; and that it was so affixed by order of the Board of Directors of the said corporation; and that (s) he signed his/her name thereto by like order.

Gillian B. Wright
(Notary Public)

Gillian F. Wright
Notary Public, State Of New York
Qualified in Onondaga County
No: 01WR5049234
My Commission Expires September 11, 20 25

MAIN STREET AMERICA INSURANCE

Trusted Choice

I certify that at the Annual Meeting of the Directors of the NGM Insurance Company duly called and held at Jacksonville, Florida on March 10th, 2022, the following officers were elected and remain in office:

CHRISTOPHER R. LISTAU.....CHIEF EXECUTIVE OFFICER AND PRESIDENT

KIMBERLY K. LAW..... VICE PRESIDENT, GENERAL COUNSEL & SECRETARY

JOESEPH D. FREITAS ..... VICE PRESIDENT, CHIEF FINANCIAL OFFICER & TREASURER

DAVID S. MEDVIDOFSKY .....SENIOR VICE PRESIDENT, PRODUCT OPERATIONS

RUTH C. MUNGER, ANNA D. PARKER, KEVIN A COMIER, NANCY L. GIORDANO-RAMOS, PRIYESH A. PATEL, ANDREW S. ROSE, THERESA E. BREUNIG-SILBERNAGEL ..... VICE PRESIDENTS

I further certify that the following statement of the Company is true as taken from the records of said Company as of December 31, 2021.

ADMITTED ASSETS

Bonds at Amortized Values	$93,827,372
Stocks at Market Value	$149,665,700
First Mortgage Loans	0
Real Estate	$ 3,266,674
Cash in Office and Banks	(21,911,010)
Short Term Investments	$3,233,592
Agent's Balance (Less than 90 Days)	$298,575,653
Accrued Interest	$441,279
Other Assets	$319,261,956
TOTAL ADMITTED ASSETS	$846,361,216

LIABILITIES

Reserve for Losses	0
Reserve for Loss Adjustment Expenses	0
Reserve for Unearned Premiums	0
Reserve for Other Underwriting Expenses	$55,861,050
Reserve for Taxes, Licenses, and Fees	$3,366,863
Loss Drafts in Transit	0
Other Liabilities	$219,138,101
Total Liabilities	$278,366,014
Policyholders' Surplus	$567,995,202
TOTAL	$846,361,216

Securities as deposited by law, included above = $ 5,498,220

I further certify that the following is true and exact excerpt from Article IV, Section 2 of the By-Laws of NGM Insurance Company which is still valid and existing.

The board of directors, the president, any vice president, secretary, or the treasurer shall have the power and authority to appoint attorneys-in-fact and to authorize them to execute on behalf of the company and affix the seal of the company thereto, bonds, recognizances, contracts of indemnity or writings obligatory in the nature of a bond, recognizance or conditional undertaking and to remove any such attorneys-in-fact at any time and revoke the power and authority given to them."

Subscribed and sworn to before me on this 10 day of March, 2022

IN WITNESS THEREOF I hereunto subscribe my name and affix the seal of said company this 10 day of March, 2022

Kimberly K. Law
Vice President, General Counsel & Secretary

NGM INSURANCE COMPANY FOUNDED 1923 FLORIDA

68-1191 (3/21)

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 CeQur Corp.

Physical Address 355 South Main Street

City Greenville State SC Zip 29601

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

City _____ State _____ Zip _____

Telephone 864-201-9572 Website www.cequrcorp.com

Licensing Company Email cequrstatelicensing@cequr.com

Section 2: Personal Information

First Bradley Middle _____ Last Paddock

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

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

Mailing Address [redacted] Gardenview Ave

City Greenville State SC Zip 29601

Telephone [redacted] Email cequrstatelicensing@cequr.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)	
Miami University		1995	
Address	**City**	**State**	**Zip**
Oxford, Ohio			
Diploma/Degree obtained, if any			
B.S. Business Administration			
School Name		**From - To (MM/YY – MM/YY)**	
Harvard Business School		June 2011	
Address	**City**	**State**	**Zip**
Cambridge, Massachusetts			
Diploma/Degree obtained, if any			
Global Strategic Management			
School Name		**From - To (MM/YY – MM/YY)**	
Kellogg School of Business		October 2012	
Address	**City**	**State**	**Zip**
Chicago, Illinois			
Diploma/Degree obtained, if any			
Finance for Executives			
School Name		**From - To (MM/YY – MM/YY)**	
Harvard Business School		February 2016	
Address	**City**	**State**	**Zip**
Cambridge, Massachusetts			
Diploma/Degree obtained, if any			
Leading Global Businesses			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2021-2022	[redacted] Gardenview Ave, Greenville, SC 29601			
2020	[redacted] Morning Mist Way, Seneca, SC 29672			
2019	[redacted] Augusta St, Greenville, SC 29605			
2014-2018	[redacted] Fairmount Rd, Ridgewood, NJ 07450			
2012-2013	[redacted] Emerald Bay, Laguna Beach, CA 92651			

Applicant's initials  2

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

Business Name			From - To (MM/YY – MM/YY)	
CeQur Corporation			June 2019 – Present	
Business Address	**City**		**State**	**Zip**
355 S Main Street, Greenville, SC 29601				
Phone	**Title**			
	CEO			
Description of Duties				
CEO				

Business Name			From - To (MM/YY – MM/YY)	
Stryker			July 2014 – May 2019	
Business Address	**City**		**State**	**Zip**
2825 Airview Boulevard, Kalamazoo, MI 49002				
Phone	**Title**			
269-385-2600	Global President, Spine Division			
Description of Duties				
Market a broad portfolio of implants and biologics for spinal fusion surgery; developed and implemented a turnaround strategy for this poor performing division				

Business Name			From - To (MM/YY – MM/YY)	
MicroCHIPS Inc.			2013 – 2014	
Business Address	**City**		**State**	**Zip**
128 Spring St, Suite 310, Lexington, MA 02421				
Phone	**Title**			
781-778-7320	President & CEO			
Description of Duties				
Helped identify a strategic partnership, which led to a large equity investment; successfully transitioned the leadership of the company to the current CEO				

Business Name			From - To (MM/YY – MM/YY)	
Bausch + Lomb, Inc.			2010 – 2013	
Business Address	**City**		**State**	**Zip**
400 Somerset Corporate Blvd., Bridgewater, NJ 08807 800-633-8766				
Phone	**Title**			
800-553-5340	Vice-President, Global Sales & Marketing - Surgical			
Description of Duties				
Managed business including disposables and capital equipment; led the turnaround of business to positive top and bottom line growth				

Business Name			From - To (MM/YY – MM/YY)	
Medtronic, Inc.			1999 – 2007	
Business Address	**City**		**State**	**Zip**
710 Medtronic Pkwy, Minneapolis, MN 55432				
Phone	**Title**			
800-633-8766	Vice-President, Sales			
Description of Duties				
Held sales positions of increasing responsibility as the company grew; developed a formula for territory expansion				

Continue on next page if additional space is needed.

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

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

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

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

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

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

Applicant's initials _____

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

Applicant's initials _____ 5

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)

7-12-22
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.

Bradley Paddock
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

7-12-22
Date

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

State of South Carolina, ss. County of Greenville

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

Original Signature

7-12-22
Date

Subscribed and Sworn to before me this 12 day of July.

Notary Public Signature

LESLIE LARUE NOTARY PUBLIC MY COMM. EXP. 4/4/2032 SOUTH CAROLINA

(Seal)

Applicant's initials MR

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 CeQur Corp.

Physical Address 355 South Main Street

City Greenville State SC Zip 29601

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

City _____ State _____ Zip _____

Telephone 864-201-9572 Website www.cequrcorp.com

Licensing Company Email cequrstatelicensing@cequr.com

Section 2: Personal Information

First Gary Middle Leigh Last Lohr

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

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

Mailing Address [redacted] Old Beulah Road

City Kenly State NC Zip 27542

Telephone [redacted] Email cequrstatelicensing@cequr.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 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?		✓

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

School Name		From - To (MM/YY – MM/YY)	
New River Community College		1986	
Address	City	State	Zip
Diploma/Degree obtained, if any			
Electronic Technology			
School Name		From - To (MM/YY – MM/YY)	
New River Community College		1986	
Address	City	State	Zip
Diploma/Degree obtained, if any			
Instrumentation Technology			
School Name		From - To (MM/YY – MM/YY)	
Address	City	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	[redacted] Old Beulah Road, Kenly, NC 27542			
From - To (MM/YY – MM/YY)	Address	City	State	Zip
2004 - 2014	[redacted] Kingston Ridge Road, Cary, NC 27511			
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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 NDL

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)
CeQur Corporation			Sep 2019 – Present
Business Address	**City**	**State**	**Zip**
355 South Main Street, Greenville, SC 29601			
Phone	**Title**		
	Vice President of Operations		

Description of Duties

Responsible for all assembly, packaging, and bulk processes and a team of 200 employees for distribution

Business Name			From - To (MM/YY – MM/YY)
NNE US			Jan 2018 – Sep 2018
Business Address	**City**	**State**	**Zip**
1101 Slater Road, Suite 120, Durham, NC 27703			
Phone	**Title**		
	President		

Description of Duties

Led North American Operations as General Manager

Business Name			From - To (MM/YY – MM/YY)
Novo Nordisk Diabetes API-US			Feb 2005 – Sept 2019
Business Address	**City**	**State**	**Zip**
3612 Powhatan Road, Clayton, NC 27527			
Phone	**Title**		
	Director / Deputy Site Head; Director - Production Support' Sr. Pdt Mgr; Process Mgr - Operations; Validation Project Leader		

Description of Duties

Responsible for global supply chain strategy; Developed Project Management Office; managed investment budget; ensured operations efficiency of processes

Business Name			From - To (MM/YY – MM/YY)
Glaxo Smith Kline			Dec 2000 - Feb 2005
Business Address	**City**	**State**	**Zip**
1011 North Arendell Avenue, Zebulon, NC 27597			
Phone	**Title**		
	Senior Project Engineer / Project Leader		

Description of Duties

Responsible for project scope, resource loading, design, execution, and system validation associated with the manufacturing and packaging processes

Business Name			From - To (MM/YY – MM/YY)
Jacobs Engineers			Dec 1989 - Dec 2000
Business Address	**City**	**State**	**Zip**
111 Corning Road, Cary, NC 27518			
Phone	**Title**		

Description of Duties

Project lead responsible for project execution and leading controls design teams in Pharmaceutical, Chemical, Pulp and Paper, and Power Industries.

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				

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

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.

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

12 July 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.

Gary Lohr
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12 Jul 2022
Date

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

State of South Carolina, ss. County of Greenville

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

Original Signature

12 Jul 2022
Date

Subscribed and Sworn to before me this 12 day of July.

Notary Public Signature

LESLIE LARUE NOTARY PUBLIC MY COMM. EXP. 4/4/2032 SOUTH CAROLINA

(Seal)

Applicant's initials



SUMMARY

Strategic leader bringing over 30 years of effective project and operational experience across diverse industries in both national and international arenas. Recognized for developing solutions and building strong teams to accomplish business critical objectives.

- **Diverse background in operations and engineering management** distinguished for engaged teams, mission critical mindset, and successful execution.
- **Motivator and Team Developer** driving cohesive teaming to accomplish clear goals through collaboration and effective communication.
- **Develops innovative solutions to achieve business strategies** through extensive experience while minimizing risk to corporate goals.

CORE COMPETENCIES

- Strategic Transformation
- Continuous Improvement
- Process Development
- Project Management
- Program Development
- Collaboration
- Multi-Industry Knowledge
- Stakeholder Management
- GMP Knowledge
- Validation

PROFESSIONAL EXPERIENCE

VICE PRESIDENT of OPERATIONS
CeQur CORPORATION
Sep 2019 – Current

DIRECTOR – FINISHED PRODUCTION
NOVO NORDISK DIABETES FINISHED PRODUCTS
Apr 2019 – Sep 2019
Responsible for all Assembly, Packaging, and Bulk Processes and a team of 200 employees supplying diabetes medicines to patients worldwide.

PRESIDENT – NNE US
Jan 2018 – Sep 2018
Led North American Operations as General Manager with offices in Durham, NC and San Francisco, CA. NNE specialized in pharma engineering providing full service solutions with 180 employees in North America.

DIRECTOR/DEPUTY SITE HEAD
NOVO NORDISK DIABETES API-US
Jun 2015 – Jan 2018
Responsible for ensuring that the global supply chain strategy is realized by establishing a second Diabetes API Manufacturing Facility (2 Billion USD) resulting in a robust supply chain for Diabetes patients.

- Successfully executed the global site selection process for the manufacturing facility location including the development and assessment of incentives, grants, talent acquisition, and technical infrastructure elements.
- Identified strategic partners and drove cohesive collaboration with local/state governments, utility providers, railroad, and multiple US agencies.
- Areas of facility operational responsibility includes permitting, government/community liaison, buildings, Environmental Health and Safety, Site Support, Clean and Black Utilities, Raw Material and Solvents, Warehouse, Metrology and Reliability Maintenance.

DIRECTOR – PRODUCTION SUPPORT
NOVO NORDISK DIABETES FINISHED PRODUCTS
Sep 2012 - Jun 2015
Developed the Project Management Office in order to drive prioritization of projects at Site Clayton while maximizing support resources and ensure efficient project execution. Reorganized the facility organization and facilitated the process that eliminated unexpected facility downtime in order to ensure production

MEMBERSHIPS

Research & Training Zone-Board Member 2015-2017
Determines program requirements in relation to local industry needs for the Workforce Development Center in collaboration with the local community college system.

Southeast Area Study - Stakeholder Member
Coordination with NC-DOT and Capitol Area Metropolitan Planning Organization to develop the transportation and land use prioritization for local municipalities.

North Carolina Biotechnology -Member 2016-2017

North Carolina Biotechnology-Site Leader 2016

ISPE Member 2005-2017

PUBLICATIONS/KEY NOTES

ISPE Annual Meeting
San Diego, California
31 October 2017

PDA Southeast Conference
Durham, North Carolina
15 Jun 2017

ISPE CaSa Annual Life Science Technology Conference
Raleigh, North Carolina
14 March 2017

2017 Annual College Futures Assembly
Orlando, Florida
30 January 2017

ISPE CaSa Education Committee
Clayton North Carolina
01 December 2016

EDUCATION

Electronic Technology - AAS 1986
New River Community College

Instrumentation Technology – AAS 1986
New River Community College

PROFESSIONAL EXPERIENCE

SENIOR PROJECT MANAGER – PDS290
NOVO NORDISK DIABETES FINISHED PRODUCT
Feb 2010 - Sep 2012
Responsible for establishing 100 million PDS290 pen capacity at Site Clayton with global alignment.

- Manage 2.5 year project consisting of 73 million USD investment budget and 1.8 million USD average annual capacity budget.
- Provided program guidance and Site Clayton resources in order to develop Global Knowledge/Skillset Program as well as training and validation standardized approach.
- Responsible for 46 fully dedicated project staff representing all levels and all departments within Site Clayton.
- Assisted in long term site strategy by participating in site planning (COGS20) and budget planning based on future PDS290 volumes.
- Serving on the PDS290 Advisory Board in order to provide global guidance and ensure pre-launch process management.

PROCESS MANAGER – OPERATIONS
NOVO NORDISK DIABETES FINISHED PRODUCTS
Jun 2007 - Feb 2010
Ensured the operational efficiency of Finished core processes with the objective of meeting the plant production schedule and developing the long term site strategy by participating in staff planning (COGS20) and budget planning.

VALIDATION PROJECT LEADER – EXECUTIVE PROJECTS
NOVO NORDISK
Feb 2005 - Jun 2007
Managed all validation efforts including facility, utility, manufacturing equipment, and computer systems associated with capital projects.

SENIOR PROJECT ENGINEER / PROJECT LEADER
GLAXOSMITHKLINE
Dec 2000 - Feb 2005
Responsible for project scope, resource loading, design, execution, and system validation associated with the manufacturing and packaging processes of a new Multi-dose Powder Inhaler pharmaceutical product.

CONTROL SYSTEMS ENGINEER
JACOBS ENGINEERS
Dec 1989 - Mar 1995 Sep 1996 - Dec 2000
Project lead responsible for project execution and leading controls design teams in Pharmaceutical, Chemical, Pulp and Paper, and Power Industries. Glaxo Wellcome Corporate Engineering, providing project management services acting as an Owners Representative for Engineering and Technical Services.

Beloit Corporation	Mar 1995 - Sep 1996
Virginia Power	Jun 1986 – Dec 1989

Feingold, Laura

From: Mark I. Sedar <msedar@pharmacy.nv.gov>
Sent: Monday, March 7, 2022 9:08 AM
To: Feingold, Laura
Subject: RE: Quick Question Which Application to Use . . .

External Email – Please use caution before opening attachments or clicking links

Hi Laura,

Based on your reply, they would need a wholesaler license.

Regards,

Mark Sedar
COO
Nevada State Board of Pharmacy
(775) 850-1440
msedar@pharmacy.nv.gov

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

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

From: Feingold, Laura <laura.feingold@cardinalhealth.com>
Sent: Monday, March 7, 2022 6:19 AM
To: Mark I. Sedar <msedar@pharmacy.nv.gov>
Subject: RE: Quick Question Which Application to Use . . .

[redacted]

Hi, Mark, good morning!

Sorry for the late response. They won't sell/ship directly to patients. Their customers are distributors, pharmacies and DME suppliers. They will provide starter kit samples to physicians so the physician can instruct the patient in use.

Working remote, please email.

CardinalHealth | 50 Years

Laura K. Feingold, PLS
State Licensing Specialist
7400 West 110th Street, Suite 150
Overland Park, KS 66210
913-661-3858 Direct / 913.451.3955 Main
Email: laura.feingold@cardinalhealth.com

[redacted]

I am *Essential to care*

From: Mark I. Sedar <msedar@pharmacy.nv.gov>
Sent: Friday, March 4, 2022 4:43 PM
To: Feingold, Laura <laura.feingold@cardinalhealth.com>
Subject: RE: Quick Question Which Application to Use . . .

External Email – Please use caution before opening attachments or clicking links

Hi Laura,

Who will your patient ship the devices to, patient directly or businesses?

Mark Sedar
COO
Nevada State Board of Pharmacy
(775) 850-1440
msedar@pharmacy.nv.gov

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

CONFIDENTIALITY NOTICE: This message and any accompanying documents are intended only for the use of the individual or entity to which they are addressed. They may contain information that is proprietary, privileged, confidential or exempt from disclosure under applicable Federal or State law. If the reader of this message is not the intended recipient, you are hereby notified that you are strictly prohibited

from reading, using, sharing or copying this communication or its contents. If you have received this email in error, please notify the sender immediately and destroy the original transmission.

From: Feingold, Laura <laura.feingold@cardinalhealth.com>
Sent: Friday, March 4, 2022 9:59 AM
To: Mark I. Sedar <msedar@pharmacy.nv.gov>
Subject: Quick Question Which Application to Use . . .

[redacted]

Hey, Mark, good morning!

I'm assisting a client with preparation of a new application. They are a device virtual manufacturer—not domiciled in Nevada. Their product is an insulin delivery system, no drug inside.

Do I use the wholesaler application or the MDEG?

Working remote, please email.



Laura K. Feingold, PLS
State Licensing Specialist
7400 West 110th Street, Suite 150
Overland Park, KS 66210
913-661-3858 Direct / 913.451.3955 Main
Email: laura.feingold@cardinalhealth.com

[redacted]

I am *Essential to care®*

This message is for the designated recipient only and may contain privileged, proprietary or otherwise private information. If you have received it in error, please notify the sender immediately and delete the original. Any other use of the email by you is prohibited.

Dansk - Deutsch - Espanol - Francais - Italiano - Japanese - Nederlands - Norsk - Portuguese - Chinese Svenska: http://www.cardinalhealth.com/en/support/terms-and-conditions-english.html

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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: Datascope Corp.

Physical Address: 45 Barbour Pond Drive

City: Wayne State: NJ Zip: 07470

Mailing Address (if different from physical address): c/o State License Servicing, 1751 State Route 17A, Suite 3

City: Florida State: NY Zip: 10921

Telephone: (845) 544-2482 Website: www.maquet.com/us

Name of Designated Representative (DR): Victoria M Carenza

Licensing Company Email: DSP@slsny.com DR Email: michelle.carenza@getinge.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: Distribution sites with organization		☐ Others:

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

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

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

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

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

N/A

Date

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

Name: GXO Logistics Supply Chain, Inc.
Address: 2349 Route 130, Suite A City: South Brunswick State: NJ Zip: 08810

Name: Getinge USA Sales, LLC
Address: 1 Geoffrey Way City: Wayne State: NJ Zip: 07470

Name:
Address: City: State: Zip:

Name:
Address: City: State: Zip:

Section 4: Publicly Traded Corporation

N/A

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): Getinge Holdings USA, Inc.
Corporation/Organization Name: Datascope Corp.
Mailing Address: c/o State License Servicing 1751 State Route 17A, Suite 3
City: Florida State: NY Zip: 10921
Telephone: (845) 544-2482 Email: DSP@slsny.com
Contact Person Name: Christine Cannon

Section 6: Partnership

N/A

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

N/A

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.

Datascope Corp.

Facility Name

Jennifer A Paradise

Print Name of Authorized Person Submitting Application

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

12Jul2022

Date

Board Use Only	Date Received: _____	Amount: 1000.00 CK - 1887

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		X
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide: FDA#: 3007965489	X	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/ N/A - Getinge Holdings USA, Inc. 100 % sole ownership		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances** N/A - No CS	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **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/.		✓	✓	✓

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 8/4/2022

Registration Number: 5004738 **Registered as:** Manufacturer

Name: DATASCOPE CORP.

DBA:

Address: 1300 MACARTHUR BLVD, MAHWAH, NJ 07430

Original Issue Date: 03/19/2015 **Expiration Date:** 01/31/2023

Current Issue Date: 11/10/2021

Disciplines: No

Additional Registered Addresses:
15 LAW DR, FAIRFIELD, NJ 07004
45 BARBOUR POND DR, WAYNE, NJ 07470

NJ VOL

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 6/30/2022

Registration Number: 5001068 **Registered as:** Manufacturer

Name: DATASCOPE CORPORATION

DBA:

Address: 14 PHILIPS PKWY, MONTVALE, NJ 07645

Original Issue Date: 04/27/2000 **Date Inactive:** 10/02/2014

Current Issue Date: 01/11/2008

Disciplines: No

Additional Registered Addresses:
800 MACARTHUR BLVD, MAHWAH, NJ 07430
1300 MACARTHUR BLVD, MAHWAH, NJ 07430
15 LAW DRIVE, FAIRFIELD, NJ 07004

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)

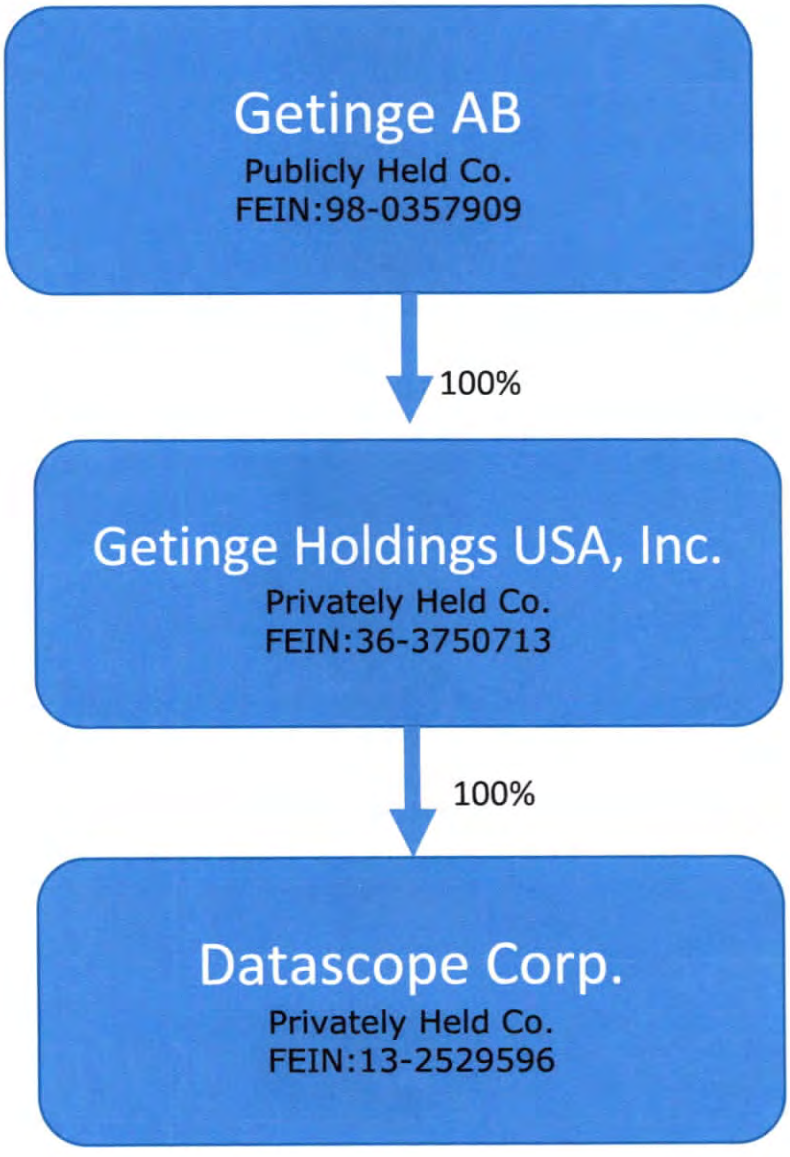
To: "'SLSNYSupport.com'" <help@slsnysupport.com>

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 Home State- No official verifications

Datascope Corp. Ownership Chart



Good Standing

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DATASCOPE CORP." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF FEBRUARY, A.D. 2022.

Jeffrey W. Bullock, Secretary of State

2209780 8300

SR# 20220665668

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

Authentication: 202750746

Date: 02-24-22

Datascope Corp.

Corporate Address: 1300 MacArthur Blvd., Mahwah, NJ 07430 USA
FEIN: 13-2529596
www.maquet.com/us

Drug Labeler Code: 2249723
Incorporation State: DE
Incorporation Date: 10/5/1989

FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
BPD	45 Barbour Pond Drive Wayne, NJ 07470 County: Passaic	3007965489	N/A - No CS		No	(973) 709-7000	N/A

FACILITY DESIGNATED REPRESENTATIVES

Name	Address	Title	Prescribing Authority
Victoria M Carenza	[redacted]Lafayette Place Fair Lawn, NJ 07410	Quality Compliance Manager	No

OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority
Getinge Holdings USA, Inc.	45 Barbour Pond Drive Wayne, NJ 07470		100	

LIST OF OFFICERS

Name	Address	Title	Prescribing Authority
Stephanie B Trizinski	[redacted]Clifford Drive Towaco, NJ 07082	VP, Cardiac Surgery	No
Jennifer A Paradise	[redacted]Hill Hollow Road Warren, NJ 07059	VP, Cardiac Assist	

REGISTERED AGENT IN ALL APPLICABLE STATES

Name
Incorp Services, Inc.

3PLS

Name	Address	Title	Prescribing Authority
GXO Logistics Supply Chain, Inc.	2349 Route 130, Suite A South Brunswick, NJ 08810		

Company particulars

U.S. Department of Health & Human Services

a A A

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SEARCH

FDA U.S. FOOD & DRUG ADMINISTRATION

Home | Food | Drugs | Medical Devices | Radiation-Emitting Products | Vaccines, Blood & Biologics | Animal & Veterinary | Cosmetics | Tobacco Products

Establishment Registration & Device Listing

FDA Home › Medical Devices › Databases

New Search | Back To Search Results

Establishment:
Datascope Corp
45 Barbour Pond Drive
Wayne, NJ 07470
Registration Number: 3007965489
FEI Number*: 3007965489
Status: Active
Date Of Registration Status: 2022

Owner/Operator:
Datascope Corp.
15 Law Drive
Fairfield, NJ US 07004
Owner/Operator Number: 2221819

Official Correspondent:
Dennis Genito
15 Law Drive
Fairfield, NJ 07004
Phone: 973-7097515

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

Page Last Updated: 03/14/2022
Note: If you need help accessing information in different file formats, see Instructions for Downloading Viewers and Players.
Language Assistance Available: Español | 繁體中文 | Tiếng Việt | 한국어 | Tagalog | Русский | العربية | Kreyòl Ayisyen | Français | Polski | Português | Italiano | Deutsch | 日本語 | فارسی | English

FDA

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: Datascope Corp.

Physical Address: 45 Barbour Pond Drive

City: Wayne State: NJ Zip: 07470

Mailing Address (if different from physical address): c/o State License Servicing 1751 State Route 17A, Suite 3

City: Florida State: NY Zip: 10921

Telephone: (845) 544-2482 Website: www.maquet.com/us

Licensing Company Email: DSP@slsny.com

Section 2: Personal Information

First: Victoria Middle: M Last: Carenza

Alias(es, nicknames, name changes, etc.): Michelle Carenza, Michelle Fox

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

Mailing Address: [redacted] Lafayette Place

City: Fair Lawn State: NJ Zip: 07410

Telephone: [redacted] Email: [redacted]@getinge.com

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

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

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

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

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

Applicant's initials _____

NEVADA STATE BOARD OF PHARMACY

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

Designated Representative Application

Rev (04/22/2021)

An application for a license, or a licensee with a license, to conduct a pharmacy or to operate as a wholesaler shall designate at least one natural person to serve as the representative of the pharmacy or wholesaler. The Board will not issue or renew a license of an applicant or licensee that is required to designate a representative of a pharmacy or wholesaler unless the Board determines that the designated natural person meets the following qualifications per NAC 639.5005 (Pharmacy) or NAC 639.5935 (Wholesaler):

1. Is at least 21 years of age;
2. Has been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.

The designated representative of a pharmacy or a wholesaler:

1. Must be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
2. Must be employed full-time in a managerial level position with the pharmacy or wholesaler;
3. Must be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
4. May serve in this representative capacity for only one pharmacy or wholesaler at a time

A pharmacy or wholesaler that is required to designate a natural person as its representative shall not open or operate the pharmacy or wholesaler unless that representative is actually employed full-time in the operation of the pharmacy or wholesaler and is physically present at the site of the pharmacy or wholesaler during regular working hours, not including sick leave, vacation leave and other authorized absences from work. If the natural person designated as the representative of a pharmacy leaves the employ of the pharmacy or wholesaler, thus leaving the pharmacy or wholesaler without a representative in violation of this section, the pharmacy or wholesaler shall:

1. Immediately cease conducting business until another qualified natural person is approved by the Board to serve as the representative of the pharmacy or wholesaler; and
2. Not later than 48 hours after that person leaves its employ, notify the Board that the person designated as the representative of the pharmacy or wholesaler has left the employ of the pharmacy or wholesaler.

Before a pharmacy or wholesaler, that is in violation of NAC 639.5005 (Pharmacy) or NAC 639.5935 (Wholesaler) because the natural person designated as the representative of the pharmacy or wholesaler left the employ of the pharmacy or wholesaler, may continue conducting business:

1. The pharmacy or wholesaler must designate, on a form provided by the Board, a new natural person to serve as the representative of the pharmacy; and
2. The Board must approve the natural person so designated.

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)	
Datascope Corp.			04/2017-Present	
Business Address		**City**	**State**	**Zip**
45 Barbour Pond Drive		Wayne	NJ	07470
Phone	**Title**		**Number of Employed Hours**	
(973) 709-7000	Senior Manager, Quality Compliance		8,320 @ 40 hrs a week	
Description of Duties				
Responsible for the Quality Complaince team for both the Cardiac Assist and Cardiac Surgery/Vascular Intervention business units. Process owner for CAPA, Auditing, Quality Planning, Monthly Metrics/Management Review, etc.				

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

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

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

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

Continue on next page if additional space is needed.

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

School Name			From - To (MM/YY – MM/YY)
East Tennessee State University			08/2007 - 05/2010
Address	**City**	**State**	**Zip**
1276 Gilbreath Dr.	Johnson City	TN	37614
Diploma/Degree obtained, if any			
Bachelor of Science, Manufacturing Engineering Technology			

School Name			From - To (MM/YY – MM/YY)
Walters State Community College			08/2002 - 05/2005
Address	**City**	**State**	**Zip**
500 S Davy Crockett Parkway	Morristown	TN	37813
Diploma/Degree obtained, if any			
Associates Degree, Pre-Engineering			

School Name			From - To (MM/YY – MM/YY)
Cocke County High School			09/1999 - 06/2002
Address	**City**	**State**	**Zip**
216 Hendrick Drive	Newport	TN	37821
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
03/11 - Present	[redacted]afayette Place	Fair Lawn	NJ	07410
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

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

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

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

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

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

Applicant's initials _____

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

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:

N/A

Original Signature (electronic, copies or stamps not accepted)

N/A

Date

Applicant's initials VMC

I, Victoria M Carenza, **certify that as the designated representative for**

Datascope Corp.,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Victoria M Carenza

Print Name (First, Last)

V Michelle Carenza

Original Signature (electronic, copies or stamps not accepted)

13-Jul-2022

Date

Applicant's initials VMC

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

Victoria M Carenza

Print Name (First, Last)

V Michelle Carenza — 13-Jul-2022

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 Bergen

I, Victoria M Carenza, 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.

V Michelle Carenza — 13 Jul 2022

Original Signature — Victoria M Carenza — Date

Subscribed and Sworn to before me this 13th day of July, 2022

Notary Public Signature

ERIC WOO
NOTARY PUBLIC OF NEW JERSEY
Commission # 50128041
My Commission Expires 5/27/2025

(Seal)

Applicant's initials VMC

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 Datascope Corp. MDEG License # (if applicable) N/A

Physical Address 45 Barbour Pond Drive

City Wayne State NJ Zip 07470

Mailing Address (if different from physical address) 12 Lafayette Place c/o State License Servicing, 1751 State Route 17A, Suite 3

City Fair Lawn State NJ Zip 07410

Telephone (845) 544-2482 Website www.maquet.com/us

Licensing Company Email DSP@slsny.com

Section 2: Personal Information

First Victoria Middle M Last Carenza

Alias(es, nicknames, name changes, etc.) Michelle Carenza, Michelle Fox

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

Mailing Address [redacted]Lafayette Place

City Fair Lawn State NJ Zip 07410

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

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

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

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

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)

NAC 639.694

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
East Tennessee State University		08/2007 - 05/2010	
Address	**City**	**State**	**Zip**
1276 Gilbreath Dr.	Johnson City	TN	37614
Diploma/Degree obtained, if any			
Bachelor of Science, Manufacturing Engineering Technology			

School Name		From - To (MM/YY – MM/YY)	
Walters State Community College		08/2002 - 05/2005	
Address	**City**	**State**	**Zip**
500 S Davy Crockett Parkway	Morristown	TN	37813
Diploma/Degree obtained, if any			
Associates Degree, Pre-Engineering			

School Name		From - To (MM/YY – MM/YY)	
Cocke County High School		09/1999 - 06/2002	
Address	**City**	**State**	**Zip**
216 Hendrick Drive	Newport	TN	37821
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
03/2011 - Present	[redacted]Lafayette Place	Fair Lawn	NJ	07410
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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)	
Datascope Corp.		04/2017 - Present	
Business Address	**City**	**State**	**Zip**
45 Barbour Pond Drive	Wayne	NJ	07470
Phone	**Title**	**Number of Employed Hours**	
(973) 709-7113	Senior Manager, Quality Compliance	8,320 @ 40 hrs a week	
Description of Duties			
Worked within the quality and compliance department as the audit coordinator, performed internal audits to ensure compliance, led an internal audit improvement project.			

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

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

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

N/A

Original Signature (electronic, copies or stamps not accepted)

N/A

Date

I, Victoria M Carenza, **certify that as the MDEG Administrator for**

Datascope Corp.,

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

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

Victoria M Carenza
Print Name (First, Last)

V Michelle Carenza
Original Signature (electronic, copies or stamps not accepted)

13-Jul-2022
Date

Board Use Only	Date Received: _____

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 06/30/2022

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

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

PRODUCER
Willis of New Jersey, 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: Zurich American Insurance Company	16535
INSURER B: Liberty Mutual Fire Insurance Company	23035
INSURER C: Liberty Insurance Corporation	42404
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
Maquet Cardiovascular LLC
45 Barbour Pond Drive
Wayne, NJ 07470

COVERAGES **CERTIFICATE NUMBER:** W25283130 **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 X CLAIMS-MADE ☐ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO-JECT ☐ LOC OTHER:			GLC0080000-07	07/01/2022	07/01/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 5,000,000 $ 300,000 $ 10,000 $ 5,000,000 $ 10,000,000 $ 10,000,000
B	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY			AS2-611-258652-012	07/01/2022	07/01/2023	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 2,000,000 $ $ $
	UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED ☐ RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N No (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		WA7-61D-258652-042	07/01/2022	07/01/2023	X PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 1,000,000 $ 1,000,000 $ 1,000,000
C	Workers Compensation and Employers Liability Per Statute			WC7-611-258652-032	07/01/2022	07/01/2023	EL Each Accident EL Disease - Each Emp EL Disease - Policy	$1,000,000 $1,000,000 $1,000,000

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

CERTIFICATE HOLDER

MAQUET CARDIOVASCULAR, LLC
AND MAQUET INC.
45 BARBOUR POND DRIVE
WAYNE, NJ 07470

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

Bond

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. K15754382

Application/License No. _____

Datascope Corp. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 45 Barbour Pond Drive, Wayne, NJ 07470 (Address of Applicant/Principal), as PRINCIPAL, and Federal Insurance Company (Surety Company), a corporation organized under the laws of the state of Indiana (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 202B Halls Mill Road, P.O. Box 1650, Whitehouse Station, NJ 08889 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on March 31st, 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 31st day of March, 2022.

APPLICANT/PRINCIPAL
Datascope Corp.
COMPANY

Authorized Representative

SURETY
Federal Insurance Company

Surety Company's Representative

Kelly M. Shea, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

CHUBB

Power of Attorney

Federal Insurance Company | Vigilant Insurance Company | Pacific Indemnity Company
Westchester Fire Insurance Company | ACE American Insurance Company

Know All by These Presents, that FEDERAL INSURANCE COMPANY, an Indiana corporation, VIGILANT INSURANCE COMPANY, a New York corporation, PACIFIC INDEMNITY COMPANY, a Wisconsin corporation, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY corporations of the Commonwealth of Pennsylvania, do each hereby constitute and appoint Jessica M Greene, Christopher K. Shea and Kelly M. Shea of Rochester, New York ——

each as their true and lawful Attorney-in-Fact to execute under such designation in their names and to affix their corporate seals to and deliver for and on their behalf as surety thereon or otherwise, bonds and undertakings and other writings obligatory in the nature thereof (other than bail bonds) given or executed in the course of business, and any instruments amending or altering the same, and consents to the modification or alteration of any instrument referred to in said bonds or obligations.

In Witness Whereof, said FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY have each executed and attested these presents and affixed their corporate seals on this 2nd day of March, 2020.

Dawn M. Chloros

Dawn M. Chloros, Assistant Secretary

Stephen M. Haney

Stephen M. Haney, Vice President

STATE OF NEW JERSEY
County of Hunterdon ss.

On this 2nd day of March, 2020 before me, a Notary Public of New Jersey, personally came Dawn M. Chloros and Stephen M. Haney, to me known to be Assistant Secretary and Vice President, respectively, of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY, the companies which executed the foregoing Power of Attorney, and the said Dawn M. Chloros and Stephen M. Haney, being by me duly sworn, severally and each for herself and himself did depose and say that they are Assistant Secretary and Vice President, respectively, of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY and know the corporate seals thereof, that the seals affixed to the foregoing Power of Attorney are such corporate seals and were thereto affixed by authority of said Companies, and that their signatures as such officers were duly affixed and subscribed by like authority.

Notarial Seal

KATHERINE J. ADELAAR
NOTARY PUBLIC OF NEW JERSEY
No. 2316685
Commission Expires July 16, 2024

Notary Public

CERTIFICATION

Resolutions adopted by the Boards of Directors of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, and PACIFIC INDEMNITY COMPANY on August 30, 2016; WESTCHESTER FIRE INSURANCE COMPANY on December 11, 2006; and ACE AMERICAN INSURANCE COMPANY on March 20, 2009:

"RESOLVED, that the following authorizations relate to the execution, for and on behalf of the Company, of bonds, undertakings, recognizances, contracts and other written commitments of the Company entered into in the ordinary course of business (each a "Written Commitment"):

(1) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise.

(2) Each duly appointed attorney-in-fact of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise, to the extent that such action is authorized by the grant of powers provided for in such person's written appointment as such attorney-in-fact.

(3) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to appoint in writing any person the attorney-in-fact of the Company with full power and authority to execute, for and on behalf of the Company, under the seal of the Company or otherwise, such Written Commitments of the Company as may be specified in such written appointment, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.

(4) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to delegate in writing to any other officer of the Company the authority to execute, for and on behalf of the Company, under the Company's seal or otherwise, such Written Commitments of the Company as are specified in such written delegation, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.

(5) The signature of any officer or other person executing any Written Commitment or appointment or delegation pursuant to this Resolution, and the seal of the Company, may be affixed by facsimile on such Written Commitment or written appointment or delegation.

FURTHER RESOLVED, that the foregoing Resolution shall not be deemed to be an exclusive statement of the powers and authority of officers, employees and other persons to act for and on behalf of the Company, and such Resolution shall not limit or otherwise affect the exercise of any such power or authority otherwise validly granted or vested."

I, Dawn M. Chloros, Assistant Secretary of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY (the "Companies") do hereby certify that

(i) the foregoing Resolutions adopted by the Board of Directors of the Companies are true, correct and in full force and effect.
(ii) the foregoing Power of Attorney is true, correct and in full force and effect.

Given under my hand and seals of said Companies at Whitehouse Station, NJ, this 31st day of March, 2022

Dawn M. Chloros

Dawn M. Chloros, Assistant Secretary

IN THE EVENT YOU WISH TO VERIFY THE AUTHENTICITY OF THIS BOND OR NOTIFY US OF ANY OTHER MATTER, PLEASE CONTACT US AT:
Telephone (908) 903-3493 Fax (908) 903-3656 e-mail: surety@chubb.com

CORPORATION ACKNOWLEDGMENT

STATE OF
COUNTY OF

On this 31st day of March in the year 2022, before me personally came Alistair Lynn to me known, who, being by me duly sworn, did depose and say he resides in Wayne; that he is the CFO of Datascope Corp the corporation described in and which executed the foregoing instrument; that the seal affixed to the said instrument is such corporate seal; and that it was so affixed by order of the Board of Directors of the said corporation, and that he signed his name thereto by like order.

Notary Public

SUSAN EVANS NOTARY PUBLIC PASSAIC COUNTY, NEW JERSEY No. 2242283 Exp. March 9, 2025

SURETY ACKNOWLEDGMENT

STATE OF NEW YORK
COUNTY OF MONROE

On this 31st day of March in the year 2022, before me personally came Kelly M. Shea to me known, who, being by me duly sworn, did depose and say that he resides in Rochester. New York; that he is the Attorney-In-Fact of Federal Insurance Company the corporation described in and which executed the foregoing instrument; that the seal affixed to the said instrument is such corporate seal; and that it was so affixed by order of the Board of Directors of the said corporation, and that he signed his name thereto by like order.

Jessica M. Greene
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01GR6412198
Qualified in Monroe County
Commission Expires December 21, 2024

Notary Public

FEDERAL INSURANCE COMPANY

STATEMENT OF ASSETS, LIABILITIES AND SURPLUS TO POLICYHOLDERS

Statutory Basis

JUNE 30, 2019

(in thousands)

ASSETS		*LIABILITIES AND SURPLUS TO POLICYHOLDERS*	
Cash and Short Term Investments	$ (476,792)	Outstanding Losses and Loss Expenses	$ 6,750,802
United States Government, State and Municipal Bonds	4,811,955	Reinsurance Payable on Losses and Expenses	1,232,039
Other Bonds	5,021,431	Unearned Premiums	1,958,666
Stocks	32,020	Ceded Reinsurance Premiums Payable	377,358
Other Invested Assets	930,899	Other Liabilities	886,035
TOTAL INVESTMENTS	10,319,513	TOTAL LIABILITIES	11,186,900
Investments in Affiliates:		Capital Stock	20,880
Great Northern Ins. Co.	388,764	Paid-In Surplus	2,711,473
Vigilant Ins. Co.	337,205	Unassigned Funds	1,399,031
Chubb Indemnity Ins. Co.	177,261		
Chubb National Ins. Co.	178,871	SURPLUS TO POLICYHOLDERS	4,131,484
Chubb European Inv. Holdings, SLP	126,252		
Other Affiliates	89,644		
Premiums Receivable	1,432,640		
Other Assets	2,267,434		
TOTAL ADMITTED ASSETS	$ 15,318,384	TOTAL LIABILITIES AND SURPLUS	$15,318,384

Investments are valued in accordance with requirements of the National Association of Insurance Commissioners. At June 30, 2019, investments with a carrying value of $609,132,062 were deposited with government authorities as required by law.

STATE OF PENNSYLVANIA

COUNTY OF PHILADELPHIA

John Taylor, being duly sworn, says that he is Senior Vice President of Federal Insurance Company and that to the best of his knowledge and belief the foregoing is a true and correct statement of the said Company's financial condition as of the 30 th day of June, 2019.

Sworn before me this August 27, 2019

Senior Vice President

Notary Public

August 8, 2023
My commission expires

Commonwealth of Pennsylvania - Notary Seal
Diane Wright, Notary Public
Philadelphia County
My commission expires August 8, 2023
Commission number 1235745
Member, Pennsylvania Association of Notaries

First Name	Last Name	Job Title
Margarita	Ogando	Manufacturing Operations Lead
Shirley	Guillen Diaz	Sr. Manufacturing Operator
Daniel	Kadkwai	Sr. Electronic Technician
Syed	Ahmed	Sr. Manufacturing Operator
Vicente	Iturvide	Manufacturing Operator
Gino	Reyes	Sr. Manufacturing Operator
Aden	Orto	Manufacturing Operator
Richard	Montalvo	Manufacturing Operations Lead
Paul	McEvoy	Sr. Manufacturing Operator
Sonny	Pardo	Sr. Manufacturing Operator
Wanda	Lopez	Manufacturing Operator
Mark	Kolta	Sr. Electronic Technician
Greydys	Silva-Banos	Manufacturing Operations Lead
Jose	Acosta	Manufacturing Operator
Joseph	Ponzi	Sr. Electronic Technician
Sergio	Rivera	Sr. Electronic Technician
Pamela	Palmer	Sr. Electronic Technician
Bibars	Gish	Manufacturing Operations Lead
Jesus	Ramirez	Sr. Electronic Technician
Iris	Rodriguez	Manufacturing Operations Lead
Ankita	Patel	Manufacturing Operator
Amul	Mehta	Sr. Electronic Technician
Abdellatif	Berkane	Sr. Electronic Technician
Roberto	Ordillano	Manufacturing Operator
Christian	Dries	Shipping Clerk I
Sandra	Aponte	Supervisor, Manufacturing
Alexei	Revoredo	Production Technician
David	Dolengo	Shipping Clerk I
Victor	Taveras	Shipping & Receiving Lead
Barbara	Almonte	Sr. Manufacturing Operator
Jeffrey	Hagues	Chemical Processor
John	Murray	Textile Processing Lead
Cinthya	Valenzuela	Shipping/Receiving Clerk II
Frederick	Bohannon	Chemical Processing Lead
William	Paretti	Sr. Sourcing Buyer
Kuljeet	Rai	Sr. Engineer, Quality & CAPA Process
Mina	Guirgis	Engineer II, Quality
Nam	Phan	Sr. Quality Engineer
Mikhail	Smimov	Manager, Design Control
Elizabeth	Vinson	Engineer II, Design Quality
Hrushikesh	Patel	Manager, Supplier Quality
Hiren	Rana	Engineer II, Design Quality
Israel	Montanez	Manager, Quality Control

Samuel	Kim	Engineer II, Quality
Ahmed	Kandil	Sr. Quality Engineer
Rozalin	Gris	Engineer II, Quality
Joseph	Petruzzelli	Principal Engineer, Usability
Sarah	Matloff	Sr. Engineer, Systems
Jorge	Taboada	Sr. Engineer, Electrical
Kevin	Kohlsaat	Engineer I, R&D
Joseph	Izzo	Principal Systems Engineer
Rebecca	Levin	Engineer I, Systems
Eric	McClatchie	Sr. Principal Engineer, Electrical
Hamdi	Karkat	Sr. Engineer, Electrical
William	Hall	Fellow Engineer, Electrical
Larissa	Hernandez	Engineer I, Production
Ruth	Smith	Sr. Engineer
David	Ludwig	Supervisor, Engineer
Mena	Gerges	Sr. Engineer, Production
Gregory	Hecker	Supervisor, Engineer
Robert	Tucker	Principal Engineer, Production
Joseph	D'Alterio	Sr. Engineer, Production
Alexander	Syzonenko	Sr. Engineer, Production
Anthony	Battaglia	Sr. Engineering Technician, R&D
Jocelyn	Isip	Associate Engineering Technician, R&D
Diana	Thimmaiah	Sr. Engineer, Software
Laura	Trumper	Engineer II, Software
Frank	Laba	Sr. Engineering Technician, Software
Frank	Erli	Fellow Engineer, Software
Scott	Eaton	Principal Engineer, Software
Gail	Easse	Sr. Engineer, Software
Susan	Hebert	Sr. Principal Engineer, Software
Philmore	Halls	Principal Engineer, Software
Rui	Silva	Principal Engineer, Software
Robert	Freamon	Principal Engineer, Software
Daniel	Zahner	Manager, Software & Systems Engineering
Francis	Cartey	Principal Engineer, Software
Dennis	Geer	Sr. Service Technician
Carl	Famulare	Technical Associate
Kubilay	Ozbek	Maintenance Technician II
Mohamed	Eladawi	Engineer II, Production
Julissa	Monahan	Engineer II, Production
Erika	Sarajian	Engineer II, Production
Edwin	Sifuentes	Supervisor, Calibration
Raul	Chicaiza	Engineer I, Manufacturing Sustaining
Steven	Leidenfrost	Engineer II, Electrical
Stephen	Petraglia	Sr. Engineer, Production

Soonkyom	Yoon	Manager, Mechanical Engineering
Rafael	Bishay	Project Leader, R&D
Jenny	Dahabsu	Project Leader, R&D
Jennifer	Kaus	Project Manager, R&D
Sachi	Ramcharitar	Project Manager, R&D
Jun	Liu	Program Manager, R&D
Stergios	Zacharia	Buyer I, Direct
Paula	Douma	Sr. Buyer
Eloisa	Sanchez	Project Analyst
Connor	Griesel	Engineer I, Production
Cristian	Georgescu	Engineer II, Production
Kenneth	Brown	Sr. Engineer, Production
Karim	Camargo	Document Control Specialist
Michael	Blackwood	Document Control Specialist
Stephanie	Moretti	Document Control Specialist
Robert	Velebir	Global Technical Services & Training Programs M
Janice	Clayson	Technical Services Requirements Specialist
Robert	Kaelblein	Sr. Technical Support Specialist
Mark	Miller	Sr. Manager, Global Sales & Service Training, Car
Dawn	Frey	Training Administrator
Mykhailo	Kazakov	Product Manager
Laura	Miller	Marketing Specialist II
Jennifer	Herbst	Sr. Product Manager
Joanne	Meikle	Sr. Global Clinical Program Manager
Christopher	Pawlak	Product Manager, Cardiac Assist - IABP
Kevin	Rye	Engineer II, Quality
Eneida	Mendez	QC Inspector II
Varghese	Mundanchira	Sr. QC Inspector
Ginette	Nunez Garcia	Sr. Quality Engineering Technician
Rosario	Castro	QC Inspector II
Robert	Antoniuk	Sr. QC Technician
Mark	Guirguis	Sr. Engineer
Lara	Sarraf	Sr. Principal Engineer, Biomedical
Todd	Wilson	Engineer, Biomedical
Manish	Modi	Sr. Engineer, Biomedical
Daniel	Katz	Sr. Manager, Engineering Program Management
Michael	Puma	Sr. Director, Engineering and New Product Devel
Julio	Monroy	Sr. Director, Marketing CA
Alain	Forget	Director, Business Development
John	Tomkowid	Sr. Engineer, Supplier Quality
Katie	DeFranco-Norton	Engineer II, Supplier Quality
Angelica	OHara	Engineer I, Supplier Quality
Randy	Rauch	Sr. Engineer, Supplier Quality
Ralph	Ebler	Sr. Manager, R&D Software Engineering

Brianne	Bernardo	Administrative Assistant IV, R&D
Shrenik	Daftary	Sr. Manager, Systems & Electrical Engineering
Paul	Nigroni Jr	Director, Innovation
Brian	Prais	Director, R&D Engineering
Tammy	D'imperio	Manager, R&D Operations
Steven	Soklevski	Calibration Technician IV
Patrick	Rossidivito	Calibration Technician II
Doreen	Doig	Engineer I, Calibration
Raphael	Dickerson	Calibration Technician II
Gerald	Ebio	Sr. Engineer, Quality Software Validation
Abdelilah	Latabi	Engineer I, Production
John Edison	de Vergara	Engineer II, Production
John	Griesler	Engineer I, Production
Ronald	Shaban	Engineer II, Production
Jhann	Heras	Engineer II, Production
Lidia	Jones	Sr. Technical Services ERP Data Analyst
Dawn	Paull	Sr. Supply Planner
Nevar	Booker	Manager II, Manufacturing
Joel	Fernandez Santos	Supervisor, National Repair Center
Scott	DePalma	Sr. Manager, Sustaining & Production Engineerin
Walter	Krahn	Sr. Service Parts Specialist
Beth	Cheney	Sr. Project Manager
Isabelle	Prokopenko	Engineer I, Production
William	Parr	Sr. Engineer, Production
Louis	Serra	Sr. Engineer, Production
Isaac	Awad	Engineer II, Production
Jennifer	Paradise	VP, Product Area - Cardiac Assist
Youwei	Zhang	Sr. Engineer, Mechanical
Robert	Hoff	Principal Engineer, Mechanical
Julie	Fuentes	Engineer II, Mechanical
Alex	Vinogradov	Sr. CAD Designer/Drafter
William	Repka	Principal Engineer, Mechanical
Samuel	Wishnie	Engineer I, R&D
Patrick	Adee	Principal Engineer, Mechanical
Yun	Yi	Engineer II, Mechanical
David	Hojnacki	Sr. Engineer, Systems
Frank	Giordano	Principal Engineer, Software

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)

Where is the facility located?		☐ Nevada ☒ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☐ New Wholesaler ☒ Ownership Change* Grandparent level ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH WH02593	☐ 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: Edenbridge Pharmaceuticals, LLC

Physical Address: 169 Lackawanna Ave, Suite 110

City: Parsippany State: NJ Zip: 07054

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.edenbridgepharma.com

Name of Designated Representative (DR): Patrick P. Chu Esq.

Licensing Company Email: EBP@slsny.com DR Email: pchu@edenbridgepharma.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: US Gov't. & Distributors		☐ Others:

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

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

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

Date of Event/Arrest	Disposition Date	State	City	County

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

Reason/Charge

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

Name of Business/Industry/Entity

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

N/A

Date

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

Name: _____

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): Edenbridge Acquisition Co. LLC

Corporation/Organization Name: Edenbridge Pharmaceuticals, 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: EBP@slsny.com

Contact Person Name: Christine Cannon

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: Drug Labeler: 42799	X	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/ N/A - Edenbridge Acquistion Co. LLC 100% ownership		✓	✓	✓
• **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/ N/A - No Medical Devices, Equipment or 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 Medical 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.

Edenbridge Pharmaceuticals, LLC

Facility Name

Patrick P. Chu Esq.

Print Name of Authorized Person Submitting Application

Patrick Chu

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

6/30/22

Date

Board Use Only	Date Received: _____	Amount: 1000.00 CK-40380

Edenbridge Pharmaceuticals, LLC

Corporate Address: 169 Lackawanna Ave, Suite 110, Parsippany, NJ 07054 USA
FEIN: 26-1870197
www.edenbridgepharma.com

Drug Labeler Code: 42799
Incorporation State: DE
Incorporation Date: 1/31/2008

FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
SIP	169 Lackawanna Ave, Suite 110 Parsippany, NJ 07054 County: Morris	N/A	RE0495689 (Manufacturer) RD0205333 (3PL's Distributor)	948715060	No	(201) 292-1292	(201) 292-1292

FACILITY DESIGNATED REPRESENTATIVES

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Patrick P. Chu Esq.	[redacted]Farmdale Road Franklin Lakes, NJ 07417	President	No	[redacted]	[redacted]	[redacted]

OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority	FEIN/SSN	DOB	Driver's License
Edenbridge Acquisition Co. LLC	485 Lexington Avenue, 23F New York, NY 10017	N/A	100	N/A	81-4629315	N/A	N/A

LIST OF OFFICERS

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Michael Ryan Collins	[redacted]Budd Avenue Chester, NJ 07930	CEO	No	[redacted]	[redacted]	[redacted]
Patrick P. Chu Esq.	[redacted]Farmdale Road Franklin Lakes, NJ 07417	President	No	[redacted]	[redacted]	[redacted]

3PLS

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Eversana	4580 S Mendenhall Road Memphis, TN 38141					

Company Particulars

Home State (NJ)
Good Standing

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

EDENBRIDGE PHARMACEUTICALS LLC
0400222197

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 March 17, 2008.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

MARC PADRE
169 LACKAWANNA AVENUE
SUITE 110
PARSIPPANY, NJ 07054

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 18th day of January, 2022

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6127456833

Verify this certificate online at

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

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 6/24/2022

Registration Number: 5003797 **Registered as:** Manufacturer and Wholesale

Name: EDENBRIDGE PHARMACEUTICALS LLC

DBA:

Address: 169 LACKAWANNA AVE, STE 110 , PARSIPPANY, NJ 07054

Original Issue Date: 07/28/2009 **Expiration Date:** 01/31/2023

Current Issue Date: 11/19/2021

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 official verifications online only

U.S. Department of Health and Human Services

FDA U.S. FOOD & DRUG ADMINISTRATION

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National Drug Code Directory

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Current through August 04, 2022

You have searched Finished drug products

Search Results '42799'

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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	Start Marketing Date	End Marketing Date	Market Category	Package Description
Albendazole	42799-110-02	200 mg/1	TABLET	ORAL	ANDA211117	Edenbridge Pharmaceuticals LLC	42799-110	Albendazole	ALBENDAZOLE	HUMAN PRESCRIPTION DRUG	05/17/2019	N/A	ANDA	2 TABLET in 1 BOTTLE (42799-110-02)
Aminocaproic Acid	42799-054-02	500 mg/1	TABLET	ORAL	ANDA212110	Edenbridge Pharmaceuticals LLC	42799-054	Aminocaproic Acid	AMINOCAPROIC ACID	HUMAN PRESCRIPTION DRUG	06/02/2021	N/A	ANDA	30 TABLET in 1 BOTTLE (42799-054-02)
Bisoprolol Fumarate and Hydrochlorothiazide	42799-920-01	2.5 mg/1 6.25 mg/1	TABLET, FILM COATED	ORAL	ANDA212678	Edenbridge Pharmaceuticals LLC	42799-920	Bisoprolol Fumarate and Hydrochlorothiazide	BISOPROLOL FUMARATE; HYDROCHLOROTHIAZIDE	HUMAN PRESCRIPTION DRUG	04/30/2019	N/A	ANDA	100 TABLET, FILM COATED in 1 BOTTLE (42799-920-01)
Bisoprolol Fumarate and Hydrochlorothiazide	42799-920-02	2.5 mg/1 6.25 mg/1	TABLET, FILM COATED	ORAL	ANDA212678	Edenbridge Pharmaceuticals LLC	42799-920	Bisoprolol Fumarate and Hydrochlorothiazide	BISOPROLOL FUMARATE; HYDROCHLOROTHIAZIDE	HUMAN PRESCRIPTION DRUG	04/30/2019	N/A	ANDA	500 TABLET, FILM COATED in 1 BOTTLE (42799-920-02)

Edenbridge
Pharmaceuticals

September 13, 2018

To Whom It May Concern:

As of September 13, 2018, the officers of Edenbridge Pharmaceuticals, LLC are as follows:

- Michael Ryan Collins, CEO
- Patrick P. Chu, President

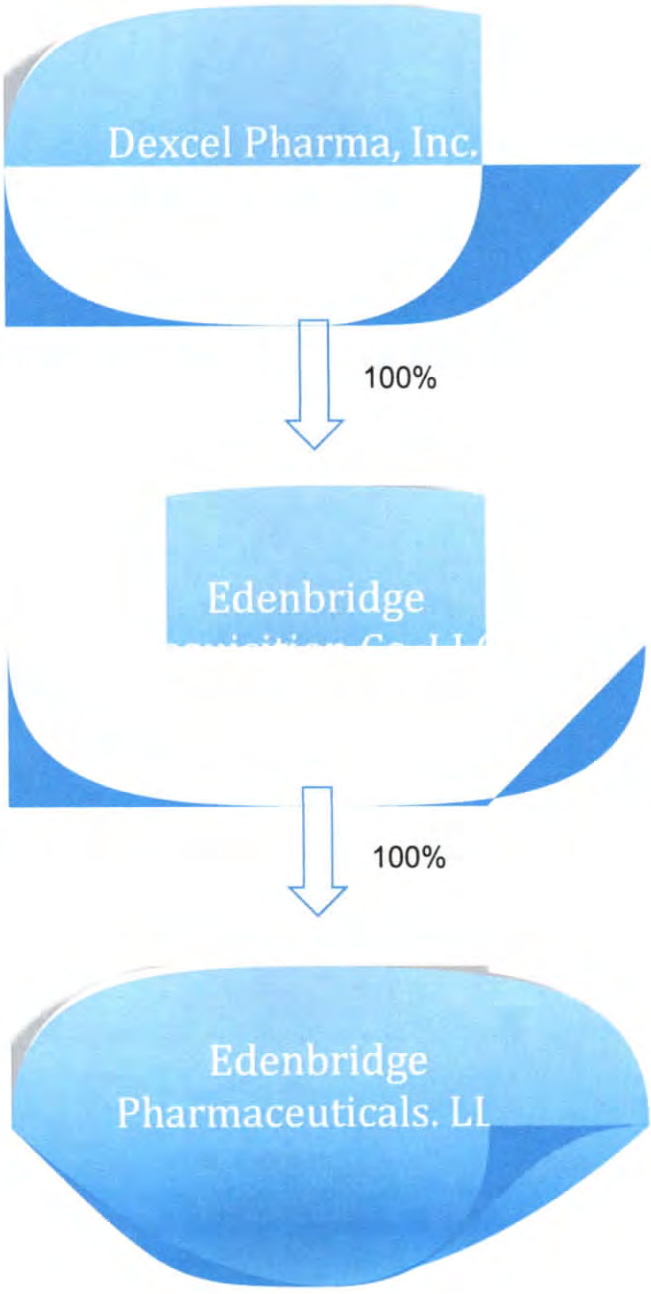
Should you have any additional questions or concerns, please feel free to contact me directly at [redacted] or pchu@edenbridgepharma.com.

Sincerely,

Patrick Chu
President

Edenbridge Pharmaceuticals, LLC

Ownership Organizational Chart



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: Edenbridge Pharmaceuticals, LLC

Physical Address: 169 Lackawanna Ave, Suite 110

City: Parsippany State: NJ Zip: 07054

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.edenbridgepharma.com

Licensing Company Email: EBP@slsny.com

Section 2: Personal Information

First: Patrick Middle: P. Last: Chu

Alias(es, nicknames, name changes, etc.): Patrick P. Chu Esq.

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

Mailing Address: [redacted] Farmdale Road

City: Franklin Lakes State: NJ Zip: 07417

Telephone: [redacted] Email: pchu@edenbridgepharma.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 _____

NEVADA STATE BOARD OF PHARMACY

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

Designated Representative Application

Rev (04/22/2021)

An application for a license, or a licensee with a license, to conduct a pharmacy or to operate as a wholesaler shall designate at least one natural person to serve as the representative of the pharmacy or wholesaler. The Board will not issue or renew a license of an applicant or licensee that is required to designate a representative of a pharmacy or wholesaler unless the Board determines that the designated natural person meets the following qualifications per NAC 639.5005 (Pharmacy) or NAC 639.5935 (Wholesaler):

1. Is at least 21 years of age;
2. Has been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.

The designated representative of a pharmacy or a wholesaler:

1. Must be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
2. Must be employed full-time in a managerial level position with the pharmacy or wholesaler;
3. Must be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
4. May serve in this representative capacity for only one pharmacy or wholesaler at a time

A pharmacy or wholesaler that is required to designate a natural person as its representative shall not open or operate the pharmacy or wholesaler unless that representative is actually employed full-time in the operation of the pharmacy or wholesaler and is physically present at the site of the pharmacy or wholesaler during regular working hours, not including sick leave, vacation leave and other authorized absences from work. If the natural person designated as the representative of a pharmacy leaves the employ of the pharmacy or wholesaler, thus leaving the pharmacy or wholesaler without a representative in violation of this section, the pharmacy or wholesaler shall:

1. Immediately cease conducting business until another qualified natural person is approved by the Board to serve as the representative of the pharmacy or wholesaler; and
2. Not later than 48 hours after that person leaves its employ, notify the Board that the person designated as the representative of the pharmacy or wholesaler has left the employ of the pharmacy or wholesaler.

Before a pharmacy or wholesaler, that is in violation of NAC 639.5005 (Pharmacy) or NAC 639.5935 (Wholesaler) because the natural person designated as the representative of the pharmacy or wholesaler left the employ of the pharmacy or wholesaler, may continue conducting business:

1. The pharmacy or wholesaler must designate, on a form provided by the Board, a new natural person to serve as the representative of the pharmacy; and
2. The Board must approve the natural person so designated.

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)	
Edenbridge Pharmaceuticals, LLC			2008 - Present	
Business Address		**City**	**State**	**Zip**
169 Lackawanna Ave, Suite 110		Parsippany	NJ	07054
Phone	**Title**		**Number of Employed Hours**	
(201) 292-1292	President		29,120 hrs	
Description of Duties				
Responsible for all legal, regulatory and business development functions for company's product line. Worked closely with contract manufacturers, logistics providers, contract packagers and graphic design consultants on the launch of all company products. Evaluated licensing opportunities through financial models, valuation analysis and market research.				

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

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

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description 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 5: List your high school and college experience 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 Law School			08/1996 - 05/1999	
Address		City	State	Zip
86 Brattle Street		Cambridge	MA	02138
Diploma/Degree obtained, if any				
Juris Doctor				
School Name			From - To (MM/YY – MM/YY)	
Cornell University			08/1992 - 05/1996	
Address		City	State	Zip
300 Day Hall, 10 East Avenue		Ithaca	NY	14850
Diploma/Degree obtained, if any				
Bachelor of Arts				
School Name			From - To (MM/YY – MM/YY)	
Hong Kong International School			01/1990 - 06/1992	
Address		City	State	Zip
Tai Tam Road		Hong Kong		
Diploma/Degree obtained, if any				
High School Diploma				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY	
Address		City	State	Zip
Diploma/Degree obtained, if any				

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/10 - 06/22	[redacted] Farmdale Road	Franklin Lakes	NJ	07417
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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 _____

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

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

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

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description 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 _____ 7

I, Patrick P. Chu Esq., **certify that as the designated representative for**

Edenbridge Pharmaceuticals, 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

Patrick P. Chu Esq.

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

6/30/22

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.

Patrick P. Chu Esq.

Print ~~Name~~ (First, Last)

Patrick Chu — 6/30/22

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 Morris

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

Patrick Chu — 6/30/22

Original Signature Patrick P. Chu Esq. — **Date**

Subscribed and Sworn to before me this 30th day of June 2022.

Notary Public Signature

DANIEL G. WORLEY JR.
NOTARY PUBLIC OF NEW JERSEY
Comm. # 50075056
My Commission Expires 1/16/2023

(Seal)

Applicant's initials

Employee List

Name	Title
Carter, Amber	Laboratory Technician
Chappidi, Rekha	Director, Regulatory Affairs
Chmielewski, Jessica	Commercial Operations Associate
Chu, Patrick	President
Collins, Ryan	CEO
Das, Debashis	Vice President, Analytical R&D
De Los Angeles, Felix	Accounting Supervisor
Dziegiel, Jolanta	Accounts Payable Analyst
Elian, Scott	Controller
Glavin, Kellie	Customer Operations Representative
Johannesen, Dawn	Senior Medical Affairs Associate
Jomisko, Stephanie	Senior Director, Marketing
Latham, Jeffrey	Laboratory Technician
Li, Liping	Principal Research Scientist, Analytical R&D
Lopez, Laura	Senior Associate, Regulatory Affairs
Melnyk, Iryna	Medical Affairs Associate
Morgan, Marian	Quality Assurance Associate
Naini, Venkatesh	Senior VP, Scientific Affairs
Nowack, Jason	Vice President, Quality Assurance
O'Connor, Robert	Scientific Advisor
Padre, Marc	Chief Financial Officer
Patel, Keyur	Customer Operations Representative
Rivera, David	Senior Manager, Regulatory Affairs
Rodriguez, Andrew	Staff Accountant
Rodriguez, Nikki	Supply Chain Associate
Said, Rehana	Quality Assurance Associate
Shankar, Sabarinath	Senior Director, Formulation R&D
Singh, Sweety	Research Scientist, Analytical R&D
Stokes, Kevin	Principal Research Scientist, Formulation R&D
Valentine, Christina	Staff Accountant
Vancheri, Sonia	Quality Assurance Associate
White, Mike	Senior VP, Sales & Marketing
Worley Jr., Daniel	General Counsel & VP, Business Development
Zhang, Feng	Principal Research Scientist, Analytical R&D
Zhao, Pingsan	Principal Research Scientist, Analytical R&D
Zhouyang, Yunqi	Associate Director, Analytical R&D

Registrant Verification For

EDENBRIDGE PHARMACEUTICALS, LLC

DEA Number:	RE0495689
Expiration Date:	08/31/2022
Additional Company Info:	EDENBRIDGE PHARMACEUTICALS
Registered Address:	169 LACKAWANNA AVE
	STE 110
City:	PARSIPPANY
State:	NJ
Zip Code:	07054
Business Activity:	MANUFACTURER
DEA Schedules:	2
Payment Indicator:	Paid
Registration Status:	ACTIVE
Date of Verification:	11/01/2021

Drug Codes:
9143 9220 9250 9300 9630

Department of Justice Drug Enforcement Administration Diversion Control Division

This Primary Source Verification was obtained from the Drug Enforcement Administration's Controlled Substance Act Registrant Database.

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. 0766321

Application/License No. _____

Edenbridge Pharmaceuticals, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 169 Lackwanna Avenue, Suite 110, Parsippany NJ 07054 (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 702 Oberlin Road, Raleigh, NC 27605 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on 09/14/2020 (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.

POWER OF ATTORNEY

Bond # 0766321

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

MICHAEL PARR, ROBYN ROST

Summmit, NJ

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, 2018

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, 2018, 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 My Comm. Exp. 04-04-2023 No. 50079910 NEW JERSEY

IN TESTIMONY WHEREOF, I have hereunto set my hand affixed my Official Seal, at the City of Newark, New Jersey the day and year first above written.

Shirelle A. Outley a Notary Public of New Jersey
My Commission Expires April 04, 2023

CERTIFICATION

I, the undersigned officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** do hereby certify that I have compared the foregoing copy of the Power of Attorney and affidavit, and the copy of the Sections of the By-Laws of said Companies as set forth in said Power of Attorney, with the originals on file in the home office of said companies, and that the same are correct transcripts thereof, and of the whole of the said originals, and that the said Power of Attorney has not been revoked and is now in full force and effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand on this day, September 14, 2020

Irene Martins, Assistant Secretary

Harco National Insurance Company and Affiliates Pool

702 Oberlin Road, Raleigh, North Carolina 27605
Statement of Assets, Liabilities, Surplus and Other Funds
As of December 31, 2018

ASSETS

Bonds	$	470,138,260
Preferred Stocks		76,049,555
Common Stocks		891,402,162
Cash and Short Term Investments		52,273,294
Other Invested Assets		21,476,183
Uncollected Premiums and Agents' Balances in the Course of Collection		159,906,521
Deferred Premiums, Agents Balances & Installments booked		108,679,441
Reinsurance Balances Recoverable		70,581,520
Current Federal & Foreign Income Tax Recoverable & Interest		5,587,079
Investment Income Due and Accrued		7,001,147
Other Assets		610,865
Total Assets	$	1,863,706,027

LIABILITIES, SURPLUS & OTHER FUNDS

Reserves for Losses and Loss Adjustment Expenses	$	583,031,214
Reinsurance payable on paid losses & loss adjustment expense		5,941,983
Commissions Payable, Contingent Commissions & Other Similar Charges		28,909,805
Other Expenses (Excluding Taxes, Licenses and Fees)		10,446,018
Taxes, Licenses & Fees (Excluding Federal Income Tax)		7,741,957
Net Deferred Tax Liability		18,657,956
Unearned and Advanced Premiums		361,900,470
Ceded Reinsurance Premiums Payable		125,800,010
Funds Held for Account of Others		28,301,613
Other Liabilities		24,355,888
Total Liabilities		1,195,086,914
Common Capital Stock		16,100,004
Gross Paid-in & Contributed Surplus		334,193,860
Unassigned Funds (Surplus)		318,325,249
Surplus as Regards Policyholders		668,619,113
Total Liabilities, Surplus & Other Funds	$	1,863,706,027

I David G. Pirrung, attest that I am the duly appointed President of: Harco National Insurance Company ("Harco"); Commercial Alliance Insurance Company; Transguard Insurance Company of America, Inc.; Occidental Fire & Casualty Company of North Carolina; Wilshire Insurance Company; Acceptance Indemnity Insurance Company and Acceptance Casualty Insurance Company, which are all members of a Reinsurance Pooling Agreement, whereby Harco is the "Pool Leader" and all other companies previously listed are "Pool Members" (the Pool Leader and Pool Members are collectively referred to as the ("Pool").

I further attest that the attached statutory-basis statement of assets, liabilities, surplus and other funds was compiled from the annual statements, with appropriate eliminations, of each company within the Pool as they were filed with the respective state departments of insurance and National Association of Insurance Commissioners.

IN TESTIMONY WHEREOF, I have set my hand and affixed the seal of Harco, this 18th day of March, 2019.

Harco National Insurance Company

D. P.

David G. Pirrung, President

IFIC Surety
A Member of IAT Insurance Group

HARCO

CONTINUATION CERTIFICATE

Bond No. 0766321 Bond Amount: $25,000.00

Term Beginning: 09/14/2021

Term Ending: 09/14/2022

Principal/Insured: Edenbridge Pharmaceuticals, LLC

Obligee: Nevada State Board of Pharmacy

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, September 13, 2021
Signed and Sealed Date

POWER OF ATTORNEY

Bond # 0766321

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

MICHAEL PARR, ROBYN ROST

Summmit, NJ

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, 2018

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, 2018, 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 NEW JERSEY My Comm. Exp. 04-04-2023 No. 50079910

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 04, 2023

CERTIFICATION

I, the undersigned officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** do hereby certify that I have compared the foragoing copy of the Power of Attorney and affidavit, and the copy of the Sections of the By-Laws of said Companies as set forth in said Power of Attorney, with the originals on file in the home office of said companies, and that the same are correct transcripts thereof, and of the whole of the said originals, and that the said Power of Attorney has not been revoked and is now in full force and effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand on this day, September 13, 2021

Irene Martins, Assistant Secretary

B31765 USI Insurance Services, LLC.

VER2 2/2019 e_POA

HARCO NATIONAL INSURANCE COMPANY

1701 GOLF ROAD, SUITE 1-600, ROLLING MEADOWS, IL 60008

STATEMENT OF ASSETS, LIABILITIES, SURPLUS AND OTHER FUNDS AT DECEMBER 31, 2020

ASSETS

Bonds (Amortized Value)	$97,647,952
Stocks (Preferred Stocks)	4,687,175
Stocks (Common Stocks)	817,906,534
Cash, Bank Deposits & Short Term Investments	47,123,738
Other Invested Assets	15,101,626
Unpaid Premiums & Assumed Balances	175,152,948
Deferred Premiums, Agents Balances & Installments booked	30,894,886
Reinsurance Recoverable from Reinsurers	45,151,643
Reinsurance - Funds Held by or deposited with reinsured companies	6,874,534
Current Federal & Foreign Income Tax Recoverable & Interest	0
Investment Income Due and Accrued	1,137,118
Receivables from Parent Subsidiaries & Affiliates	9,477,956
Other Assets	3,203,261
TOTAL ASSETS	$1,254,359,371

LIABILITIES, SURPLUS & OTHER FUNDS

Losses (Reported Losses Net as to Reinsurance Ceded and Incurred But Not Reported Losses)	$143,768,470
Reinsurance payable on paid losses & loss adjustment expense	13,625,897
Loss Adjustment Expenses	33,948,777
Commissions Payable, Contingent Commissions & Other Similar Charges	8,362,981
Other Expenses (Excluding Taxes, Licenses and Fees)	615,501
Taxes, Licenses & Fees (Excluding Federal Income Tax)	2,999,990
Current federal and foreign income taxes	625,084
Net Deferred Tax Liability	9,247,541
Unearned Premiums	115,882,069
Advance Premium	296,536
Ceded Reinsurance Premiums Payable	88,051,007
Funds held by Company under reinsurance treaties	13,600,566
Amounts Withheld by Company for Account of Others	45,835,854
Payable to Parent Subsidiaries & Affiliates	4,231,049
Other Liabilities	77,841
TOTAL LIABILITIES	$481,169,164
Common Capital Stock	$3,500,004
Gross Paid-in & Contributed Surplus	670,781,834
Unassigned Funds (Surplus)	92,537,882
Surplus as Regards Policyholders	$766,819,720
TOTAL LIABILITIES, SURPLUS & OTHER FUNDS	$1,247,988,884

I, John Mruk, Treasurer of HARCO NATIONAL INSURANCE COMPANY, certify that the foregoing is a fair statement of Assets, Liabilities, Surplus and Other Funds of this Company, at the close of business, December 31, 2020, as reflected by its books and records and as reported in its statement on file with the Insurance Department of the State of Illinois.

CONNOR D. O'BRIEN NOTARY PUBLIC WAKE COUNTY, NC My Comm. Exp. January 15, 2025

IN TESTIMONY WHEREOF, I have set my hand and affixed the seal of the Company, this 26th day of February, 2021.

HARCO NATIONAL INSURANCE COMPANY

SIGNED AND SWORN to before me on this 24th day of February, 2021.

NOTARY PUBLIC, STATE OF North Carolina

Edenbridge Pharmaceuticals

Edenbridge Pharmaceuticals, LLC markets the following products as of April 21, 2022:

NDC# 42799-	Product Name	Size/Strength
119-01	Bumetanide tablets, USP (0.5mg)	100ct
120-01	Bumetanide tablets, USP (1mg)	100ct
120-02	Bumetanide tablets, USP (1mg)	500ct
121-01	Bumetanide tablets, USP (2mg)	100ct
121-02	Bumetanide tablets, USP (2mg)	500ct
123-01	Carbidopa tablets (25mg)	100ct
405-01	Ethacrynic Acid Tablets, USP (25mg)	100ct
806-01	Ivermectin tablets, USP (3mg)	20ct
105-01	Methenamine mandelate tablets, USP (500mg)	100ct
106-01	Methenamine mandelate tablets, USP (1000mg)	100ct
217-01	Opium Tincture, USP (Deodorized)	118mL
217-02	Opium Tincture, USP (Deodorized)	473mL
812-01	Prednisolone Sodium Phosphate Oral Solution (10mg Prednisolone per 5mL)	237ml
813-01	Prednisolone Sodium Phosphate Oral Solution (20mg Prednisolone per 5mL)	237ml
207-01	Tinidazole tablets (250mg)	40ct
208-01	Tinidazole tablets (500mg)	20ct
110-02	Albendazole Tablets, USP (200mg)	2ct
129-01	Diltiazem HCl Tablets, USP (30mg)	100ct
129-02	Diltiazem HCl Tablets, USP (30mg)	500ct
130-01	Diltiazem HCl Tablets, USP (60mg)	100ct
130-02	Diltiazem HCl Tablets, USP (60mg)	500ct
131-01	Diltiazem HCl Tablets, USP (90mg)	100ct
131-02	Diltiazem HCl Tablets, USP (90mg)	500ct
132-01	Diltiazem HCl Tablets, USP (120mg)	100ct
111-01	Etodolac Tablets, USP (400mg)	100ct
112-01	Etodolac Tablets, USP (500mg)	100ct
920-30	Bisoprolol fumarate and Hydrochlorothiazide 2.5mg/6.25mg	30ct
920-01	Bisoprolol fumarate and Hydrochlorothiazide 2.5mg/6.25mg	100ct
920-02	Bisoprolol fumarate and Hydrochlorothiazide 2.5mg/6.25mg	500ct
921-30	Bisoprolol fumarate and Hydrochlorothiazide 5mg/6.25mg	30ct
921-01	Bisoprolol fumarate and Hydrochlorothiazide 5mg/6.25mg	100ct
921-02	Bisoprolol fumarate and Hydrochlorothiazide 5mg/6.25mg	500ct
922-30	Bisoprolol fumarate and Hydrochlorothiazide 10mg/6.25mg	30ct
922-01	Bisoprolol fumarate and Hydrochlorothiazide 10mg/6.25mg	100ct
922-02	Bisoprolol fumarate and Hydrochlorothiazide 10mg/6.25mg	500ct
708-01	Miglustat Capsules 100mg	90ct

169 Lackawanna Avenue, Suite 110 Parsippany, New Jersey 07054
201-292-1292 www.edenbridgepharma.com

Edenbridge
Pharmaceuticals

708-15	Miglustat Capsules 100mg	15ct
605-01	Loperamide Capsules, 2mg	100ct
605-02	Loperamide Capsules, 2mg	500ct

NDC# 82111-	**Product Name**	**Size/Strength**
518-01	Dartisla ODT (glycopyrrolate) orally disintegrating tablets, 1.7mg	30ct

169 Lackawanna Avenue, Suite 110 Parsippany, New Jersey 07054
201-292-1292 www.edenbridgepharma.com

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: Exela Pharma Sciences, LLC

Physical Address: 2101 Morganton Blvd., SW

City: Lenoir State: NC Zip: 28645

Mailing Address (if different from physical address): 1245 Blowing Rock Blvd, PO BOX 818

City: Lenoir State: NC Zip: 28645

Telephone: 828-758-5474 Website: www.exelapharma.com

Name of Designated Representative (DR): Sue Vang

Licensing Company Email: barcher@exela.us DR Email: svang@exela.us

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

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

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

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

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

Provide explanation below:
N/A

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: AmerisourceBergen Corporation
Address: 6301 La Salle Drive City: Lockbourne State: OH Zip: 43137
Name: McKesson Corporation
Address: 14500 East 39th Avenue City: Aurora State: CO Zip: 80011
Name: Cardinal Health - NLC
Address: 5995 Commerce Center Drive City: Groveport State: OH Zip: 43125
Name: Morris & Dickson
Address: 10301 Highway 1 South City: Shreveport State: LA Zip: 71115

Section 4: Publicly Traded Corporation

State of Incorporation: N/A
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

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

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware
Parent Company (if any): Exela PharmSci, Inc.
Corporation/Organization Name: Exela Pharma Sciences, LLC
Mailing Address: 1245 Blowingn Rock Blvd.,
City: Lenoir State: NC Zip: 28645
Telephone: 828-758-5474 Email: barcher@exela.us
Contact Person Name: Bridget Archer, PharmD

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/		✔	✔	✔
• **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.

Exela Pharma Sciences, LLC

Facility Name

Phanesh Koneru, President & CEO, Secretary

Print Name of Authorized Person Submitting Application

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

6/23/2022

Date

Board Use Only	Date Received: _____	Amount: 1,660.00 CK-041263

2022

NOT TRANSFERABLE
STATUTE GS 81.106.119

North Carolina Department of Agriculture & Consumer Services
Steve Troxler, Commissioner
Food and Drug Protection Division

LICENSE/CERTIFICATE NO.
764

LICENSE/CERTIFICATE: Manufacturer
TYPE PRESCRIPTION DRUG LICENSE
Expiration Date 12/31/2022

LICENSEE OR CERTIFICATOR
EXELA PHARMA SCIENCES, LLC
1245 Blowing Rock Blvd, 1325 William White Place NE,
320 Cooperative Way, 2101 Morganton Blvd
Lenoir NC 28645

LICENSED 2022 NORTH CAROLINA

Steve W. Troxler
STEVE TROXLER, COMMISSIONER

THIS LICENSE/CERTIFICATE MAY BE SUBJECT TO REVOCATION OR SUSPENSION AS PROVIDED BY LAW

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EXELA PHARMA SCIENCES, 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 NINTH DAY OF FEBRUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EXELA PHARMA SCIENCES, LLC" WAS FORMED ON THE THIRTIETH DAY OF MAY, A.D. 2008.

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

Jeffrey W. Bullock, Secretary of State

4554331 8300

SR# 20220443575

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

Authentication: 202620830

Date: 02-09-22

EXELA
PHARMA SCIENCES
1245 Blowing Rock Blvd.
Lenoir, N.C. 28645

Current LLC Corporate Officer Information

Phanesh Koneru, PhD, J.D., LL.M.
Title: Chief Executive Officer and President, Secretary
Business Address: 1245 Blowing Rock Blvd. Lenoir, NC 28645
Home Address: [redacted]Man of War Drive Waxhaw, NC 28173
Business Phone: (828) 758-5474
Home Phone: [redacted]
SS#: [redacted]
DOB: [redacted]

Ernest Shepard
Title: Chief Operating Officer
Business Address: 1245 Blowing Rock Blvd., Lenior, NC 28645
Home Address: [redacted]1st Street Drive NW, Hickory, NC 28601
Business Phone: (828) 758-5474
Home Phone: [redacted]
SS#: [redacted]
DOB: [redacted]

Mark T. Hartman
Title: Chief Commercial Officer
Business Address: 1245 Blowing Rock Blvd. Lenoir, NC 28645
Home Address: [redacted]Thornbury Place Waxhaw, NC 28173
Business Phone: (828) 758-5474
Home Phone: [redacted]
SS#: [redacted]
DOB: [redacted]

SreeRama Murthy Mallipeddi, PhD
Title: Chief Science Officer
Business Address: 1245 Blowing Rock Blvd. Lenoir, NC 28645
Home Address: [redacted]Wexford Village Circle Lenoir, NC 28645
Business Phone: (828) 758-5474
Home Phone: [redacted]
SS#: [redacted]
DOB: [redacted]

John Maloney, PhD
Title: Senior Vice President, Research and Development
Business Address: 1245 Blowing Rock Blvd. Lenoir, NC 28645
Home Address: [redacted]Mop Bucket Drive Salisbury, NC 28147
Business Phone: (828) 758-5474
Home Phone: [redacted]
SS#: [redacted]
DOB: [redacted]

Aruna Koganti, Ph.D., MBA
Title: Vice President of Clinical and Regulatory Affairs
Business Address: 1245 Blowing Rock Blvd. Lenoir, NC 28645
Home Address: [redacted]Waterfalls Road Lenoir, NC 28645
Business Phone: (828) 758-5474
Home Phone: [redacted]
SS#: [redacted]
DOB: [redacted]

Marc Cote, MBA
Title: Vice President of Engineering
Business Address: 1245 Blowing Rock Blvd., Lenior, NC 28645
Home Address: [redacted]Harper Avenue, Unit #[redacted] Lenoir, NC 28645
Business Phone: (828) 758-5474
Home Phone: [redacted]
SS#: [redacted]
DOB: [redacted]

Rita Boucher
Title: Vice President of Quality
Business Address: 1245 Blowing Rock Blvd., Lenior, NC 28645
Home: [redacted]Short Road, Apt. [redacted] Hickory, NC 28602
Business Address: (828) 758-5474
Home Phone: [redacted]
SS#: [redacted]
DOB: [redacted]

Mike Pope
Title: Vice President of Operations
Business Address: 1245 Blowing Rock Blvd., Lenior, NC 28645
Home Address: [redacted]21st Street SE, Apt. [redacted] Hickory, NC 28602
Business: (828) 758-5474
Home Phone: [redacted]
SS#: [redacted]
DOB: [redacted]

George Matthew Delaney
Title: Vice President of Business Development
Business Address: 1245 Blowing Rock Blvd., Lenoir, NC 28645, NC 28645
Home Address: [redacted]Garrano Lane, Fallbrook, CA, 92028
Business Phone: (828)-758-5474
Home Phone: [redacted]
SS#: [redacted]
DOB: [redacted]

Exela Pharma Sciences, LLC is 100 % owned by Exela PharmSci, Inc.

Employee Identification Number: 20-2848463

Exela PharmSci, Inc.
1245 Blowing Rock Blvd.
Lenoir, NC 28645
Phone: 828.758.5474
Fax: 828.757.7888

EXELA PHARMA SCIENCES, LLC
PO BOX 818
LENOIR, NC 28645-0000

1 : 3
354/525

10004824.2/000897-1/1-0

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RE0625410	08-31-2023	$3699

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3,3N,4,5,L1	MANUFACTURER	05-19-2022

EXELA PHARMA SCIENCES, LLC
ELMA BUILDING
2101 MORGANTON BLVD SW
LENOIR, NC 28645-5289

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
RE0625410	08-31-2023	$3699

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3,3N,4,5,L1	MANUFACTURER	05-19-2022

EXELA PHARMA SCIENCES, LLC
ELMA BUILDING
2101 MORGANTON BLVD SW
LENOIR, NC 28645-5289

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)

10004824 2/000898-1/1-0

1: 3
355/525

EXELA PHARMA SCIENCES, LLC
PO BOX 818
LENOIR, NC 28645-0000

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RE0625472	08-31-2023	$296

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	ANALYTICAL LAB	05-19-2022

EXELA PHARMA SCIENCES, LLC
ELMA BUILDING
2101 MORGANTON BLVD SW
LENOIR, NC 28645-5289

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
RE0625472	08-31-2023	$296

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	ANALYTICAL LAB	05-19-2022

EXELA PHARMA SCIENCES, LLC
ELMA BUILDING
2101 MORGANTON BLVD SW
LENOIR, NC 28645-5289

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RE0625460	08-31-2023	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3,3N,4,5,L1	IMPORTER	05-19-2022

EXELA PHARMA SCIENCES, LLC
ELMA BUILDING
2101 MORGANTON BLVD SW
LENOIR, NC 28645-5289

CONTROLLED SUBSTANCE/REGULATED CHEMICAL
REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223/511 (9/2016)

REPORT

CHANGES

PROMPTLY

REQUESTING MODIFICATIONS TO YOUR
REGISTRATION CERTIFICATE

To request a change to your registered name, address, the drug schedule or the drug codes you handle, please

1. visit our web site at **deadiversion.usdoj.gov** - or
2. call our customer Service Center at **1-(800) 882-9539** - or
3. submit your change(s) in writing to:
   Drug Enforcement Administration
   P.O. Box 2639
   Springfield, VA 22152-2639

See Title 21 Code of Federal Regulations, Section 1301.51 for complete instructions.

You have been registered to handle the following chemical/drug codes:

2779, 2884, 7285, 8112, 8113, 9064

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 **exela**

CSVExcel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Exela Pharma Sciences, LLC.	3008563008	831274399	ANALYSIS; LABEL; MANUFACTURE; PACK;	1245 Blowing Rock Blvd. 1325 William White Place 320 Cooperative Way 2101 Morganton Blvd, Lenoir, North Carolina (NC) 28645, United States (USA)	12/31/2022

Showing 1 to 1 of 1 entries

Previous1Next

Data Current through: Sunday, Jun 26, 2022

Return to Drug Firm Annual Registration Status Home Page (default.cfm)

Verified 7/25/22 MS

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 Exela Pharma Sciences, LLC

Physical Address 2101 Morganton Boulevard SW

City Lenoir State NC Zip 28645

Mailing Address (if different from physical address) 1245 Blowing Rock Blvd., P.O. BOX 818

City Lenoir State NC Zip 28645

Telephone (828) 758-5474 Website exelapharma.com

Licensing Company Email barcher@exela.us

Section 2: Personal Information

First Sue Middle N/A Last Vang

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

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

Mailing Address [redacted] Blowing Rock Boulevard

City Lenoir State NC Zip 28645

Telephone [redacted] Email svang@exela.us

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

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

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 SV Sv

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

School Name		From - To (MM/YY – MM/YY)	
Lenoir-Rhyne University		08/2006 - 05/2010	
Address	**City**	**State**	**Zip**
625 7th Avenue NE	Hickory	NC	28601
Diploma/Degree obtained, if any			
B.A. - Management and Marketing			

School Name		From - To (MM/YY – MM/YY)	
Alexander Central High School		08/2002 - 06/2006	
Address	**City**	**State**	**Zip**
223 School Drive	Taylorsville	NC	28681
Diploma/Degree obtained, if any			

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
3/1988-Present	[redacted] Cloyd Moore Road	Taylorsville	NC	28681
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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 SV SV

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)
Exela Pharma Sciences, LLC			12/2015 - present
Business Address	**City**	**State**	**Zip**
1245 Blowing Rock Boulevard	Lenoir	NC	28645
Phone	**Title**	**Number of Employed Hours**	
(828) 578-5474 EXT.121	Senior Operations Manager - Finishing		
Description of Duties			
Oversight of all Finishing activities (Visual Inspection, Labeling, and Packaging), processes, and personnel. Write protocols, procedures, deviation reports, standard operating procedures, batch records, and equipment qualifications.			

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

Applicant's initials SV SV

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

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

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

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

Provide explanation below:

_____ _____

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

Applicant's initials SV SV

I, Sue Vang, **certify that as the designated representative for**

Exela Pharma Sciences, LLC - Elma Building,

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

Sue, Vang

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

30JUN22

Date

Applicant's initials SV SV

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

Sue, Vang

Print Name (First, Last)

Sue V

Original Signature (electronic, copies or stamps not accepted)

30JUN22

Date

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

State of North Carolina, ss. County of Caldwell

I, Sue Vang, 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.

Sue V

Original Signature

30JUN22

Date

Subscribed and Sworn to before me this 30 day of June

Beverly Spears

Notary Public Signature

BEVERLY SPEARS NOTARY PUBLIC CALDWELL COUNTY, N.C. MY COMMISSION EXPIRES 12/27/2026

(Seal)

Applicant's initials SV SV

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 Exela Pharma Sciences, LLC

Physical Address 2101 Morganton Boulevard SW

City Lenoir State NC Zip 28645

Mailing Address (if different from physical address) 1245 Blowing Rock Boulevard P.O. BOX 818

City Lenoir State NC Zip 28645

Telephone (828) 758-5474 Website exelapharma.com

Licensing Company Email phanesh@exela.us

Section 2: Personal Information

First Phanesh Middle Babu Last Koneru

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

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

Mailing Address [redacted] Man of War Drive

City Waxhaw State NC Zip 28173

Telephone [redacted] Email phanesh@exela.us

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

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

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

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

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

Applicant's initials PK

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

School Name		From - To (MM/YY – MM/YY)	
Columbia University of Law		May 1998	
Address	**City**	**State**	**Zip**
435 W 116th Street	New York	NY	10027
Diploma/Degree obtained, if any			
LL.M. Honors: Harlan Fisk Stone Scholoar			

School Name		From - To (MM/YY – MM/YY)	
University of San Diego, School of Law		December 1996	
Address	**City**	**State**	**Zip**
5998 Alcala park	San Diego	CA	92110
Diploma/Degree obtained, if any			
J.D			

School Name		From - To (MM/YY – MM/YY)	
University of Southern California School of Pharmacy		May 1992	
Address	**City**	**State**	**Zip**
1985 Zonal Avenue	Los Angeles	CA	90089
Diploma/Degree obtained, if any			
Ph.D., Biomed Chemistry			

School Name		From - To (MM/YY – MM/YY)	
Andhra University, India		1981	
Address	**City**	**State**	**Zip**
Andrha Pradesh, Visakhapatnam, India			
Diploma/Degree obtained, if any			
Masters of Pharmacy, Food & Drug Analysis, UGC Fellowship			

School Name		From - To (MM/YY – MM/YY	
Andhra University, India		1978	
Address	**City**	**State**	**Zip**
Andrha Pradesh, Visakhapatnam, India			
Diploma/Degree obtained, if any			
BS Pharmacy, National Merit Scholarship			

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
	[redacted] Man of War Drive	Waxhaw	NC	28173
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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 PK PK

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)	
Exela Pharma Sciences, LLC		02/2005-present	
Business Address	**City**	**State**	**Zip**
1245 Blowing Rock Boulevard	Lenoir	NC	28645
Phone	**Title**		
(828) 758-5474	President, CEO, Secretary		
Description of Duties			
Founded Exela in August of 2004 with the purpose of developing formulations for generic products with patent challenges and for 505(b)(2) opportunities.			

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

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

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

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

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

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

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

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

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

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

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

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

Provide explanation below: N/A

N/A

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials PK

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

Phanesh, Koneru

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

6/30/2022

Date

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

State of North Carolina, ss. County of Caldwell

I, PHANESH KONERU, 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

6/30/2022

Date

Subscribed and Sworn to before me this 30 day of June

Notary Public Signature

BEVERLY SPEARS NOTARY PUBLIC CALDWELL COUNTY, N.C. MY COMMISSION EXPIRES 12/27/2026

(Seal)

Applicant's initials PK

Exela Pharma Sciences, LLC
Indebtedness List June 16, 2022
Confidential Information

Employee Name

Abernethy, Kelly L
Absher, Heather
Adams, Caitlin
Adams, Danita
Adams, Marshall
Adkins, Tonya M
Ahmed, Mehreen
Ahmed, Mohammed M
Alexander, Benjamin
Allen, Darius
Alvarez-Esquivel, Omar
Anderson, Allison Smith
Anderson, Annie
Anderson, Ian
Anderson, Janice
Andrews, Marissa
Andrews, Mitzi
Archer, Bridget
Armes, Erica
Arney, Lory
Arrington, Charity
Ashley, Alivia
Ashley, Erica D
Audrey, Alex
Austin, Lauren
Austin, Lisa
Bailey, Lesley
Baker, Alicia
Baker, Sarah
Balda, Ryan
Baldauff, Michael
Baldus, Natalie
Banks, Heather
Bare, Madison
Barger, Samantha
Barlow, Wesley
Barnhardt, Joan
Bartlett, Joshua
Bay, Heather
Beaver, Emily
Beck, Jessica
Bentley, Lauren
Bettis, Tongia
Blackburn, Shawn
Blaine, Joseph
Blair, Kenneth
Bockhorn, Darren
Bolen, Melissa
Bolick, Howard
Bolton, Anita
Bondela, Sushma
Boucher, Rita
Bowman, Jacob Seth
Boyle, Steven
Bradshaw, Isaiah
Brandon, Carolyn A
Brandon, William Andrew
Brantolino, Celeste
Brennan, Edward
Bresina, Rikki
Bright, Jeffrey Adam
Brittain, Donna
Brooks, Tierra L
Brooks, Tonya
Brown, Cynthia
Brown, James A
Brown, Jamie
Brown, Tracey D
Brown, Valarie
Bryant, Ana
Bumgarner, Justin
Bumgarner, Randy B
Bumgarner, Shannon
Bumgarner, Tiffany
Bumgarner, Wendy
Burchfield, Andrew
Burnette, Bradley
Bute-Schmidt, Kathleen L
Caldwell, Davon
Caldwell, Tasha
Campbell, Evelyn N
Canipe, Barry M
Canter, Terri
Cardenas, Annette
Careccia, Richard
Carlton, Mason
Carroll, Cayla
Carson, Reginald
Carter, Chase
Carter, Taylor
Cassels, Jessica
Causby, Carla P
Chen, Xiaoke
Christian, Jenny L
Chue, Golkar
Clark, Avery
Clark, Jesse
Clark, Macey
Clarke, James D
Clarke, Matthew
Cline, Kayla
Clippard, Lidya M
Coffey, Cory
Coffey, Randa
Coffey, Travis
Colbert, Tevin
Compton, Christina
Conley, Kendra
Conner, Kelsey
Cook, Andrew
Cook, James
Cook, Trevor
Cooper, Frederic
Cornwell, Dalend
Corpening, Breisha
Corsi, Nancy
Cote, Marc
Cowan, Randy
Crabtree, Carey
Cresson, Jenna M
Cristobal, Leonel
Cristobal, Norma

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Cruz, Steven
Cruz, Yackeline
Curtis, Derek
Cutler, Gregory
Davenport, Jamaris
Davis, Amy
Davis, Elijah
Davis, Emanuel
Davis, Victoria
Day, Hubert
Deeley, Brittany
Delaney, George Matthew
Denny, Alexis
Dillard, Ethan
Dillard, Sarah
Dillard, Troy
Dixon, Anthony Tashay
Dixon, Arthur
Donavalli, HimaBindu
Donyinah, Eric
DuPont, Claudette
Dubose, Kailey
Dula, Kaylan
Dula, Rebecca
Dula, Renee N
Dula, Tyler
Dula-Montilla, Ana Mercedes
Dumas, Emily K
Dusen, Michelle
Dyer, Thomas
Eckert, Brian
Edwards, Kenneth
Edwards, Taylor Bryant
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Elhawi, Moussa
Elleby, Zakarriyah
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Enloe, Benjamin
Escalante, Amanda
Eskridge, Tia
Estes, Ethan
Evans, Elizabeth
Fasano, Sabrina
Felder, April
Felder, Joseph
Felton, Karen
Fields, Michael
Fiorino-Matthews, Joseph Orion
Flanders, Tiffany
Flores, Katherine Lisa
Foster, Chloe
Fox, India
Fox, Teasa
Foy, Daniel
Franks, Vicki
Freeman, Pamela
Frushour, Trevor
Gaines, Christopher M
Gaines, Christopher O'Bryan
Garris, Donald
Garrison, Mallorie
Gaspar, Hector
Gearhart, Andrew
Giddens, Zachary
Gilbert, Rebecca
Glass, Jared
Gonzalez, John
Gonzalez, Keila
Goodman, Sara
Goray, Susanne
Grandy, Billy
Grant, Chelsea
Grant, Mikeal
Greene, Marcus
Greene, Marcus
Greene, Megan
Greer, Alexis
Griffin, Emily
Griffith, Sierra
Guevara, Nyri
Guffey, Spencer
Hagaman, Christian
Hairston, Darren
Hamby, Erica
Hamilton, Tonda
Hanlon, Miranda
Harbison, Jared
Hardee, Amelia
Harrell, Stephen
Harris, Dustin
Harshaw, AnJeliegh
Harshaw, Victory Cozene
Hartley, Kerry
Hartman, Mark T
Hartman, Ryan
Hatley, Joseph
Hatley, Sharon B
Helton, Greg
Helton, Marshall
Helton, Zackary
Henderson, Derrick
Hensley, Dustin
Her, Alina
Her, Brian
Herman, Lorie E
Hernandez, Cynthia
Heslip, Ashley
Hice, Devin
Hice, Kristin
Hicks, Forrest
Hicks, Ryan
Hidalgo, Gabriela
Highland, Scott
Hightower, Jennifer Lynn
Hightower, Mary
Hildebrand, La'rel
Hinton, Emily
Holder, Amanda Leigh
Holloway, Susana
Holloway, Suzanne
Honer, Dorthea
Honeycutt, Daniel

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Hood, Agnes
Hopkins, Tiffany
Houston, Larkin
Howell, Susan
Huang, Qingbiao Tommy
Huffman, Lorie
Huffman, Vanessa
Huggins, Michelle
Humphries, Joseph
Hunsucker, Amy
Hunt, Melanie
Icenhour, Justin
Icenhour, Timothy
Isbell, Anthony
Isbell, Roslyn
Jackson, Justin
Jao, Stephen Manuel
Jasti, Naga Naresh Babu
Jeffries, Kathryn
Jeffries, Malcolm
Johnson, Alachia
Johnson, Anieashia
Johnson, Eddie
Johnson, Jennifer
Johnson, Latonya
Johnson, Thera
Johnson, Zachary
Jolley, Elizabeth
Jolly, Elicha B
Jones, Jacob
Jones, Kayla
Jordan, Amarion
Joseph, Christianne N
Junghardt, Lisa
Katary, Mohamed
Kaufman, Stacie Leigh
Kaur, Jaswinder
Kaylor, Delaney
Kaylor, Kristi
Kearney, John R
Kelly, Morgan Lee
Key, Ashley Elizabeth
Key, Beverly B
Key, Joey Brandon
Key, Joey J
Khan, Zafar
Khutsuvan, Tina
Kincaid, Paula
King, Caroline Renee
Kirby, Russell S
Kirk, Tammy
Kizer, Elizabeth
Kluttz, Micah
Knight, Glenda
Koganti, Aruna
Kolosky, Nicholas
Koneru, Padmavathi K
Koneru, Phanesh B
Koneru, Srilayah
Koscheski, Brett
Koscheski, Jared
Kurth, Alan R
LaBella, Anthony
Lambert, Katie
Lance, Matthew
Landschoot, Mark
Lankas, Scott
Lavender, Daniel Eric
Laws, Margaree
Leary, Stetson
Ledford, Dallas
Lee, Bao
Lewis, Seth
Lin, Amanda
Lineberger, James
Lingle, Bethany S
Lo, Nicky
Logan, Anthony
Logan, Vadie
Lor, John
Lor, Nou
Lor, Pakou
Lor, Panchia
Lovatto, Ian
Lovatto, Keziah C
Lowery, Christopher
Lowry, Paige
Lyons, Brittany
Madrigal, Susan
Mahmud, Osman
Mallipeddi, Sreerama Murthy
Maloney, John D
Mani, Amber
Mani, Shane
Marks, Rachel
Massah, Jocie F
Mast, Britney
Mathes, Danielle
May, Marion
McCaskill, Kayla
McClure, Revonda
McGuire, Doris Margaret Lindley
McNeill, Elaina
Mesa, Mario
Metcalf, Brodie
Metcalf, Patricia
Meyer, Robert
Miller, Amy
Miller, Samuel Adam
Morales, Talisa
Morgan, Clay
Moses, Frank A
Muder, Sheila A
Muller, Lisa
Myers, Benjamin
Myers-Thornburg, Rhea
Myles, Cecilia
Myles, Wesley
Narlock, Adam
Narlock, Dennis
Neal, Sherry L
Neal, Stephen
Nelson, Taylor

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Nicol, Scott
Noblitt, Lisa
Norwood, Dakota C'era
O'Connell, Timothy
Odom, Amanda
Odom, Dennis Kirk
Okubanjo, Omotunde
Oliver, Donna J
Ortiz, Jose N
Osorio, Juan
Overton, Donald
Owen, Sylas
Pack, Kathryn
Paez, Jonathan
Palma, Emanuel
Palma, Raul
Parbin, Elbin S
Parker, Brittany
Parsons, Jordan
Parsons, Matthew
Patterson, Betty
Patterson, Hope
Patton, Caleb
Paturi, Prasanna K
Pearson, James B
Pendlebury, Machel
Peters, Mary
Pha, Angela
Phillips, Abigail
Pierce, Brian D
Pittman, Robert Bryce
Pittman, Tammy
Pitts, Timothy
Poovey, Michelle
Pope, Michael
Porch, Dean'na
Poteat , Franchesca
Poteat , Franchesca
Price, Christopher
Price, Wes
Prince, Aaron
Propst, Michael
Quick, Tiffany
Raby, Ambreil
Raby, Madison
Raby, Madison
Raby, Meredith
Ragab, Nesma
Ramesh, Kalavathi
Ramos Mendoza, Edgar
Ramos, Anthony
Randolph, Ronda
Rash, Shelley
Rash, William
Ravilla, Koushik
Reece, Raegan
Reed, Robin
Reed, Zachary
Rhodes, Clifton Chad
Richard, Alexandra
Riquene, Kiala
Riquene, Maciel
Robbins, Stephanie
Robbins, Tammie L
Roberts, Marc
Robeson, Sarah
Robinson, David
Robinson, Rebecca
Rodriguez, Ana
Rodriguez, Kelvin
Rosa, Jonathan
Rose, Roger
Rousselle, Kayla-Ann
Rowe, Melanie
Royal, Rachel
Ruppard, Ronnie
Russell, Baylee
Sackenheim, Christopher
Salgado, Victor
Sanchez Mejias, Jesus
Sanchez, Jesus
Sanchez, Kirsten
Santana, Peter
Schildgen, Ian
Scott, Onsley
Sears, Anna
Sedino, Jeffrey
Setzer, Aaron K
Setzer, Tammy
Setzer, Teddi
Shah, Vidhi
Shatley, Toni
Shepard, Austin
Shepard, Ernest
Sherrill, Christopher
Silva, Jonathan
Simmons, Michael
Simpson, Iesha
Sims, Caitlyn
Sims, Ryan
Singleton, Angelina Nicole
Skelton, Kelly
Smith, Cameron
Smith, Kimberly
Smith, Kimberly D
Smith, Timothy W
Sochia, John
Soots, Angela
Spears, Beverly
Spears, Casey
Spears, Jordan
Spengler, Callie
St.Clair, Leslie
Stamey, Sidney
Stamey, Summer
Starnes, Charla W
Starnes, Gary
Story, Brianna
Sturgis, Jordan
Suddreth, Dakota
Suddreth, Hannah
Summerlin, Mary
Sutton, Tracy

Exela Pharma Sciences, LLC
Indebtedness List June 16, 2022
Confidential Information

Swafford, Samantha
Tate, Devonte
Taylor, Martha C
Teseniar, Meredith
Thacker, Lindsay
Thomas, Brice
Thompson, Brian
Thrower, Lori
Tostevin, John
Townsend, Robert
Transeau, Roger
Trigger, Paul
Tucker, Christian
Tucker, Kristina
Tucker, Titus
Tugman, Diane
Tugman, Winter
Tuttle, Camilla
Uhl, Robert
Valladares, Reina
Vance, Joel S
Vance, Randall
Vandyke, Alisha
Vang, Dylan
Vang, Houa
Vang, Sue
Vang, Xiong Soob
Vang, Yeng
Vang, Yeng Ya Youa
Vang, Ying
Varo, Hilda
Varo, Julie
Vaught, Reginna E
Vupputuri, Ramya
Wagner, Vanessa
Wakefield, Amanda
Walker, Joel
Walker, Michael
Ward, Christian
Ward, Elizabeth
Ward, Seth
Warring, Halie
Waters, Heather
Watson, Aliya
Watson, Donnia
Watson, Levi
Welsh, Patrick
Whisnant, Beverly Makayla
Whisnant, Cody
White, Joey
Wiegert, Ethan
Wilfong, Erick
Williams, Belle
Williams, Cori
Williams, Sherree
Williams, Tyler
Wilson, Kirt D
Wilson, Martin
Winkler, Carrie
Winters, David
Withers, Ethan
Woodard, Ashley
Woods, Phillip Michael
Wootton, Myra
Worley, Mark D
Xie, Shasha
Xiong, Anthony
Xiong, Timothy
Xiong, Yia
Yang, Kou
Yang, Pangchuachu
Yang, Porter
Yang, Ryan
Yang, Sonnie
Yasinovskaya, Anna
Yeh, Yi Kuan
York, Joseph
Zak, Dessiree Smith
Zea, Leonardo
Zheng, Yutong

Supplier Name

1Password
360 Training
3C Packaging/Essentra Packaging Essentra Packaging, US
A Carpet Cleaning
A Locksmith Shane Ellison
A&A Search, LLC
A&J Vacuum Services, Inc.
A&R Septic Service LLC
A. Hartrodt (USA), Inc.
A-1 Termite & Pest Control
AA BLOCKS LLC
AAA Termite & Pest Control Inc
AAA Wholesale Company
Aalborg Instruments and Controls, Inc
AAPPTec LLC
Aaron Consuelo
AB Bio Technologies, Inc.
Abbeville General Hospital
ABF Freight System, Inc
ABF Logistics
ABF Multimodal, Inc
AC Controls
Acanhus Research Inc.
Accent Imaging, Inc.
AccuForce HR Solutions, LLC
ACE GLASS INCORPORATED
Aclairo Pharmaceutical Development Group
ACM Medical Laboratory, Inc.
ACT Data Services, Inc
ActivTrak DBA Birch Grove Software, Inc
Acuity Process Solutions LLC
AdColor
Adooq Biosciences, LLC.
ADP Screening & Selection Services
ADP, LLC
ADP, LLC
ADT Commercial LLC The ADT Security Corporation
Advanced Automation
Advanced Calibration Label, LLC
Advanced ChemBlocks Inc.
Advanced Instruments, LLC

Exela Pharma Sciences, LLC
Indebtedness List June 16, 2022
Confidential Information

Aerotek Scientific, LLC
AES Clean Technoogy, Inc.
Affiliated Parts
Agelex, LLC
Agency for Healthcare Administration
AGGREKO LLC
Agile Lab Services, LLC
Agile Safety LLC
Agilent Technologies
AGR Fabricators, INC.
AHCCCS
Aiken Development, LLC
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Air Power Inc.
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Airflotek, Inc.
Airgas USA, LLC
Ajinomoto North America, Inc.
Ajulia Executive Search LLC
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Alabama Department of Revenue
Alabama Medicaid Agency
Alabama Secretary of State
Alabama State Board of Pharmacy
Alan Cass
Alarmsouth
Alaska Pharmacists Association
Albemarle Corporation
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Alcami Corporation
Alchymars ICM SM PVT LTD
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ALKU, LLC
All In One Poster Company, Inc.
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Allergy Emergency Kit
Allheart
Allied Caster & Equipment Company
Allied Electronics Inc./ Dallas Lockbox
Allied Industrial Supply, Inc
Alp Pharm - Beijing
Alpha Omega Instruments Corp.
Alston & Bird LLP
Amanda Keiman
AMAZON
Amazon Capital Services
Ambeed, Inc.
Amcor Packaging (USA), Inc.
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American Diversity Business Solutions
American Elements
American Express
American Industries, Inc.
American International Chemical, Inc
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American National Standards Institute
American Pharma Wholesale
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Amerinet, Inc.
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AMRI Rensselaer, Inc
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Anthony LaBella
Anton Paar USA
Antonio Johnson
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Apache Stainless Equipment Corporation
Apex Aseptic Products LLC
Apex Systems, LLC
Apexus LLC
Apexus, LLC
API Source
Apicore US LLC
Apollo Lift
Appalachian Metal Works, LLC
Applied Magnets
April Brandon
Aramark Cleanroom Services
Aramark/AUS Central Lockbox
ArcBest
Architecture Construction Eng. Intl. Ltd
Arent Fox LLP
Arizona Board of Pharmacy
Arkansas Board of Pharmacy
Arkansas DHS - Pharmacy Rebate Program
Arkansas State Board of Pharmacy
Arrowhead Regional Medical Center
Artimpex
Arvato Systems NA, Inc.
Asahi Kasei Finechem Co., Ltd.
ASC Communications, Inc.
Ascension Health Alliance d/b/a Ascension - The Resource Gro
Asembia, LLC.
Aseptic Process Solutions
Aseptic Solutions, Inc.
Ashcroft, Inc.
Asheville Rubber & Gasket Co.
Ashland Speciality Ingredients G.P.
Asociacion Forum Auditorias
Aspen API Inc.
Aspen Oss
ASSA ABLOY Entrance Systems
Associated Flow Controls, Inc
Associated Packaging, Inc.
Assurance Home Inspection NC, LLC
Astrix Software Technology, Inc
Astro Pak
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AT & T

Exela Pharma Sciences, LLC
Indebtedness List June 16, 2022
Confidential Information

ATC Group Services, LLC
Atlantic Corporation
Atlantic Door & Dock Systems
Atlantic Packaging
Atlantic Scale Company, Inc.
Aurum Pharmatech, Inc.
AUS Central Lockbox/Aramark
Automatics & More, INC
Automation Systems Interconnect, Inc
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Benco Steel
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Bid on Equipment
Big Lots
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Bumbarger's
Bumgarner Oil Company
Bureau of TennCare
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Business Card
Bustle's Hardware And Doors Inc.
BuyHeatShrink.com
Byers Precision Fabricators, Inc.
Byron Chemical Company
Bystorm Software
Byungik Park
C & R Plumbing Htg. & AC, LLC

Exela Pharma Sciences, LLC
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Confidential Information

C.C. Dickson Co.
CABC Alpine Village Golf Tournament
Cable Ties Unlimited
Cabrillo Advisors, LLC
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Caldwell Arts Council
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Caldwell County Ambulance
Caldwell County Building Inspections
Caldwell County D.A.R.E
Caldwell County Planning & Inspection
Caldwell County Register of Deeds
Caldwell County Tax Collector
Caldwell County Water Dept.
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Caldwell Industrial Medicine
Caldwell Memorial Hospital
Caldwell Memorial Hospital Foundation
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Capmatic
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Catawba Valley Staffing
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ChemWorld Atlanta
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City of Lenoir / Lenoir Police Dept.
City of Morganton
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Classic Automation LLC
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Cleanroom World
Clear Water, Inc.
Clearsynth Canada Inc.
Cleatech LLC Cleanroom & Laboratory Solutions
Clover Mill Associates, Inc.
Clyde Mayberry
Coastal Calibration Laboratories, Inc.

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Coca-Cola Bottling Co.
Codexis, Inc.
Colanar, Inc.
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Colorado Department of Revenue
Colorcon, Inc.
Colson A Brand of Colson Group
COLUMBUS CITY TREASURER
Combustion Technology Services, LLC
Comfort Inn
Commissioner of Social Services
Commissioner of Taxation and Finance
Commissioning Agents, Inc.
Common Ground Health Clinc
Commonwealth VA. Dept. of Med. Assist.
Commonwealth of Massachusetts
Commonwealth of Massachusetts
Commonwealth of Massachusetts
Commonwealth of Massachusetts
Commonwealth of PA/DRP-FFS
Commonwealth of PA/DRP-MCO
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Communities In Schools
Community & Southern Bank
Community Bank & Trust
Community Health Center of Central WY.
Community Hospital Of Indiana
Compas
Compliance Implementation Services
ComplianceSigns.com
Comptroller of Maryland
Computer Forensic Services
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Conover Construction & Roofing, Inc.
Constangy Brooks, Smith & Prophete LLP
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Control Source Inc.
Controlled Environment Cert. Ser. Inc.
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Corporation Service Company
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CorTek Inc.
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CP Lab Safety
CRB Builders, LLC
Creative Safety Supply
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Crown Lift Trucks
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CRYONOMIC
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CureUV
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Decon Labs, Inc.
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Department of Health-Pharmacy
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Dept. of Med. Asst., Commonwealth of VA
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DHHS Licensure Unit
DHL Express
DHL Global Forwarding
DHMRI
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DHS Managed Care Rebate 052
DHS Medicaid Expansion Rebate 054
Diagraph Marking and Coding Group
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New Jersey Division of Taxation
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New Mexico Board of Pharmacy
New Mexico Human Services Department
New Mexico Regulation & Licensing Dept.
New York Cables
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New York State DOH / Bureau Narcotic Enf
New York State Education Department
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Price's Scientific Service, Inc
Prime Results, Inc.
Prism Research Glass, Inc.
Pristine Products, LLC
PRN Pharmaceutical Research Network, LLC
PRN PharmaFarm LLC
Pro Tech Enterprises Inc.
Process Hose & Equipment
Production Automation Corporation
Professional Plastics, Inc.
ProPharma Group
PROSAR
Protein Simple
Protein Technologies, Inc.
Proto Labs, Inc.
Proton OnSite
Prudential
Pureflow Inc.
Pyromation
Q Glass Company Inc.
Q Source, Inc.
QACV Consulting
QC SUPPLY
QCLabels.com
Qosina
Quadratek, Inc.
Qualandre
Quality Chemical Laboratories, LLC
Quality Controls, Inc.
Quality Foods, Inc. Sagebrush of North Carolina, LLC.
Quality Systems Lab
Quality Validation, LLC
Quantic Group, Ltd.
Quantum Analytics
Quark Enterprises, Inc.
Quest Diagnostics
Quintiles IMS Incorporated
Quip Laboratories
R & H Pharmacy, Inc.
R.S. Quality Products
Radius International INC.
Radwell International, Inc.
RagLady.com Chesapeake Wiper & Supply, Inc.
Rainey Battery
Ray Burris Engineering
Recordati SpA
Red Wing Brands of America Inc
Reece, Noland & McElrath, Inc.
Refuah Health Center Inc.
Regents of the University of Michigan
Regina Jones
REI Automation, Inc.
Reid McNally & Savage, LLC
Reliable Biopharmaceutical
Reliable Insulation Enterprises, LLC.
Renco
ReplacementDomes.com
Republic Services
Resource Optimization & Innovation, LLC
Restek Corporation
Retevis
Rexel
Rhea Myers Thornburg
Rhode Island Deptartment of Health
RI General Treasurer
Ricerca Biosciences

Exela Pharma Sciences, LLC
Indebtedness List June 16, 2022
Confidential Information

Richard Allsbrook
Richard Allston
Richard Malewski
Richard's Welding & Repair Inc.
Riverside Regional Medical Center
RK Environmental Services, LLC
RM&S
RMH Systems
Rob Funsten
Robert Bosch Packaging Technology, Inc.
Robertson Microlit Laboratories
Robin's Nest Childrens Center
Robinson Bradshaw
Robotic Auto. & Mach. Vision
Rocket Industrial
Rockhaven By Delicate Touch
Rodem Process Equipment
Rodix Inc
Ronald Reagan UCLA MC
Ronald Vance
Rondo-Pak
Rosemount Inc.
Roto-Rooter
Royal Bag
RS Industrial
RSM US LLP
RTM Pharmaceuticals, LLC
Rush University Medical Center
S & W Salado Memorial Hospital
S&G Enterprises, Inc.
S&W Hospital Taylor Clinic
S&W Memorial Hospital Killeen
S. C. Dept of H & H Services
S.I.F.R.A. EST S.P.A.
S+J Carolina Scale Co.
SABCO Inc.
Safety Company
Safety Sign.Com
Sai Sowmya Kothapalli
Sailakshmi Peddi
Saint-Gobain Performance Plastics Corp.
Sam Templeman, O.D.
Sampling Systems
San Juan Regional Medical Center
Sanders Electric Motor Service Inc.
Sanitary Equipment Co.
Sanitary Fittings, LLC
Sani-Tech West
Sanofi-aventis U.S. LLC
Santa Cruz Biotechnology, Inc.
Sarstedt, Inc.
Sartorius Stedim North America, Inc
Savoy Medical Center
SC Department of Revenue
SC Department of Revenue
SC Department of Revenue
SC Dept of Health & Human Ser
SCDLLR-Board of Pharmacy
SCDOR
Schmoll CPA PLLC
SCHOTT AG
Schott North America, Inc.
Schott Schweiz AG
Science Exchange, Inc.
ScienceDocs, Inc
Scientific Bindery Productions, Inc.
Scientific Calibraiton, Inc.
Scott Collins
Scott Highland
Scott Insurance
SCP Science
SE Community Health Systems
SE Community Health Systems
Sealer Sales
Sean Rogers
Secretary of State
Secretary of State,Notary Division
Security Central
Seder, LLC
Seidenader
Seilevel Partners dba Argon Digital
Select Tech Inc. Security
Selective Ins. Comp. Of The Southeast
SEMTech Solutions, Inc.
Senour Consulting, LLC
Sensitech, Inc.
Sentara Health Care
Sentinel Process Systems, Inc
Service Master Clean
Servpro
Sessions & Carver, Inc.
Seton Pharmaceuticals
Setra Systems, Inc.
SGD Pharma
SGS North America, Inc.
SHAANXI BLOOM TECH CO., LTD
Shands Hospital
Shands Hospital
Shands Hospital
Shanghai Iven Pharmatech Eng Co Ltd
Shanghai Joysun Group
Sharpe Color
Shenzhen Spark Co., Ltd
Sherri Guidry
Shields of Lenoir, Inc.
Shijiazhuang Yinxin Financial
Shijiazhuang Zhonghui Pharm. Pkg.
Shimadzu Scientific Instruments
Shoplet
Showa Denko America, INC.
SIA-Blacksburg Insurance Group
SICK Sensor Intelligence
Siegfried Hameln GmbH GmbH
Siegfried USA, LLC
SIELC Technologies
Sierra
Sigma-Aldrich
Signal Technologies, Inc.
Signode Industrial Group
Simply Green Recycling Service
Singing River Health System
Sky Insurance Technologies, LLC
Skye Recruitment Solutions, Inc
Slidell Memorial Hospital
SM Biomed Sdn. Bhd.
Smith GMP Consulting, LLC
Smith Medical Partners
Smokin Hogs BBQ
Smolecule Inc.
Society for Human Resource Management
SOS Cleanroom

Exela Pharma Sciences, LLC
Indebtedness List June 16, 2022
Confidential Information

Sound Craze Entertainment Ian Lovatto
South Caldwell High School
South Carolina Board of Pharmacy
South Carolina Department of Revenue
South Dakota Board of Pharmacy
Southeast Community Health Systems
SOUTHEAST Thermal Systems
Southern Comforts
Southern Elevator
Southern Industrial Constructors, Inc.
Southern Labware
Southern Logistics & Environmental, LLC
Southern Microscope, Inc.
Southern Sound
Southwest Scientific, Inc.
SP Industries, Inc.
SP Scientific
Sparta Systems, Inc.
SPEC GX LLC
SpecGX LLC
Specialist ID Inc.
Specialized Products
Specialized Riggers & Erectors, Inc.
Specialty Graphics, Inc.
Spectracer CPA Chem LLC
Spectrofuge Corporation
Spectrum Chemical
SpineMark Corporation
Spirra Pharmaceuticals
Spot Coolers
Spring Works
SPS Commerce, Inc.
SPW Industrial
SPX Flow US, LLC
Sri Krishna Pharmaceuticals
SST CORPORATION
ST. Francis Medical Center
ST. Joseph Hospital
ST. Josephs Hospital, Tampa
St. Lukes Hospital
ST. Mary Medical Center
ST. Tammany Hospital Clinics
StageBio
Stallings Printing Company, Inc.
Standup Desk Store
Stanhope and Associates, LLC
Stapler Warehouse
Staples Advantage
Starna Cells, Inc
Starnes Heating & Air, Inc.
State Bar of California
State Corporation Commission
State of Alaska Dept. of Health & S. S.
State of Arizona AHCCCS
State Of Arizona- AHCCCS
State of Colorado
State of Delaware
State of Delaware
State of Delware
State of Illinois
State of Michigan
State of Michigan
State of Montana-JCODE Rebate Program
State of Montana-Medicaid Rebate
State of Montana-Phy. Admin. Exp. DRP
State of MS-Division of Medicaid
State of New Jersey
State of NH Drug Rebate Treasurer
State of NH Drug Rebate Treasurer
State of NJ, DMAHS-PMR
State of Rhode Island
State of Rhode Island HP Enterprise Services
State of Utah
State of Vermont State Agency of HS
State of Wyoming
State Processing Center
State Supply Company
Statesville Process Instruments, Inc
Stauffer Glove & Safety
Steelcon, LLC
Stellar Scientific
Stellar Solutions, Inc.
Sterigenics
Sterile Lab Services, LLC
Sterilizer Refurbishing Services, Inc.
STERIS Corporation
Steris Corporation
Steris Laboratories Steris Corporation
Steritool, Inc
Steven D Stewart
Steven Fishbane MD
Steven L. Walters, II S W & Sons
Steven W. Baldwin
STI Components
Sticker You
Stiles Enterprises Inc.
Stock Drive Products Designatronics
Stoneville Custom Countertops Inc.
Stonhard
STOPware Inc
STRATAFLO
Strategе Law
Strip-Curtains.com
Strong Memorial - Amb. Surgical Ctr.
Strong Memorial Hospital PHS Acute
SUEZ WTS Analytical Instruments, Inc.
Summa Health Systems
Sunbelt Rentals
Super Bright LEDs
Super Circuits
Superior Service & Supply Co.
Supply House
Surplus Solutions LLC
Susanne Simkovitch
Sutton Safety Shoes, Inc.
Suzanne Holloway
SVB Leerink, LLC
Swagelok
Swedish Medical Center
SweetFrog
Syntegon Technology Services, Inc.
Systel Business Equipment
Systel Business Equipment
System Service Corporation

Exela Pharma Sciences, LLC
Indebtedness List June 16, 2022
Confidential Information

System Services Corp
Systematic Business Consulting
SysTools
T&C Stainless, Inc.
T. Chad Moore, Inc/dba Chubby's of Baton
T.O. Plastics, Inc.
TAKE-A-LABEL, Inc.
Takoma Regional Hospital
Target
Tarrant County Hospital Dist. JPS
Tasty Temptations
Taylor & Viola
Taylor Enterprises, Inc.
TCI America
Technical Equipment Sales, Inc
Technical Specialties
Technifab Cryogenics
Technoflex
TechSmith
Teclab, Inc.
Tektronix Inc
Teledyne Cetac
Teledyne Hanson Research
Tennessee Board of Pharmacy
Tennessee Department of Revenue
Terra Universal, Inc.
Test Equipment Depot
Texas Childrens Hospital
Texas Childrens Hospital - West Campus
Texas Comptroller
Texas Dept. of State Health Services
Texas Dept. of State Health Services
Texwipe
TForce Freight
The BERO Group, LLC
The Carpet Shop
The Div. of Health Care Finance & Policy
The EI Group, Inc.
The Faucet Shoppe, Inc
The Hartford
The Laviz Group, Inc.
The Massey Company
The Ohio State University Hospital
The Ohio State University Hospital
The Ohio State University Hospital
The Picnic Basket
The Science Company
The Special Olympics of North Carolina
The Van Winkle Law Firm
The Washing Women / Brenda Taylor
The Weinberg Group
The ZPS Store
Thermal Detection Limited
Thermal Metal Treating, Inc.
Thermal Product Solutions
Thermo Electron North America LLC (FL)
Thermo Electron North America LLC (GA)
Thermo Fisher Financial
Thermo Fisher Financial Services, Inc.
Thermo Fisher Scientific(Asheville)LLC
Thermo Orion, Inc.
Thermo Works
Thomas Baruch
Thomas Smith
Thomas USAF Group, LLC
Thompson Filtration
Thompson Hine LLP
Thomson Instrument Company
Thomson Reuters
Thorpe North & Western, LLP
Thread Tool
Thyssenkrupp Elevator Corporation
Tiger Direct
TimeKeeping Systems, Inc.
Timothy O'Connell
Tina Wright
TLC Pharma Tech
TLC Pharmaceutical Standards Ltd.
TOLLS BY MAIL
Tom Barauch
Tommy Huang
Toolots.com
TopChem Pharmaceuticals Limited
Toronto Research Chemicals, Inc.
Toscano Consulting Group, Inc.
Totally Furniture
Touchmark National Bank
Touro Infirmary
Town & Country Greehouse & Florist, Inc.
Toxikon Corporation
Toyota Financial Services
Toyota Industries Commercial Finance
Toyota of North Charlotte
TPS, LLC White Deer
Trane U.S. Inc
Transamerica Life Insurance Company
Transcat, Inc.
Transcat, Inc.
Transo-Pharm
Travelers Insurance
Traxeed Korber Solutions
Treas. State of Ohio, Med. Drug Rebate
Treasurer - State of NH
Treasurer of the State of Colorado
Treasurer of the State of Ohio
Treasurer of the State of Ohio
Treasurer of Virginia
Treasurer State of Maine
Treasurer State of Maine
Treasurer State of Maine - Drug Rebates
Treasurer, State of Connecticut
Treasurer, State of N.J.
Treasurer, State of NJ
Treasurer, State of Ohio
Treasurer, State of Ohio
Treasurer-State of NH
Trescal
Triad Mass Spectrometry Laboratory
Triclinic Labs
Trimantec
Trinity Capital
Trinity Capital Fund III, LP
TSA Choice

Exela Pharma Sciences, LLC
Indebtedness List June 16, 2022
Confidential Information

TSH Investments, LLC
TTE Laboratories, Inc.
Tucson Medical Center
Tudor Scientific Glass Company
Turner Waterproofing, Inc.
TX Health & Human Services Commission
U.S. Bank
U.S. Bank Equipment Finance
U.S. Department of Homeland Security
U.S. Department of State
U.S. Pharmacopeia
U.S. Postal Service
UC Davis Medical Center PHS CLN
UCT, LLC
Ugift 529
Uline
Ultra Tape
UltraPure Systems, INC
UNC Health Care
UNC Healthcare
UNC Hospital Phymix Pt Cr
UNC Shared Service Center Phcy
UNCG Chem NMR Spectroscopy Facility
Underground Systems Inc.
Uniform Advantage
Unifour Fire & Safety, LLC
Union Jack Tools
United Capital Partners, LLC
United Refrigeration Inc.
United Rentals (North America), Inc.
United Special Police and Security
United States Biological Corporation
United States Plastic Corporation
United States Treasury
Unity Health Harris Medical
Universal Medical, Inc.
Universal Wall Systems, Inc.
University of Chicago Hospital
University of MI Medical Center
UPS
UPS
UPS Brokerage
UPS Freight
UPS Supply Chain Solutions
UPS Supply Chain Solutions
UPS/UPS SCS Charlotte
US Biological
US Department of Homeland Security
US Dept of Treasury
US Digital Media
USA Safety Solutions, Inc.
USAble Life
USA-CLEAN, Inc.
USC School of Pharmacy
USF Holland Inc.
USFANCO
Utah Department of Health Utah State Treasurer
UW School of Pharmacy
VA NAC CSRP Department of Veterans Affairs
VacMotion Inc.
Vaisala Inc.
Vallen Distribution, Inc.
Valley Rental Centers, Inc.
Valve & Actuation Services Chalmers & Kubeck South
Valworx Inc.
Van Kampen Law, PC
Vanderbilt University Medical Center
Vanessa K. Sanders LCC Environmental
Vanguard 529 Plan
Vantage
Variety Childrens Hospital
Vault Structure Incorporated
VCU Health
Vedere Solutions LLC
Veeprho Pharmaceuticals
Veeprho Research Inc.
Veeva Systems Inc.
Velocity Pharmaceutical Development
Velodyne Consulting John M. Thomas Jr
Veltek Associates, Inc.
Vendormate, Inc.
Verify Holding LLC Optel
Veris Industries
Verista Inc.
Verizon Wirless
Vermont Department of Health
Vermont Secretary of State
Versa-Tek Enterprises, LLC
Vesco Toyotalift
VHG Labs
Vibromatic Company, Inc.
Vidant Medical Center
Village Inn Pizza of Lenoir
Vincent Andolina
Vinchem, Inc.
Vinson & Elkins LLP
Virginia Dept of Taxation
vistaprint.com
Vizient Supply, LLC
VPS Archives, LLC
VT SOS.
VWR International LLC
W. C. Rouse & Son, Inc.
W. L. Gore & Associates, Inc.
W.A. Hammond DRIERITE C. LTD
Wabash National
WACCO, Inc.
Wake Forest University
Wake Medical Center
Walker Industrial
Walker Stainless Equip. Co. LLC
Wal-Mart
Walsh Photography 2.8
Walthall General Hospital
Warren Lakoff
Water Tech Laboratories INC
Waterlogic
Waters Technologies Corporation
Watson Marlow Inc.
Watts Engineers, LLC.
Wavelength Enterprises, Inc.
WCI, Inc.
WE Pharma
Webstaurant Store
Weighpack Systems Inc
Weiler Labeling Systems, LLC
Welch Vacuum
West Jefferson Medical Center

Exela Pharma Sciences, LLC
Indebtedness List June 16, 2022
Confidential Information

West Jefferson Office Equipment INC WJ Office
West Pharma Services
West Tennessee Surgery Center RRC
West Virginia Board of Pharmacy
West Virginia Dept. H & H Resources
West Virginia Dept. of H & H Resources
Western Carolina Electric Supply Co.
Western Carolina Surveyors, P.A.
Western Missouri Medical Center
Westney & Associates Consulting, LLC
WEXXAR PACKAGING INC
White & Case LLP
White County Medical Center-FPA
White River Medical Center
Whittier Blvd. Clinic
Widget Co
Wig Bank of Caldwell County
WILCO AG
Wilco Precision Testers USA, LLC
Wilkie Construction Company
William F. Brame
William Mark Little Little Technical Services, LLC
Williams Materials Inc
Williams Septic Tank
Wilma Grace
Wilson Hospital PHS
Wilson, Lackey & Rohr, P.C.
Window World Hickory
Windy City Cabinet
Wipotec-OCS Inc.
Wisconsin Department of Health Services
WM. C. Reynolds Co., Inc
WMNC COOPER BROADCASTING/BIG DAWG
WMNC/BIG DAWG COOPER BROADCASTING
Wolf Barcode International Inc
Wolfe & Associated, Inc
Wolseley Industrial Group
Woman's Hospital
Women And Childrens Hospital
Woodlands BBQ
Woods Plumbing and Drain Cleaning
World Market
World Source Integration, LLC
Wrist-Band
Wuxi Lenge Purification Equipment
WV Dept of H & H Resources (DHHR)
WV Dept of Health & Human Res.
X-GEN Pharmaceuticals, Inc
Yang & Associates, LLP
Yanjie Niu
Yeng Vang
Yokogawa Corporation C/O BBP SALES, LLC
Young Conaway Stargatt & Taylor, LLP
Ypsomed Selfcare Solutions
YUBICO
Yuntao Qu
Zax LLC
Zeeh Pharmaceutical Experiment Station
Zhao Hohsin HK Trading CO
ZOHO Corporation
Zoom Video Communications
Zoro

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. 800034111

Application/License No. WHO 2037

Exela Pharma Sciences, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 1245 Blowing Rock Blvd., Lenoir, NC 28645 and 2101 Morganton Blvd., SW, Lenoir, NC 28645 (Address of Applicant/Principal), as PRINCIPAL, and Atlantic Specialty Insurance Company (Surety Company), a corporation organized under the laws of the state of New York (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 605 Highway 169 North, Suite 800, Plymouth, MN 55441 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on June 29, 2022 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 29th day of June, 2022.

APPLICANT/PRINCIPAL
Exela Pharma Sciences, LLC

Authorized Representative

SURETY COMPANY
Atlantic Specialty Insurance Company

Surety Company's Representative

Robert M. Coon, Attorney-in-fact and Nevada Non-Resident Agent
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness Kristen Barbieri

Witness Alison Morris

Countersigned by:

Nevada Resident Agent

[intact] INSURANCE

KNOW ALL MEN BY THESE PRESENTS, that ATLANTIC SPECIALTY INSURANCE COMPANY, a New York corporation with its principal office in Plymouth, Minnesota, does hereby constitute and appoint: **Robert M. Coon, Windy Lovelady, Joanna M. Carson, Jessica Fisher, Theresa Stump, James J. Roberts III, B. Jones III, Bethany A. Murphy, Deanna W. Sparks, H. A. Wright Jr., Katherine Fowler, Stephen B. Dolin**, 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 29th day of June, 2022

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.claims@intactinsurance.com

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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 MP00725	☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Fisher & Paykel Healthcare Inc

Physical Address: 16 Technology Drive, Suite 161

City: IRVINE State: CA Zip: 92618

Mailing Address (if different from physical address): 17400 LAGUNA CANYON ROAD #300

City: IRVINE State: CA Zip: 92618

Telephone: 949-453-4000 Website: www.FPHCARE.COM

Name of Designated Representative (DR): Khalil Johnson

Licensing Company Email: Compliance.USA@fpchare.com DR Email: Khalil.Johnson@fphcare.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: Fisher & Paykel Healthcare - New Zealand
Address: 15 Maurice Paykel Place, East Tamaki City: Auckland State: NZ Zip: 2013

Name: MAXTEC
Address: 2305 South 1070 West City: SALT LAKE CITY State: UT Zip: 84119

Name: PRECISION MEDICAL
Address: 300 HELD DRIVE City: NORTHAMPTON State: PA Zip: 18067

Name: OHIO MEDICAL
Address: 1111 LAKESIDE DRIVE City: GURNEE State: IL Zip: 60031

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): Fisher & Paykel Holdings, Inc.
Corporation/Organization Name: Fisher & Paykel Healthcare, Inc.
Mailing Address: 17400 Laguna Canyon Road #300
City: Irvine State: CA Zip: 92618
Telephone: 949-453-4000 Email: Compliance.USA@fphcare.com
Contact Person Name: Compliance Department

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:

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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/.		

Eligible per NAC 693.593 (7)(c)

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• List of all Officers and Directors.	✓	✓		
N/A • List the top four corporation shareholders and their percent ownership.	✓			
• List of all corporation shareholders and their percent ownership.		✓		
N/A • List of all partners and their percent ownership.			✓	
• Certificate of Corporate Status or Certificate of Good Standing obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• Designated Representative form must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
N/A • **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
N/A • **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
N/A • **Copy of current SEC 10K or 8K**	✓			
• 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.				
N/A per NV BOP. • **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
N/A • **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

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

Rebecca Lee
Print Name of Authorized Person Submitting Application

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

4-11-2022
Date

Board Use Only	Date Received: _____	Amount: $500 Check 11596

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

From: Rebecca Lee <Rebecca.Lee@fphcare.com>
Sent: Thursday, June 9, 2022 4:15 PM
To: Mark I. Sedar <msedar@pharmacy.nv.gov>
Subject: RE: Nevada Out-of-State Wholesaler Application-Fisher & Paykel Healthcare, Inc.

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

Hi Mark,

Yes, we only distribute Fisher & Paykel Healthcare products.

Thank you,

Rebecca Lee | Compliance Analyst

Fisher & Paykel Healthcare, Inc
17400 Laguna Canyon Road #300
Irvine, CA 92618

Phone: +1 (949) 453 4000 **Ext:** 1354
Email: Rebecca.Lee@fphcare.com

www.fphcare.com



From: Mark I. Sedar <msedar@pharmacy.nv.gov>
Sent: Thursday, June 9, 2022 4:09 PM
To: Rebecca Lee <Rebecca.Lee@fphcare.com>
Cc: Maria Herrera <m.herrera@pharmacy.nv.gov>
Subject: RE: Nevada Out-of-State Wholesaler Application-Fisher & Paykel Healthcare, Inc.

EXTERNAL EMAIL: Take extra care and caution before clicking on links or opening attachments

Hello Rebecca,

Thank you for the email concerning the FDA registration. After a review of the information, please note that a DUNS Number is not associated with the FDA. DUNS refers to Dunn and Bradstreet which is a unique number used for identifying a business. As I mentioned, to be eligible for the fingerprint exemption, please refer to the following regulations.

NAC 639.593 Licensing requirements; consideration of transaction as wholesale transaction; transferability and renewal of license. (NRS 639.070, 639.100, 639.500)

1. Each applicant for a license to engage in the wholesale distribution of prescription drugs must submit an application to the Board. The application must be made on a form furnished by the Board. The application must include:

(a) The name, business address and telephone number of the applicant and the address of the facility, if different from the address of the applicant;

(b) All trade or business names used by the applicant;

(c) The address, telephone number and name of the person who manages the facility;

(d) The type of ownership or operation of the facility;

(e) Except as otherwise provided in subsection 7:

(1) A complete set of fingerprints from each person required to submit fingerprints pursuant to NRS 639.500; and

(2) Written permission from each person who submitted fingerprints authorizing the Board to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report; and

(f) If the applicant is a:

(1) Natural person, the name of the person.

(2) Partnership, the name of the partnership and the name of each partner.

(3) Corporation, the name and title of each officer and director of the corporation, the corporate name and the state of incorporation, and the name of the parent company, if any.

(4) Sole proprietorship, the name of the sole proprietor and the name of the business entity.

2. If a wholesaler distributes prescription drugs from more than one facility, the wholesaler must obtain a license for each facility.

3. The Board will not consider the sale or distribution of a prescription drug to be a wholesale transaction if the sale, distribution or other transaction involving the prescription drug is a sale, distribution or other transaction in which:

(a) A wholesaler licensed by the Board or the relevant authority of another state sells, distributes or otherwise provides a prescription drug to a wholesaler or pharmacy licensed by the Board;

(b) Both the transferring wholesaler and the transferee are wholly owned by a common owner; and

(c) The common owner is a publicly traded corporation.

Ê For the purposes of this subsection, a wholesaler whose transaction does not comply with the provisions of paragraphs (a), (b) and (c) may apply to the Board to consider the transaction of the wholesaler not to be a wholesale transaction if the wholesaler provides proof that is satisfactory to the Board that the proposed transaction will not endanger the public and is not proposed for the purpose of evading the provisions of this chapter and chapter 639 of NRS. The Board will consider such a transaction to be a wholesale transaction until the Board approves the application of the wholesaler.

4. An applicant shall submit to the Board any change in the information required by this section within 30 days after the change occurs.

5. A license issued by the Board is not transferable.

6. Except as otherwise provided in subsection 7, each wholesaler applying for renewal of a license to engage in the wholesale distribution of prescription drugs must submit:

(a) A complete set of fingerprints from each person required to submit fingerprints pursuant to NRS 639.500; and

(b) Written permission from each person who submitted fingerprints authorizing the Board to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report.

7. Unless the Board otherwise requires, a wholesaler is not required to submit fingerprints pursuant to subsection 6 if:

(a) The wholesaler's securities are publicly traded and regulated by the Securities Exchange Act of 1934, as amended, 15 U.S.C. §§ 78a et seq.;

INFORMATION AS OF March 8, 2022 (FY2022)

Fisher & Paykel Healthcare Inc.

Position		Name	Address
Director	Director	Lewis Gradon	15 Maurice Paykel Place, East Tamaki, Auckland NZ 2013
Director	Director	Paul Shearer	15 Maurice Paykel Place, East Tamaki, Auckland NZ 2013
Director	Director	Justin Callahan	173 Technology Dr, Ste 100, Irvine CA 92618
Officer	President	Justin Callahan	173 Technology Dr, Ste 100, Irvine CA 92618
Officer	Secretary/Treasurer	Bryan Goudzwaard	173 Technology Dr, Ste 100, Irvine CA 92618

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List of Owners - Fisher & Paykel Healthcare Inc.

Fisher & Paykel Holdings Inc. (Owner) 100% OWNERSHIP
17400 Laguna Canyon Road #300
Irvine, CA 92618
Office: 949-453-4000

Fisher & Paykel Healthcare, Inc
17400 Laguna Canyon Road #300
Irvine, CA 92618
Office: 949-453-4000

Justin Callahan- **President**
17400 Laguna Canyon Road #300
Irvine, CA 92618
Ph#: 949-453-4000
E-mail: Compliance.USA@fphcare.com

Bryan Goudzwaard- **Secretary**
17400 Laguna Canyon Road #300
Irvine, CA 92618
Ph#: 949-453-4000
E-mail: Compliance.USA@fphcare.com

Fisher & Paykel
HEALTHCARE

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

FISHER & PAYKEL HEALTHCARE, INC.

FILE NUMBER:	C1923631
FORMATION DATE:	08/09/1995
TYPE:	DOMESTIC CORPORATION
JURISDICTION:	CALIFORNIA
STATUS:	ACTIVE (GOOD STANDING)

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

The entity is authorized to exercise all of its powers, rights and privileges in California.

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

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

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of March 18, 2022.

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

NP-25 (REV 01/2021)

GGB

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 Fisher & Paykel Healthcare, Inc.

Physical Address 16 Technology Drive, #161

City Irvine State CA Zip 92618

Mailing Address (if different from physical address) 17400 Laguna Canyon Road #300

City Irvine State CA Zip 92618

Telephone 949-453-4000 Website www.FPHCARE.com

Licensing Company Email Compliance.USA@fphcare.com

Section 2: Personal Information

First Khalil Middle _____ Last Johnson

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

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

Mailing Address 17400 Laguna Canyon Road #300

City Irvine State CA Zip 92618

Telephone [redacted] Email Khalil.Johnson@fphcare.com

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

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

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

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

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

N/A

Applicant's initials KJ

1/8

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

School Name		From - To (MM/YY – MM/YY)	
Itt Tech		2004-2006	
Address	**City**	**State**	**Zip**
4000 Metropolitan Dr Ste 100	Orange	CA	92868
Diploma/Degree obtained, if any			
Associates Degree in information systems administration			

School Name		From - To (MM/YY – MM/YY)	
Orange coast college		2003-2004	
Address	**City**	**State**	**Zip**
2701 Fairview Rd	Costa Mesa	CA	92626
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Saddleback college		2002-2003	
Address	**City**	**State**	**Zip**
28000 Marguerite Pkwy	Mission Viejo	CA	92692
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
El Toro High School		1996-2000	
Address	**City**	**State**	**Zip**
25255 Toledo Way	Lake Forest	CA	92630
Diploma/Degree obtained, if any			
Degree			

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
2010-Present	[redacted] Grovewood	Lake Forest	CA	92630
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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 KJ

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Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name: Fisher & Paykel Healthcare Inc.			From - To (MM/YY – MM/YY): 10/24/2016 - current
Business Address: 173 Technology Drive, Suite 100	City: Irvine	State: CA	Zip: 92618
Phone: 949-453-4000	Title: Lead Service Center Technician, Service Center Manager		Number of Employed Hours: over 7,500 hours
Description of Duties: SERVICING OF MEDICAL DEVICES. PICK, PACKING AND SHIPPING OF MEDICAL DEVICES AND CONSUMABLES.			

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

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

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

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SEE BACK IN

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

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

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

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

4/8

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 KJ

SEE BACK PAGE. 5/8

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)

30 March 2022
Date

Applicant's initials KJ

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I, Khalil Johnson, **certify that as the designated representative for** Fisher & Paykel Healthcare, 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

Khalil Johnson

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

30 March 2022

Date

Applicant's initials KJ

SEE BACK PAGE

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

Khalil Johnson

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

30 March 2022

Date

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

State of California, ss. County of Orange

I, Khalil Johnson, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

30 March 2022

Date

Subscribed and Sworn to before me this 5th day of April 2022

Tamara E Kingree

Notary Public Signature

TAMARA E. KINGREE
Notary Public - California
Orange County
Commission # 2252544
My Comm. Expires Aug 4, 2022

(Seal)

Applicant's initials KJ

8/8

Fisher & Paykel Healthcare, Inc.
16 Technology Drive #161
Irvine, CA 92618

Employee List:

Khalil Johnson

Manny Sanchez

Matt Lovett

Le'Vonce Jackson

YI

BOARD OF PHARMACY

LICENSING DETAILS FOR: WLS 8093

NAME: FISHER & PAYKEL HEALTHCARE, INC.

LICENSE TYPE: WHOLESALER

LICENSE STATUS: CLEAR

ADDRESS

16 TECHNOLOGY DR STE 161
IRVINE CA 92618
ORANGE COUNTY

ISSUANCE DATE

JUNE 1, 2022

EXPIRATION DATE

JUNE 1, 2023

CURRENT DATE / TIME

JULY 18, 2022
4:48:58 PM

LICENSE RELATIONSHIPS

NAME: JOHNSON, KHALIL RAHMI

ADDRESS NOT DISCLOSED

LICENSE/REGISTRATION TYPE: DESIGNATED REPRESENTATIVE (WHOLESALER)

LICENSE NUMBER: 24901 **PRIMARY STATUS:** CLEAR

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. 2160212

Application/License No. _____

Fisher & Paykel Healthcare, Inc. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 16 TECHNOLOGY DRIVE #161, IRVINE CA 92618 (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 16 Technology Drive #161, Irvine, CA 92618 (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 April 11, 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.

1/3

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 11th day of April, 20 22.

APPLICANT/PRINCIPAL
Fisher & Paykel Healthcare, Inc.

_____
Authorized Representative

SURETY COMPANY
Great American Insurance Company

Andrea Allman
Surety Company's Representative

Andrea Allman, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

_____
Witness

_____
Witness

SIGNED and SEALED in the presence of:

Sandy McElhaney
Witness Sandy McElhaney

Gena Proffitt
Witness Gena Proffitt

Countersigned by:

NA
Nevada Resident Agent

2/3

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 FIFTEEN

No. 0 21425

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
CAROLYN E. WHEELER	THELMA M. LETT	SANDRA G. KING	ALL OF	ALL
MICHELLE LUTE-HEATHERLY	ANDREA ALLMAN	SANDY McELHANEY	KNOXVILLE, TENNESSEE	$10,000,000
RACHEL A. CHAVERIAT	BONNIE L. RICE	VICKI NOBINGER		
LINDA M. HOWARD	JOY M. WILLIAMS			
MARY Y VOLMAR	LISA FRYE			
JULIE KARNES	LORETTA M. JONES			

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 4TH day of NOVEMBER, 2019

Attest

GREAT AMERICAN INSURANCE COMPANY

Assistant Secretary

Divisional Senior Vice President

MARK VICARIO (877-377-2405)

STATE OF OHIO, COUNTY OF HAMILTON - ss:

On this 4TH day of NOVEMBER, 2019, 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 under the By-Laws of said Company, and that he signed his name thereto by like authority.

SUSAN A KOHORST
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 11th day of April, 2022

Assistant Secretary

3/3

4V

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

NON-REFUNDABLE $1,000.00 FEE

Rev (04/19/2022)

Where is the facility located? ☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☒ New Wholesaler		☐ 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: Mycovia Pharmaceuticals, Inc

Physical Address: 4721 Emperor Blvd., Suite 220

City: Durham State: NC Zip: 27703

Mailing Address (if different from physical address): 4721 Emperor Blvd., Suite 220

City: Durham State: NC Zip: 27703

Telephone: 919-467-8539 Website: www.mycovia.com

Name of Designated Representative (DR): Patrick Jordan

Licensing Company Email: sdrake@mycovia.com DR Email: pjordan@mycovia.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: Patheon, Inc (EN: 3003516812)
Address: 111 Consumers Drive City: Whitby State: ON Zip: L1N 5Z5
Name: Integrated Commercialization Solutions (ICS)
Address: 420 International Drive, 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

State of Incorporation: Delaware
Parent Company (if any): NQP Holdings, Inc.
Corporation Name: Mycovia Pharmaceuticals, Inc
Mailing Address: 4721 Emperor Blvd., Suite 220
City: Durham State: NC Zip: 27703
Telephone: 919-467-8539 ext. 411 Email: sdrake@mycovia.com
Contact Person Name: Sara Drake

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/.		

Sara Drake | Human Resources Office Manager
sdrake@mycovia.com | 850.240.2211

Mycovia Pharmaceuticals, Inc.
919.467.8539 ext. 411
4721 Emperor Blvd., Suite 220
Durham, NC 27703
www.mycovia.com

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Patrick Jordan

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

5/10/2022

Date

Board Use Only	Date Received: _____	Amount: 500	check # 209575	6/6/22

Maria Herrera

From: Sara Drake <sdrake@mycovia.com>
Sent: Wednesday, July 20, 2022 3:39 PM
To: Maria Herrera
Subject: Re: Nevada Out-of-State Wholesaler Application- Mycovia Pharmaceuticals, Inc.

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Hi Maria,

I can confirm there are no individual owners or shareholders.

Sara Drake

On Jul 20, 2022, at 6:12 PM, Maria Herrera <m.herrera@pharmacy.nv.gov> wrote:

Hello Sara,

Can you please confirm if there are any individual Owners or shareholders?

Thank you,
Maria H.

From: Sara Drake <sdrake@mycovia.com>
Sent: Wednesday, July 20, 2022 8:12 AM
To: Maria Herrera <m.herrera@pharmacy.nv.gov>
Subject: RE: Nevada Out-of-State Wholesaler Application- Mycovia Pharmaceuticals, Inc.

OWNER NAME	TITLE	ADDRESS	PHONE NUMBER	SSN	FEIN	% Ownership Interest
NQP Holdings, Inc.	Parent Company	4208 Six Forks Rd., #920 Raleigh, NC 27609	919-459-8620		82-3755745	100
						Must Equal 100%

North Carolina Department of Agriculture & Consumer Services
Steve Troxler, Commissioner
Food and Drug Protection Division

LICENSE/CERTIFICATE NO.
1728
Active – Conditional

2022

NOT TRANSFERABLE
STATUTE GS 81.106.119

LICENSE/CERTIFICATE: Virtual Manufacturer

TYPE

Expiration Date 12/31/2022

LICENSEE OR CERTIFICATOR
MYCOVIA PHARMACEUTICALS INC
4721 EMPEROR BLVD STE 220
DURHAM NC 27703

LICENSED
2022
NORTH CAROLINA

STEVE TROXLER, COMMISSIONER

THIS LICENSE/CERTIFICATE MAY BE SUBJECT TO REVOCATION OR SUSPENSION AS PROVIDED BY LAW

NC Dept. of Agriculture & Consumer Services

Food & Drug Protection Division

Firm Name: MYCOVIA PHARMACEUTICALS INC

Address: 4721 EMPEROR BLVD STE 220 DURHAM, NC 27703

License Type: Virtual Manufacturer

License Number: 1728

Status: Active - in good standing

Discipline: No

Issue Date: 12/2/2021

Original Issue: 9/27/2021

Expiration Date: 12/31/2022

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MYCOVIA PHARMACEUTICALS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF OCTOBER, 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

5081119 8300

SR# 20213541681

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204439768

Date: 10-18-21

DESCRIPTION OF OPERATIONS

Mycovia Pharmaceutical, Inc.
4721 Emperor Blvd., Suite 220
Durham, NC 27703

Mycovia Pharmaceuticals, Inc. is a virtual manufacturer and as such, does not manufacturer, ship or store product at the applicant location. As a virtual manufacturer, Mycovia Pharmaceuticals, Inc. does not have an FDA Establishment Number and is not inspected by the FDA. All contract manufacturers have FDA Establishment Numbers, included below.

DOMICILE LICENSE/VERIFICATION (STATE)
Mycovia Pharmaceuticals, Inc. is located in North Carolina. A copy of Mycovia's state license is attached.

OFFICER(S)

OFFICER FULL LEGAL NAME	TITLE
Patrick Jordan	Chief Executive Officer
Tiffany Ahlers	Chief Commercial Officer
Stephen Brand	Chief Development Officer
Thorsten Degenhardt	Chief Operating Officer
Caroline Carr	Vice President, Finance Administration & Treasurer

CONTRACT MANUFACTURER
Patheon, Inc. (EN: 3003516812)
111 Consumers Drive
Whitby ON L1N 5Z5
Canada

FDA Establishment #3003516812

The contract manufacturer(s) does not distribute the product.

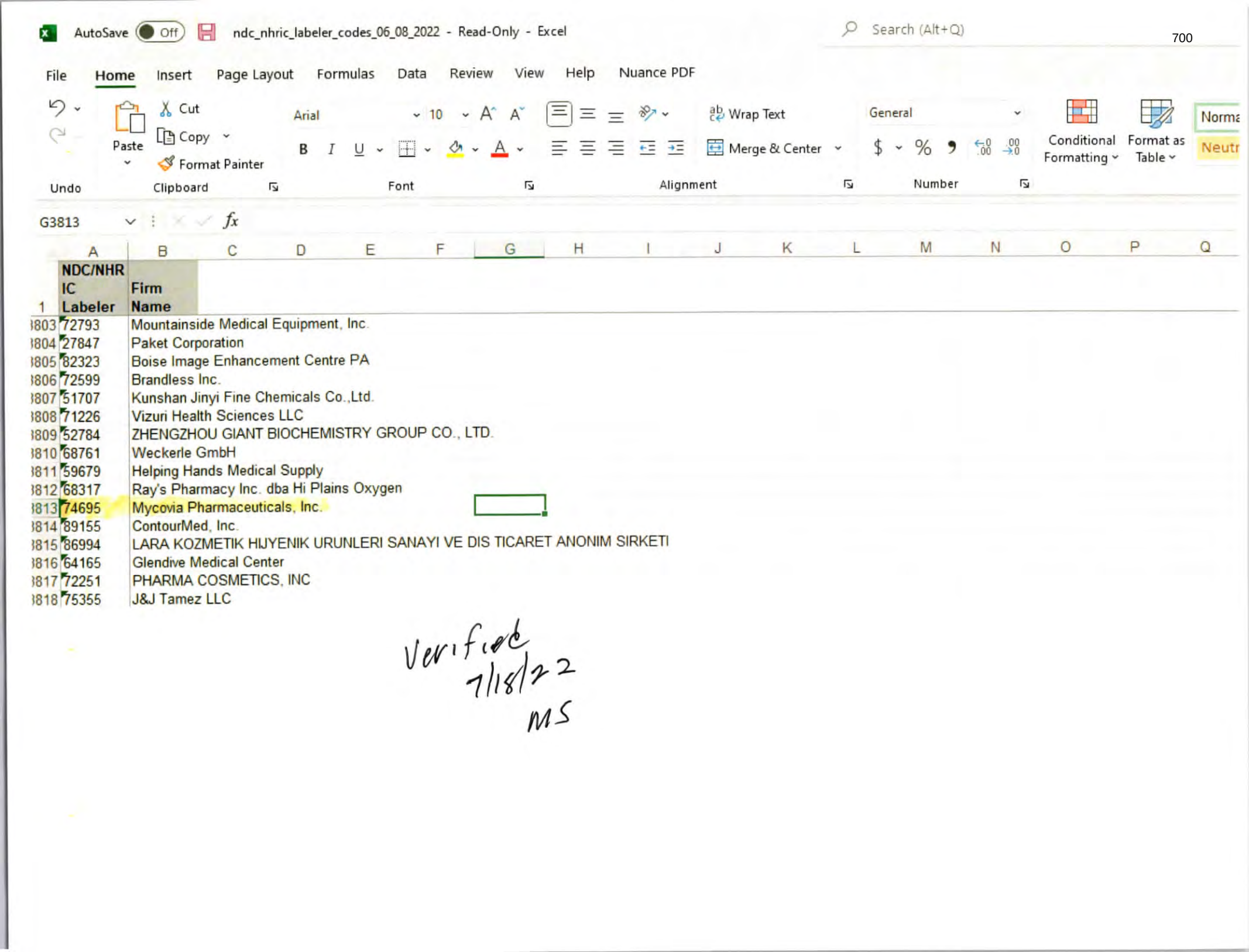
THIRD PARTY LOGISTICS PROVIDERS
Integrated Commercialization Solutions
420 International Drive
Brooks, KY 40109
KY License No. TPL00216

NDA NUMBER AND/OR LABELER CODES
The NDA number is 215888. The FDA has assigned Mycovia Pharmaceuticals, Inc. labeler codes no(s). 74695.

OTHER STATE LICENSES
Mycovia Pharmaceuticals, Inc. does not have other state licenses at this time. All necessary licenses are being sought simultaneously with this application. Mycovia Pharmaceuticals, Inc. can supplement with information if requested.

SECURITY SYSTEM

Mycovia Pharmaceuticals, Inc. is located in a corporate office building. The security for the building is provided by Allied Universal and the offices are accessed only via an electronic badge/key card.



AutoSave Off ndc_nhric_labeler_codes_06_08_2022 - Read-Only - Excel

Search (Alt+Q)

File Home Insert Page Layout Formulas Data Review View Help Nuance PDF

Undo Clipboard Font Alignment Number

G3813

	A	B
1	NDC/NHRIC Labeler	Firm Name
3803	72793	Mountainside Medical Equipment, Inc.
3804	27847	Paket Corporation
3805	82323	Boise Image Enhancement Centre PA
3806	72599	Brandless Inc.
3807	51707	Kunshan Jinyi Fine Chemicals Co.,Ltd.
3808	71226	Vizuri Health Sciences LLC
3809	52784	ZHENGZHOU GIANT BIOCHEMISTRY GROUP CO., LTD.
3810	68761	Weckerle GmbH
3811	59679	Helping Hands Medical Supply
3812	68317	Ray's Pharmacy Inc. dba Hi Plains Oxygen
3813	74695	Mycovia Pharmaceuticals, Inc.
3814	89155	ContourMed, Inc.
3815	86994	LARA KOZMETIK HIJYENIK URUNLERI SANAYI VE DIS TICARET ANONIM SIRKETI
3816	64165	Glendive Medical Center
3817	72251	PHARMA COSMETICS, INC
3818	75355	J&J Tamez LLC

Verified
7/18/22
MS

Mycovia Pharmaceuticals, Inc.

First Name	Last Name	Role
Tiffany	Ahlers	Chief Commercial Officer
Stephen	Brand	Chief Development Officer
Jordan	Patrick	Chief Executive Officer
Thorsten	Degenhardt	Chief Operating Officer
Gabrielle	Allen	Employee
Janelle	Branoff	Employee
Caroline	Carr	Employee
Lisa	Claxton	Employee
Stacey	Curelop	Employee
Claudia	Del Cid	Employee
Trish	Dixon	Employee
Sara	Drake	Employee
Sarah Katherine	Elmore	Employee
Rachel	Gee	Employee
Jocelyn	Jennings	Employee
Michelle	LaBonte	Employee
Susan	McGaurn	Employee
Kristen	Oberg	Employee
Karen	Person	Employee
Tiffany	Reinders	Employee
Sheri	Seiferheld	Employee
Miranda	Sheldon	Employee
Wendy	Skwirsk	Employee
Shannon	Sullivan	Employee
Christine	Weclaw	Employee
Christopher	Blanc	Employee
Jeff	Carmon	Employee
Mark	Coffin	Employee
Paul	Dowler	Employee
Jared	Emerson	Employee
Noah	Holmes	Employee
David	Wirth	Employee

U.S. FOOD & DRUG ADMINISTRATION

NDA 215888

NDA APPROVAL

Mycovia Pharmaceuticals, Inc.
Attention: Thorsten Degenhardt, PhD
Chief Operating Officer
4721 Emperor Boulevard, Suite 200
Durham, NC 27703

Dear Dr. Degenhardt:

Please refer to your new drug application (NDA) dated and received May 27, 2021, and your amendments, submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act (FDCA) for Vivjoa (oteseconazole) capules, 150 mg.

We acknowledge receipt of your major amendment dated January 25, 2022, which extended the goal date by three months.

This NDA provides for the use of Vivjoa (oteseconazole) capules to reduce the incidence of recurrent vulvovaginal candidiasis (RVVC) in females with a history of RVVC who are NOT of reproductive potential.

APPROVAL & LABELING

We have completed our review of this application, as amended. It is approved, effective on the date of this letter, for use as recommended in the enclosed agreed-upon labeling.

CONTENT OF LABELING

As soon as possible, but no later than 14 days from the date of this letter, submit the content of labeling [21 CFR 314.50(l)] in structured product labeling (SPL) format using the FDA automated drug registration and listing system (eLIST), as described at FDA.gov.[1] Content of labeling must be identical to the enclosed labeling (text for the Prescribing Information and Patient Package Inserts) as well as annual reportable changes not included in the enclosed labeling. Information on submitting SPL files using eLIST may be found in the guidance for industry *SPL Standard for Content of Labeling Technical Qs and As.*[2]

[1] http://www.fda.gov/ForIndustry/DataStandards/StructuredProductLabeling/default.htm
[2] We update guidances periodically. For the most recent version of a guidance, check the FDA Guidance Documents Database https://www.fda.gov/RegulatoryInformation/Guidances/default.htm.

The SPL will be accessible via publicly available labeling repositories.

CARTON AND CONTAINER LABELING

Submit final printed carton and container labeling that are identical to the enclosed carton and container labeling, as soon as they are available, but no more than 30 days after they are printed. Please submit these labeling electronically according to the guidance for industry *Providing Regulatory Submissions in Electronic Format — Certain Human Pharmaceutical Product Applications and Related Submissions Using the eCTD Specifications*. For administrative purposes, designate this submission "**Final Printed Carton and Container Labeling for approved NDA 215888.**" Approval of this submission by FDA is not required before the labeling is used.

DATING PERIOD

Based on the stability data submitted to date, the expiry dating period for Vivjoa (oteseconazole) capules shall be 24 months from the date of manufacture when stored at 20°C to 25°C (68°F to 77°F) with excursion permitted between 15° C to 30° C (59° F to 86°F). [See USP Controlled Room Temperature.]

ADVISORY COMMITTEE

Your application for Vivjoa (oteseconazole) capules was not referred to an FDA advisory committee because outside expertise was not necessary; there were no controversial issues that would benefit from advisory committee discussion.

REQUIRED PEDIATRIC ASSESSMENTS

Under the Pediatric Research Equity Act (PREA) (21 U.S.C. 355c), all applications for new active ingredients (which includes new salts and new fixed combinations), new indications, new dosage forms, new dosing regimens, or new routes of administration are required to contain an assessment of the safety and effectiveness of the product for the claimed indication in pediatric patients unless this requirement is waived, deferred, or inapplicable.

We are waiving the pediatric study requirement for ages birth to 17 years. For all males and for females less than 12 years of age, necessary studies are impossible or highly impracticable because RVVC does not occur or occurs rarely in these groups. For females greater than 12 to less than 17 years of age, the product is unsafe for use as it is contraindicated in females of reproductive potential because of the risk of embryofetal toxicity.

PROMOTIONAL MATERIALS

You may request advisory comments on proposed introductory advertising and promotional labeling. For information about submitting promotional materials, see the

final guidance for industry *Providing Regulatory Submissions in Electronic and Non-Electronic Format—Promotional Labeling and Advertising Materials for Human Prescription Drugs.*[3]

As required under 21 CFR 314.81(b)(3)(i), you must submit final promotional materials, and the Prescribing Information, at the time of initial dissemination or publication, accompanied by a Form FDA 2253. Form FDA 2253 is available at FDA.gov.[4] Information and Instructions for completing the form can be found at FDA.gov.[5]

POSTMARKETING COMMITMENT SUBJECT TO REPORTING REQUIREMENTS UNDER SECTION 506B

We remind you of your postmarketing commitment:

4211-1 Conduct in vitro drug interaction studies evaluating oteseconazole as a substrate or inhibitor of MATEs (MATE1 and MATE2-K).

The timetable you submitted on April 25, 2022, states that you will conduct this study according to the following schedule:

Final Protocol Submission: 07/2022
Final Report Submission: 07/2022

POSTMARKETING COMMITMENT NOT SUBJECT TO THE REPORTING REQUIREMENTS UNDER SECTION 506B

We remind you of your postmarketing commitment:

4211-2 Complete the five ecotoxicity studies that are currently in progress and submit the results of the assays.

The timetable you submitted on November 16, 2021, states that you will conduct this study according to the following schedule:

Final Report Submission: 05/2022

Submit clinical protocols to your IND 111675 for this product. Submit nonclinical and chemistry, manufacturing, and controls protocols and all postmarketing final reports to this NDA. In addition, under 21 CFR 314.81(b)(2)(vii) and 314.81(b)(2)(viii) you should include a status summary of each commitment in your annual report to this NDA. The status summary should include expected summary completion and final report

[3] For the most recent version of a guidance, check the FDA guidance web page at https://www.fda.gov/media/128163/download.
[4] http://www.fda.gov/downloads/AboutFDA/ReportsManualsForms/Forms/UCM083570.pdf
[5] http://www.fda.gov/downloads/AboutFDA/ReportsManualsForms/Forms/UCM375154.pdf

submission dates, any changes in plans since the last annual report, and, for clinical studies/trials, number of patients entered into each study/trial. All submissions, including supplements, relating to these postmarketing commitments should be prominently labeled "**Postmarketing Commitment Protocol**," "**Postmarketing Commitment Final Report**," or "**Postmarketing Commitment Correspondence**."

REPORTING REQUIREMENTS

We remind you that you must comply with reporting requirements for an approved NDA (21 CFR 314.80 and 314.81).

POST APPROVAL FEEDBACK MEETING

New molecular entities qualify for a post approval feedback meeting. Such meetings are used to discuss the quality of the application and to evaluate the communication process during drug development and marketing application review. The purpose is to learn from successful aspects of the review process and to identify areas that could benefit from improvement. If you would like to have such a meeting with us, call the Regulatory Project Manager for this application.

If you have any questions, call Gregory DiBernardo, Chief, Regulatory Project Management Staff, at (301) 796-4063.

Sincerely,

{See appended electronic signature page}

Adam Sherwat, MD
Deputy Director
Office of Infectious Diseases
Office of New Drugs
Center for Drug Evaluation and Research

ENCLOSURE(S):

- Content of Labeling
  - Prescribing Information
  - Patient Package Insert (2)
- Carton and Container Labeling

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 Mycovia Pharmaceuticals, Inc

Physical Address 4721 Emperor Blvd., Suite 220

City Durham, State NC Zip 27703

Mailing Address (if different from physical address) 4721 Emperor Blvd., Suite 220

City Durham, State NC Zip 27703

Telephone 919-467-8539 Website www.mycovia.com

Licensing Company Email sdrake@mycovia.com

Section 2: Personal Information

First Patrick Middle _____ Last Jordan

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted] Yarmouth Rd.

City Raleigh, State NC Zip 27608

Telephone [redacted] Email pjordan@mycovia.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)	
Duke University Fuqua School of Business		10/2000 - 5/2002	
Address	City	State	Zip
100 Fuqua Drive	Durham	NC	27708
Diploma/Degree obtained, if any			
MBA			

School Name		From - To (MM/YY – MM/YY)	
Durham University		9/1993 - 6/1994	
Address	City	State	Zip
stockton Road	Durham, United Kingdom		DH1 3LE
Diploma/Degree obtained, if any			
M.A.			

School Name		From - To (MM/YY – MM/YY)	
Duke University			
Address	City	State	Zip
PO Box 90586	Durham	NC	27708
Diploma/Degree obtained, if any			
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
6/2006 –	[redacted] Yarmouth Rd	Raleigh	NC	27608
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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)	
Mycovia Pharmaceuticals		1/2014 –	
Business Address	City	State	Zip
4721 Emperor Blvd. Suite 220	Durham	NC	27703
Phone	Title	Number of Employed Hours	
919-467-8539	CEO	8,000	
Description of Duties			
Pharmaceutical company			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description 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?		✓

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)

5/10/2022
Date

Applicant's initials _____

I, Patrick Jordan, **certify that as the designated representative for**

Mycovia Pharmaceuticals,

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

Patrick Jordan

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

5/10/2022

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.

Patrick Jordan

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

5/10/2022

Date

Please have this section completed in the presence of a Notary Public.

State of NORTH CAROLINA, ss. County of DURHAM

I, Patrick Jordan, 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

5/10/2022

Date

Subscribed and Sworn to before me this 10TH day of MAY.

Notary Public Signature

SARA DRAKE
NOTARY PUBLIC
Wake County
North Carolina
My Commission Expires 6.17.25

Applicant's initials

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Mycovia Pharmaceuticals, Inc

Physical Address: 4721 Emperor Blvd., Suite 220

City: Durham State: NC Zip: 27703

Mailing Address (if different from physical address): 4721 Emperor Blvd., Suite 220

City: Durham State: NC Zip: 27703

Telephone: 919-467-8539 Website: www.mycovia.com

Licensing Company Email: sdrake@mycovia.com

Section 2: Personal Information

First: Patrick Middle: Last: Jordan

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] Yarmouth Rd.

City: Raleigh, State: NC Zip: 27608

Telephone: [redacted] Email:

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

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)	
Duke University Fuqua School of Business		10/00-05/02	
Address	City	State	Zip
100 Fuqua Drive	Durham	NC	27708
Diploma/Degree obtained, if any			
MBA			

School Name		From - To (MM/YY – MM/YY)	
Durham University		08/93-06/94	
Address	City	State	Zip
Stockton Rd	Durham, UK		
Diploma/Degree obtained, if any			
MA			

School Name		From - To (MM/YY – MM/YY)	
Duke University			
Address	City	State	Zip
PO Box 90586	Durham	NC	27708
Diploma/Degree obtained, if any			
BA			

School Name		From - To (MM/YY – MM/YY)	
Address	City	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
06/06-Present	[redacted] Yarmouth Rd	Raleigh	NC	27608
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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)
Mycovia Pharmaceuticals			01/18-Present
Business Address	**City**	**State**	**Zip**
4721 Emperor Blvd, Suite 220	Durham	NC	27703
Phone	**Title**		
919-467-8539	CEO		
Description of Duties			
Pharmaceutical 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.

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)

5/14/2022
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.

Patrick Jordan

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

5/10/2022

Date

Please have this section completed in the presence of a Notary Public.

State of NORTH CAROLINA, ss. County of DURHAM

I, PATRICK JORDAN, 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

5/10/2022

Date

Subscribed and Sworn to before me this 10TH day of MAY.

Notary Public Signature

SARA DRAKE
NOTARY PUBLIC
Wake County
North Carolina
My Commission Expires (Seal) 6.17.25

Applicant's initials

svb Silicon Valley Bank

IRREVOCABLE STANDBY LETTER OF CREDIT NO. SVBFS000941

DATE: JUNE 28, 2022

ISSUING BANK:
SILICON VALLEY BANK
3003 TASMAN DRIVE
2ND FLOOR, MAIL SORT HF210
SANTA CLARA, CALIFORNIA 95054

BENEFICIARY:
NEVADA BOARD OF PHARMACY
985 DAMONTE RANCH PARKWAY
SUITE 206
RENO, NV 89521

APPLICANT:
MYCOVIA PHARMACEUTICALS, INC.
4721 EMPEROR BLVD., SUITE 220
DURHAM, NC 27703

AMOUNT:	US$25,000.00 (TWENTY FIVE THOUSAND AND 00/100 U.S. DOLLARS)
EXPIRATION DATE:	JUNE 28, 2023
LOCATION:	ISSUING BANK'S COUNTERS AT ITS ABOVE ADDRESS

DEAR SIR/MADAM:

WE HEREBY ESTABLISH OUR IRREVOCABLE STANDBY LETTER OF CREDIT NO. SVBFS000941 IN YOUR FAVOR IN THE AGGREGATE AMOUNT NOT TO EXCEED TWENTY FIVE THOUSAND AND 00/100 U.S. DOLLARS ($25,000.00) AVAILABLE BY PAYMENT AGAINST YOUR PRESENTATION TO US OF THE FOLLOWING DOCUMENT:

BENEFICIARY'S DATED STATEMENT SIGNED BY THE EXECUTIVE DIRECTOR OF THE NEVADA BOARD OF PHARMACY STATING AS FOLLOWS:

"AN EVENT OF DEFAULT HAS OCCURRED BY THE APPLICANT OF ITS OBLIGATIONS UNDER THAT CERTAIN AGREEMENT TITLED _____ BY AND BETWEEN APPLCANT, AND BENEFICIARY. THE AMOUNT HEREBY DRAWN UNDER THE LETTER OF CREDIT NO. SVBFS000941 IS US$_____, WITH PAYMENT TO BE MADE TO THE FOLLOWING ACCOUNT: [INSERT WIRE INSTRUCTIONS (TO INCLUDE NAME AND ACCOUNT NUMBER OF THE BENEFICIARY)"

svb Silicon Valley Bank

IRREVOCABLE STANDBY LETTER OF CREDIT NO. SVBFS000941

PARTIAL DRAWS AND MULTIPLE PRESENTATIONS ARE ALLOWED.

ALL DEMANDS FOR PAYMENT SHALL BE MADE BY PRESENTATION OF THE REQUIRED DOCUMENTS ON A BUSINESS DAY AT OUR OFFICE (THE "BANK'S OFFICE") AT: SILICON VALLEY BANK, 3003 TASMAN DRIVE, MAIL SORT HF 210, SANTA CLARA, CA 95054, ATTENTION: GLOBAL TRADE FINANCE. AS USED IN THIS LETTER OF CREDIT, "BUSINESS DAY" SHALL MEAN ANY DAY OTHER THAN A SATURDAY, SUNDAY OR A DAY ON WHICH BANKING INSTITUTIONS IN THE STATE OF CALIFORNIA ARE AUTHORIZED OR REQUIRED BY LAW TO CLOSE.

FACSIMILE PRESENTATIONS ARE ALSO PERMITTED. SHOULD BENEFICIARY WISH TO MAKE A PRESENTATION UNDER THIS LETTER OF CREDIT ENTIRELY BY FACSIMILE TRANSMISSION IT NEED NOT TRANSMIT THE ORIGINAL OF THIS LETTER OF CREDIT AND AMENDMENTS, IF ANY. EACH FACSIMILE TRANSMISSION SHALL BE MADE AT: (408) 496-2418 OR (408) 969-6510; AND UNDER CONTEMPORANEOUS TELEPHONE ADVICE TO: (408) 450-5001 OR (408) 654-7176, ATTENTION: GLOBAL TRADE FINANCE. ABSENCE OF THE AFORESAID TELEPHONE ADVICE SHALL NOT AFFECT OUR OBLIGATION TO HONOR ANY DRAW REQUEST.

IF A DEMAND FOR PAYMENT MADE HEREUNDER DOES NOT, IN ANY INSTANCE, CONFORM TO THE TERMS AND CONDITIONS OF THIS LETTER OF CREDIT, WE SHALL GIVE YOU PROMPT NOTICE THAT THE DEMAND FOR PAYMENT DID NOT COMPLY IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THIS LETTER OF CREDIT, STATING THE REASONS THEREFOR AND THAT THE BANK IS HOLDING THE DOCUMENTS AT YOUR DISPOSAL OR RETURN THE SAME TO YOU, AS THE BANK MAY ELECT. UPON BEING NOTIFIED THAT THE PURPORTED DEMAND WAS NOT EFFECTED IN CONFORMITY WITH THIS LETTER OF CREDIT, YOU MAY ATTEMPT TO CORRECT ANY SUCH NON-CONFORMING DEMAND FOR PAYMENT IF, AND TO THE EXTENT THAT YOU ARE ENTITLED AND ABLE TO DO SO.

THIS LETTER OF CREDIT MAY NOT BE TRANSFERRED OR ASSIGNED, EITHER IN WHOLE OR IN PART.

EXCEPT AS EXPRESSLY STATED HEREIN, THIS UNDERTAKING IS NOT SUBJECT TO ANY AGREEMENT, CONDITION OR QUALIFICATION. THE OBLIGATION OF SILICON VALLEY BANK UNDER THIS LETTER OF CREDIT IS THE INDIVIDUAL OBLIGATION OF SILICON VALLEY BANK, AND IS IN NO WAY CONTINGENT UPON REIMBURSEMENT WITH RESPECT THERETO.

CANCELLATION PRIOR TO EXPIRATION: YOU MAY RETURN THIS LETTER OF CREDIT TO US FOR CANCELLATION PRIOR TO ITS EXPIRATION PROVIDED THAT THIS LETTER OF CREDIT IS ACCOMPANIED BY YOUR WRITTEN AGREEMENT TO ITS CANCELLATION. SUCH WRITTEN AGREEMENT TO CANCELLATION SHOULD SPECIFICALLY REFERENCE THIS LETTER OF CREDIT BY NUMBER, CLEARLY INDICATE THAT IT IS BEING RETURNED FOR CANCELLATION AND BE SIGNED BY A PERSON IDENTIFYING THEMSELVES AS AUTHORIZED TO SIGN FOR YOU.

svb Silicon Valley Bank

IRREVOCABLE STANDBY LETTER OF CREDIT NO. SVBFS000941

IF ANY INSTRUCTIONS ACCOMPANYING A DRAWING UNDER THIS LETTER OF CREDIT REQUEST THAT PAYMENT IS TO BE MADE BY TRANSFER TO YOUR ACCOUNT WITH ANOTHER BANK, WE WILL ONLY EFFECT SUCH PAYMENT BY FED WIRE TO A U.S. REGULATED BANK, AND WE AND/OR SUCH OTHER BANK MAY RELY ON AN ACCOUNT NUMBER SPECIFIED IN SUCH INSTRUCTIONS EVEN IF THE NUMBER IDENTIFIES A PERSON OR ENTITY DIFFERENT FROM THE INTENDED PAYEE.

THIS LETTER OF CREDIT IS SUBJECT TO THE INTERNATIONAL STANDBY PRACTICES (ISP98), INTERNATIONAL CHAMBER OF COMMERCE, PUBLICATION NO. 590.

IF YOU HAVE ANY QUESTIONS REGARDING THIS TRANSACTION, PLEASE CONTACT CHRISTINA CHUONG AT CHCHUONG@SVB.COM, ALWAYS QUOTING OUR LETTER OF CREDIT NO. SVBFS000941.

SILICON VALLEY BANK

AUTHORIZED SIGNATURE

M. Banuelos

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: Novugen Pharma (USA) LLC

Physical Address: 100 Overlook Center, 2nd Floor

City: Princeton State: NJ Zip: 08540

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.novugen.com

Name of Designated Representative (DR): Victor Michael Borelli

Licensing Company Email: NVG@SLSNY.COM DR Email: victor.borelli@novugen.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: Manufacturer-Virtual

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		X
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-S, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

N/A

Date

[redacted] your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: CVS Health
Address: 1 CVS Drive City: Woonsocket State: RI Zip: 02895
Name: AmerisourceBergen
Address: 1 W 1st Avenue City: Conshohocken State: PA Zip: 19428
Name: Walgreens
Address: 200 Wilmot Rd City: Deerfield State: IL Zip: 60015
Name: Cardinal Health
Address: 7000 Cardinal Place City: Dublin State: OH Zip: 43007

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): Novugen Pharma (USA) Inc.
Corporation/Organization Name: Novugen Pharma (USA) 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: NVG@SLSNY.COM
Contact Person Name: Christine Cannon

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: 82293	X	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/ N/A - Novugen Pharma (USA) Inc. 100% sole ownership		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances** N/A - No CS	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ N/A - No Medical Devices	✓	✓	✓	✓
• **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 Medical Devices	✓	✓	✓	✓
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.

Novugen Pharma (USA) LLC

Facility Name

Victor Michael Borelli

Print Name of Authorized Person Submitting Application

Victor Michael Borelli

Original signature of Authorized Person (copies or stamps not accepted)

6/8/2022

Date

Board Use Only	Date Received: _____	Amount: 1,000	check # 47132

Novugen Pharma (USA) LLC

Corporate Address: 100 Overlook Center, 2nd Floor, Princeton, NJ 08540 USA
FEIN: 87-2248060
www.novugen.com

Drug Labeler Code: 82293
Incorporation State: DE
Incorporation Date: 7/27/2021

FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
OLK	100 Overlook Center 2nd Floor Princeton, NJ 08540 County: Mercer	N/A	N/A - No CS	N/A	No	(609) 930-1270	(609) 621-0092

FACILITY DESIGNATED REPRESENTATIVES

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Victor Michael Borelli	[redacted]S Clinton Street Baltimore, MD 21224	SVP Commercial Operations, USA	No	[redacted]		

OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority	FEIN/SSN	DOB	Driver's License
Novugen Pharma (USA) Inc.	100 Overlook Center 2nd Floor Princeton, NJ 08540	N/A	100	N/A	87-2162585	N/A	N/A

LIST OF OFFICERS

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Victor Michael Borelli	[redacted]S Clinton Street Baltimore, MD 21224	SVP Commercial Operations, USA	No	[redacted]		
Rahil Derwesh Mahmood	[redacted] Tropicana Grande Condominiums, Persiaran Tropicana Selangor, 47410 Malaysia	President & Manager	No	N/A	[redacted]	
Sian Chean Fei	[redacted] [redacted] Selangor Petaling Jaya, 47820 Malaysia	General Secretary	No	N/A	[redacted]	

REGISTERED AGENT IN ALL APPLICABLE STATES

Name	SSN	DOB	Driver's License
Incorp Services, Inc.			

3PLS

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
J. Knipper and Company, Inc.	1250 Patrol Road Charlestown, IN 47111					

Company Particulars

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NOVUGEN PHARMA (USA) LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF APRIL, A.D. 2022.

Jeffrey W. Bullock, Secretary of State

6120856 8300

SR# 20221460362

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203192667

Date: 04-15-22

Home State Good Standing

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING

NOVUGEN PHARMA (USA) LLC
0600474121

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 August 17, 2021.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

ROBERT C. GABRIELSKI, ESQ.
NORRIS, MCLAUGHIN & MARCUS
400 CROSSING BOULEVARD, 8TH FLOOR
BRIDGEWATER, NJ 08807

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 14th day of April, 2022

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6130799294

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

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

Home State NJ letter- No official Verifications

Home State Verifications

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 6/15/2022

Registration Number: 5006109 **Registered as:** Manufacturer and Wholesale

Name: NOVUGEN PHARMA (USA) LLC

DBA:

Address: 100 OVERLOOK CENTER, FL 2, PRINCETON, NJ 08540

Original Issue Date: 04/11/2022 **Expiration Date:** 01/31/2023

Current Issue Date: 04/11/2022

Disciplines: No

novugen

Novugen Pharma (USA) Inc.
FEIN # 87-2162585

100%



Novugen Pharma (USA) LLC
FEIN # 87-2248060

Novugen Pharma (USA) LLC
100 Overlook Centre 2nd floor Princeton,
NJ 08540 USA

novugen

Novugen Pharma (USA) LLC. employee list:

- Victor Borelli, SVP and Head of Commercial Operations, USA

Novugen Pharma (USA) LLC
100 Overlook Centre 2nd floor Princeton,
NJ 08540 USA

Novugen Pharma (USA) LLC

For connivence sake I am typing the updated employee list below.

Michael Clark - Senior Director of Commercial Operations
Victor Borelli - SVP & Head of Commercial Operations, USA

FDA labeler code proof

From: edrls@fda.hhs.gov
Subject: Labeler Code Request Approved
Date: September 28, 2021 at 4:03 PM
To: Regulatory US regulatory.us@novugen.com

[EXTERNAL]

WARNING: Computer viruses can be transmitted via email. Although the company has taken reasonable precautions to ensure no viruses are present in this email, the recipient should check this email, verify the sender address, and any attachments for the presence of viruses. Do not open attachments having double extensions, e.g. filename.txt.pdf or filename.dll.pdf.
E-mail transmission cannot be guaranteed to be secure or error-free as information could be intercepted, corrupted, lost, destroyed, arrive late or incomplete, or contain viruses. Please exercise caution.

eDRLS - Electronic Drug Registration & Listing System

Verified 7/20/22 MS

Current Date: 28-SEP-2021
Labeler DUNS: 118312098
Labeler Name: Novugen Pharma (USA) LLC
Labeler Code Assigned: 82293

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).

National Drug Code Directory

SHARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=NATIONAL DRUG CODE DIRECTORY&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

EMAIL (MAILTO:?SUBJECT=NATIONAL DRUG CODE DIRECTORY&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

Current through July 20, 2022

You have searched Finished drug products

Search Results: *'82293'*

Back to Search Page () | **Search Again ()**

CSV Excel

Display 50 **records per page** **Search for text in the table:**

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date	Market Category	Package Description
+ Abiraterone Acetate	82293-001-10	250 mg/1	TABLET, FILM COATED	ORAL	ANDA215947	Novugen Pharma (USA) LLC	82293-001	abiraterone acetate	ABIRATERONE ACETATE	HUMAN PRESCRIPTION DRUG	01/05/2022	N/A	ANDA	120 TABLET, FILM COATED in 1 BOTTLE, PLASTIC (82293-001-10)
+ Abiraterone Acetate	82293-002-10	500 mg/1	TABLET, FILM COATED	ORAL	ANDA215947	Novugen Pharma (USA) LLC	82293-002	abiraterone acetate	ABIRATERONE ACETATE	HUMAN PRESCRIPTION DRUG	01/05/2022	N/A	ANDA	60 TABLET, FILM COATED in 1 BOTTLE, PLASTIC (82293-002-10)

Showing 1 to 2 of 2 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

MarshMcLennan Agency

Marsh & McLennan Insurance Agency LLC
9171 Towne Centre Drive | Suite 100
San Diego | CA 92122
+1 800 321 4696
MarshMMA.com
CA Insurance Lic. 0H18131

05/18/2022

Ms. Jaclyn Poo
Novugen Pharma (USA) LLC
100 Overlook Center, 2nd Floor
Princeton, NJ 08540

RE: NV Pharmaceutical Wholesaler Surety Bond
Bond #0810658

Dear Jaclyn:

Please find enclosed the following:

(x) Bond

( ) Continuation Certificate

(x) Invoice

( ) Other

Please sign the enclosed bond with two witnesses and file with the Nevada State Board of Pharmacy. Should you have any questions, please do not hesitate to call.

Sincerely,

Marsh McLennan Agency

Patricia White
Senior Client Manager - Surety

Enclosure



MarshMcLennan Agency

Lockbox 740663
Los Angeles, CA 90074
Ph: 800.321.4696
Fax: 858.452.7530
CA Insurance LIC: 0H18131
www.MarshMMA.com

---------- INVOICE ----------

Novugen Pharma (USA) LLC
100 Overlook Center
Princeton, NJ 08540

Invoice Date 05/18/22
Invoice No. 1877652
Bill-To Code NOVUGPHAR2
Client Code NOVUGPHAR2
Inv Order No. 900*2332766

Named Insured: Novugen Pharma (USA) LLC

Amount Remitted: $

Please return this portion with your payment

Make checks payable to: Marsh & McLennan Agency LLC

Effective Date	Policy Period	Coverage Description	Transaction Amount
05/01/22	05/01/22 to 05/01/23	Harco National Insurance Company Policy No. 0810658 *New - CL License Bond	500.00
		NV Pharmaceutical Wholesaler Surety Bond	
		Invoice Number: 1877652 Amount Due:	500.00

***Premiums Due and Payable on Effective Date**

INVOICE COPY

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 0810658

Application/License No. 0600474121

Novugen Pharma (USA) LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 100 Overlook Center, 2nd Floor, Princeton, NJ 08540 (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 9171 Towne Centre Drive, Suite 100, San Diego, CA 92122 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on 5/1/2022 (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 18th day of May, 2022.

APPLICANT/PRINCIPAL

Authorized Representative

SURETY COMPANY

Surety Company's Representative

Patricia White, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

TIMOTHY A. EICHORST NOTARY PUBLIC 05/14/2021

Countersigned by:

N/A
Nevada Resident Agent

ATTORNEY-IN-FACT ACKNOWLEDGEMENT

STATE OF WA)
) ss:
COUNTY OF Thurston)

On this 18th day of May, 2022, before me, the undersigned, a Notary Public in and for the said State, personally appeared Patricia White, known to me to be the Attorney-in-fact for Hanco National Insurance Company, whose name is subscribed to the within instrument and acknowledged to me that she executed the same.

DANIELLE ENRIQUEZ
NOTARY PUBLIC
STATE OF WASHINGTON
COMM. EXP. 02-22-2025
COMM. NO. 21010413

Danielle Enriquez NOTARY PUBLIC

My commission expires: 2/22/2025

POWER OF ATTORNEY

Bond # 0810658

HARCO NATIONAL INSURANCE COMPANY
INTERNATIONAL FIDELITY INSURANCE COMPANY

Member companies of IAT Insurance Group, Headquartered: 4200 Six Forks Rd, Suite 1400, Raleigh, NC 27609

KNOW ALL MEN BY THESE PRESENTS: That **HARCO NATIONAL INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of Illinois, and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of New Jersey, and having their principal offices located respectively in the cities of Rolling Meadows, Illinois and Newark, New Jersey, do hereby constitute and appoint

PAUL JEFFREY HERING, PATRICIA WHITE, MARTA COLLETT, DANIELLE ENRIQUEZ, SANDRA CORONA, SHANNON ALVAREZ, KATHLEEN VANDERSLICE, TIMOTHY MCCLELLAN

San Diego, 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, 2021

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, 2021, before me came the individual who executed the preceding instrument, to me personally known, and, being by me duly sworn, said he is the therein described and authorized officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**; that the seals affixed to said instrument are the Corporate Seals of said Companies; that the said Corporate Seals and his signature were duly affixed by order of the Boards of Directors of said Companies.

SHIRELLE A. OUTLEY NOTARY PUBLIC No. 50079910 My Comm. Exp. April 4, 2023 NEW JERSEY

IN TESTIMONY WHEREOF, I have hereunto set my hand affixed my Official Seal, at the City of Newark, New Jersey the day and year first above written.

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. May 01, 2022

A00874

Irene Martins, Assistant Secretary

novugen

To the Nevada Board of Pharmacy, July 26th, 2022

I am very actively involved in and aware of the actual and daily operations of our pharmaceutical business, regardless of the distance between my home residence and the facility. We have also hired on Michael Clark as our Senior Director of Commercial Operations and he too works with me out of our 100 Overlook Centre offices. Michael's home address is [redacted] Sandburg Drive, Morganville, NJ 07751.

Please do feel free to reach out to me directly if you have any additional questions.

Sincerely,

Victor Borelli

SVP, Head of Commercial Operations, USA

Novugen Pharma (USA) LLC
100 Overlook Centre 2nd floor Princeton,
NJ 08540 USA

T : +1 609 930 1270
F : +1 609 621 0092
W : www.novugen.com

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Novugen Pharma (USA) LLC

Physical Address 100 Overlook Center, 2nd Floor

City Princeton State NJ Zip 08540

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.novugen.com

Licensing Company Email NVG@SLSNY.COM

Section 2: Personal Information

First Victor Middle Michael Last Borelli

Alias(es, nicknames, name changes, etc.) Victor M Borelli

Date of Birth [redacted] SSN or ITIN _____ Sex ■ M ☐ F ☐ X

Mailing Address [redacted] S Clinton Street

City Baltimore State MD Zip 21224

Telephone [redacted] Email victor.borelli@novugen.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

[redacted] (NRS 425.520, NRS 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 VB

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Northeastern University		9/79 - 6/84	
Address	**City**	**State**	**Zip**
360 Huntington Ave	Boston	MA	02115
Diploma/Degree obtained, if any			
Bachelors of Science			
School Name		**From - To (MM/YY – MM/YY)**	
Ridgefield Memorial High School		9/75 - 6/79	
Address	**City**	**State**	**Zip**
555 Walnut Street	Ridgefield	NJ	07657
Diploma/Degree obtained, if any			
High School Diploma			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/2018 - Present	[redacted] Conkling St, Apt [redacted]	Baltimore	MD	21224
06/2015 - 12/2018	[redacted] Hudson Street	Baltimore	MD	21224
11/2013 - 06/2015	[redacted] S Belnord Ave	Baltimore	MD	21224
12/2000 - 11/2013	[redacted] Mansel Drive	Reisterstown	MD	21136
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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 VB

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5805) 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)
Novugen Pharma (USA) LLC			01/2021 - Present
Business Address	**City**	**State**	**Zip**
100 Overlook Center, 2nd Floor	Princeton	NJ	08540
Phone	**Title**	**Number of Employed Hours**	
(609) 930-1270	SVP Commercial Operations, USA	1,040 hrs	

Description of Duties

Build out a Commercial team that will market generic our organizations molecules to the US marketplace. National account managers and one business analyst. Recruited by former VP of Sales at Mallinckrodt.

Business Name			From - To (MM/YY – MM/YY)
Edenbridge Pharmaceuticals, LLC			2017 - 2021
Business Address	**City**	**State**	**Zip**
169 Lackawanna Ave, Suite 110	Parsippany	NJ	07054
Phone	**Title**	**Number of Employed Hours**	
(201) 292-1292	SVP of Sales & Marketing	8,320 hrs	

Description of Duties

Increased YOY net sales 237% as well as increasing net margins 221% and unit growth of 217%. Created and leveraged strategic partnerships at all major accounts and created new business relationships with 30+ new accounts.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description 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 VB

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.)		✔
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 VB

I, Victor Michael Borelli, **certify that as the designated representative for**

Novugen Pharma (USA) 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

Victor Michael Borelli

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

6/8/2022

Date

Applicant's initials VMB

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Victor Michael Borelli

Print Name (First, Last)

Victor Michael Borelli

Original Signature (electronic, copies or stamps not accepted)

6/8/2022

Date

Please have this section completed in the presence of a Notary Public.

State of MARYLAND, ss. County of ANNE ARUNDEL

I, Victor Michael Borelli, 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.

Victor Michael Borelli

Original Signature

Victor Michael Borelli

6/8/2022

Date

Subscribed and Sworn to before me this 8th day of JUNE 2022

Sharon Brower Williams

Notary Public Signature

SHARON BROWER WILLIAMS
NOTARY PUBLIC
ANNE ARUNDEL COUNTY
MARYLAND
Comm. Expires 03-20-2023

(Seal)

Applicant's initials VMR

4X

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

NON-REFUNDABLE $1,000.00 FEE

Rev (04/19/2022)

Where is the facility located? ☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☐ New Wholesaler ☒ Ownership Change ☐ Name Change ☐ Location Change (in-state only)	* If making a change, provide current license number: WH 02985	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Is your facility a reverse distributor? ☐ Yes ☐ No

Section 1: General Information

Facility Name: Oryza Pharmaceuticals, Inc

Physical Address: 4117 NW 124th Ave

City: Coral Springs State: FL Zip: 33065

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 941-518-6851 Website: www.oryzapharma.com

Name of Designated Representative (DR): Jing Li

Licensing Company Email: jeremy@prescriptionanalytics.co DR Email: jingl@oryzapharma.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: No Sales in Nevada yet

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: Florida

Parent Company (if any): Orenda Pharmaceuticals, Inc

Corporation Name: Oryza Pharmaceuticals, Inc

Mailing Address: 4117 NW 124th Ave

City: Coral Springs State: FL Zip: 33065

Telephone: 941-518-6851 Email: jingl@oryzapharma.com

Contact Person Name: Jing Li

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.

Jing Li

Print Name of Authorized Person Submitting Application

Jing Li

Original signature of Authorized Person (copies or stamps not accepted)

07/21/2022

Date

Board Use Only	Date Received: _____	Amount: _____

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

FLORIDA DRUGS, DEVICES AND COSMETICS
2601 BLAIR STONE ROAD
TALLAHASSEE FL 32399-1047

(850) 487-1395

ORYZA PHARMACEUTICALS, INC.
4117 NW 124TH AVENUE
CORAL SPRINGS FL 33065

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

20390 ISSUED: 12/13/2020

PRESCRIPTION DRUG MANUFACTURER
ORYZA PHARMACEUTICALS, INC.

HAS REGISTERED under the provisions of Ch 499 FS
Expiration date DEC 31, 2022 L2012130000560

DETACH HERE

RON DESANTIS, GOVERNOR HALSEY BESHEARS, SECRETARY

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
FLORIDA DRUGS, DEVICES AND COSMETICS

LICENSE NUMBER	
20390	

The PRESCRIPTION DRUG MANUFACTURER
Named below HAS REGISTERED
Under the provisions of Chapter 499 FS.
Expiration date: DEC 31, 2022

ORYZA PHARMACEUTICALS, INC.
4117 NW 124TH AVENUE
CORAL SPRINGS FL 33065

ISSUED: 12/13/2020 DISPLAY AS REQUIRED BY LAW SEQ # L2012130000560

Oryza Pharmaceuticals, Inc
4117 NW 124th Ave
Coral Springs, FL 33065
FEIN: 81-1875185
941-518-6851

Orenda Pharmaceuticals, Inc (Parent Company of Oryza Pharmaceuticals, Inc)
4117 NW 124th Ave
Coral Springs, FL 33065
FEIN: 88-1136666
100% Ownership

Dacheng Tian, CEO
Residence Street Address: [redacted] SW 20th Street
City, State, Zip Code: Miramar, FL 33027
Telephone Number: [redacted]
Social Security Number (Last 4 Digits Only): [redacted]
Date of Birth: [redacted]

Bangqian Xu, COO
Residence Street Address: [redacted] Yardley Dr # [redacted]
City, State, Zip Code: Tamarac, FL 33321
Residence Telephone Number: [redacted]
Social Security Number (Last 4 Digits Only): [redacted]
Date of Birth: [redacted]

Jing Li, Executive Vice President
Residence Street Address: [redacted] Oakbook Dr
City, State, Zip Code: Weston, FL 33332
Telephone Number: [redacted]
Social Security Number (Last 4 Digits Only): [redacted]
Date of Birth: [redacted]

State of Florida
Department of State

I certify from the records of this office that ORYZA PHARMACEUTICALS, INC. is a corporation organized under the laws of the State of Florida, filed on March 15, 2016, effective March 15, 2016.

The document number of this corporation is P16000024597.

I further certify that said corporation has paid all fees due this office through December 31, 2021, that its most recent annual report/uniform business report was filed on April 21, 2021, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Twenty-fifth day of May, 2022

GREAT SEAL OF THE STATE OF FLORIDA
IN GOD WE TRUST

Secretary of State

Tracking Number: 1505495839CU

To authenticate this certificate,visit the following site,enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RD0205333	08-31-2022	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	07-02-2021

EVERSANA LIFE SCIENCE SERVICES, LLC
4580 S MENDENHALL RD
MEMPHIS, TN 381416700

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
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Form DEA-223 (9/2016)

National Drug Code Directory

SHARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=NATIONAL DRUG CODE DIRECTORY&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

LINKEDIN (HTTPS://WWW.LINKEDIN.COM/SHAREARTICLE?MINI=TRUE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM&TITLE=NATIONAL DRUG CODE DIRECTORY&SOURCE=FDA)

PIN IT (HTTPS://WWW.PINTEREST.COM/PIN/CREATE/BUTTON/?URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM&DESCRIPTION=NATIONAL DRUG CODE DIRECTORY)

EMAIL (MAILTO:?SUBJECT=NATIONAL DRUG CODE DIRECTORY&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

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You have searched Finished drug products

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Display 50 **records per page**

Search for text in the table:

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date	Market Category
Dextroamphetamine Saccharate, Amphetamine Aspartate, Dextroamphetamine Sulfate and Amphetamine Sulfate	72516-011-01	7.5 mg/1, 7.5 mg/1, 7.5 mg/1, 7.5 mg/1	TABLET	ORAL	ANDA210293	Oryza Pharmaceuticals Inc.	72516-011	Dextroamphetamine Saccharate, Amphetamine Aspartate, Dextroamphetamine Sulfate and Amphetamine Sulfate	DEXTROAMPHETAMINE SACCHARATE; AMPHETAMINE ASPARTATE MONOHYDRATE; DEXTROAMPHETAMINE SULFATE; AMPHETAMINE SULFATE	HUMAN PRESCRIPTION DRUG	10/19/2020	N/A	ANDA
Dextroamphetamine Saccharate, Amphetamine Aspartate, Dextroamphetamine Sulfate and Amphetamine Sulfate	72516-012-01	5 mg/1, 5 mg/1, 5 mg/1, 5 mg/1	TABLET	ORAL	ANDA210293	Oryza Pharmaceuticals Inc.	72516-012	Dextroamphetamine Saccharate, Amphetamine Aspartate, Dextroamphetamine Sulfate and Amphetamine Sulfate	DEXTROAMPHETAMINE SACCHARATE; AMPHETAMINE ASPARTATE MONOHYDRATE; DEXTROAMPHETAMINE SULFATE; AMPHETAMINE SULFATE	HUMAN PRESCRIPTION DRUG	10/19/2020	N/A	ANDA
Dextroamphetamine Saccharate, Amphetamine Aspartate, Dextroamphetamine Sulfate and Amphetamine Sulfate	72516-013-01	3.75 mg/1, 3.75 mg/1, 3.75 mg/1, 3.75 mg/1	TABLET	ORAL	ANDA210293	Oryza Pharmaceuticals Inc.	72516-013	Dextroamphetamine Saccharate, Amphetamine Aspartate, Dextroamphetamine Sulfate and Amphetamine Sulfate	DEXTROAMPHETAMINE SACCHARATE; AMPHETAMINE ASPARTATE MONOHYDRATE; DEXTROAMPHETAMINE SULFATE; AMPHETAMINE SULFATE	HUMAN PRESCRIPTION DRUG	10/19/2020	N/A	ANDA
Dextroamphetamine Saccharate, Amphetamine Aspartate, Dextroamphetamine Sulfate and Amphetamine Sulfate	72516-014-01	2.5 mg/1, 2.5 mg/1, 2.5 mg/1, 2.5 mg/1	TABLET	ORAL	ANDA210293	Oryza Pharmaceuticals Inc.	72516-014	Dextroamphetamine Saccharate, Amphetamine Aspartate, Dextroamphetamine Sulfate and Amphetamine Sulfate	DEXTROAMPHETAMINE SACCHARATE; AMPHETAMINE ASPARTATE MONOHYDRATE; DEXTROAMPHETAMINE SULFATE; AMPHETAMINE SULFATE	HUMAN PRESCRIPTION DRUG	10/19/2020	N/A	ANDA
Dextroamphetamine Saccharate, Amphetamine Aspartate, Dextroamphetamine Sulfate and Amphetamine Sulfate	72516-015-01	1.875 mg/1, 1.875 mg/1, 1.875 mg/1, 1.875 mg/1	TABLET	ORAL	ANDA210293	Oryza Pharmaceuticals Inc.	72516-015	Dextroamphetamine Saccharate, Amphetamine Aspartate, Dextroamphetamine Sulfate and Amphetamine Sulfate	DEXTROAMPHETAMINE SACCHARATE; AMPHETAMINE ASPARTATE MONOHYDRATE; DEXTROAMPHETAMINE SULFATE; AMPHETAMINE SULFATE	HUMAN PRESCRIPTION DRUG	10/19/2020	N/A	ANDA

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date	Market Category
Dextroamphetamine Saccharate, Amphetamine Aspartate, Dextroamphetamine Sulfate and Amphetamine Sulfate	72516-016-01	1.25 mg/1, 1.25 mg/1, 1.25 mg/1, 1.25 mg/1	TABLET	ORAL	ANDA210293	Oryza Pharmaceuticals Inc.	72516-016	Dextroamphetamine Saccharate, Amphetamine Aspartate, Dextroamphetamine Sulfate and Amphetamine Sulfate	DEXTROAMPHETAMINE SACCHARATE; AMPHETAMINE ASPARTATE MONOHYDRATE; DEXTROAMPHETAMINE SULFATE; AMPHETAMINE SULFATE	HUMAN PRESCRIPTION DRUG	10/19/2020	N/A	ANDA
Metoprolol Succinate	72516-030-01	25 mg/1	TABLET, EXTENDED RELEASE	ORAL	ANDA207206	Oryza Pharmaceuticals, Inc	72516-030	Metoprolol Succinate	METOPROLOL TARTRATE	HUMAN PRESCRIPTION DRUG	04/27/2022	N/A	ANDA
Metoprolol Succinate	72516-030-10	25 mg/1	TABLET, EXTENDED RELEASE	ORAL	ANDA207206	Oryza Pharmaceuticals, Inc	72516-030	Metoprolol Succinate	METOPROLOL TARTRATE	HUMAN PRESCRIPTION DRUG	04/27/2022	N/A	ANDA
Metoprolol Succinate	72516-030-50	25 mg/1	TABLET, EXTENDED RELEASE	ORAL	ANDA207206	Oryza Pharmaceuticals, Inc	72516-030	Metoprolol Succinate	METOPROLOL TARTRATE	HUMAN PRESCRIPTION DRUG	04/27/2022	N/A	ANDA
Metoprolol Succinate	72516-031-01	50 mg/1	TABLET, EXTENDED RELEASE	ORAL	ANDA207206	Oryza Pharmaceuticals, Inc	72516-031	Metoprolol Succinate	METOPROLOL TARTRATE	HUMAN PRESCRIPTION DRUG	04/27/2022	N/A	ANDA
Metoprolol Succinate	72516-031-10	50 mg/1	TABLET, EXTENDED RELEASE	ORAL	ANDA207206	Oryza Pharmaceuticals, Inc	72516-031	Metoprolol Succinate	METOPROLOL TARTRATE	HUMAN PRESCRIPTION DRUG	04/27/2022	N/A	ANDA
Metoprolol Succinate	72516-031-50	50 mg/1	TABLET, EXTENDED RELEASE	ORAL	ANDA207206	Oryza Pharmaceuticals, Inc	72516-031	Metoprolol Succinate	METOPROLOL TARTRATE	HUMAN PRESCRIPTION DRUG	04/27/2022	N/A	ANDA
Metoprolol Succinate	72516-032-01	100 mg/1	TABLET, EXTENDED RELEASE	ORAL	ANDA207206	Oryza Pharmaceuticals, Inc	72516-032	Metoprolol Succinate	METOPROLOL TARTRATE	HUMAN PRESCRIPTION DRUG	04/27/2022	N/A	ANDA
Metoprolol Succinate	72516-032-10	100 mg/1	TABLET, EXTENDED RELEASE	ORAL	ANDA207206	Oryza Pharmaceuticals, Inc	72516-032	Metoprolol Succinate	METOPROLOL TARTRATE	HUMAN PRESCRIPTION DRUG	04/27/2022	N/A	ANDA
Metoprolol Succinate	72516-032-50	100 mg/1	TABLET, EXTENDED RELEASE	ORAL	ANDA207206	Oryza Pharmaceuticals, Inc	72516-032	Metoprolol Succinate	METOPROLOL TARTRATE	HUMAN PRESCRIPTION DRUG	04/27/2022	N/A	ANDA
Metoprolol Succinate	72516-033-01	200 mg/1	TABLET, EXTENDED RELEASE	ORAL	ANDA207206	Oryza Pharmaceuticals, Inc	72516-033	Metoprolol Succinate	METOPROLOL TARTRATE	HUMAN PRESCRIPTION DRUG	04/27/2022	N/A	ANDA
Papaverine Hydrochloride	72516-024-10	30 mg/mL	INJECTION, SOLUTION	INTRAVENOUS		Oryza Pharmaceuticals Inc.	72516-024	Papaverine Hydrochloride	PAPAVERINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	02/01/2021	N/A	UNAPPROVED DRUG OTHER
Papaverine Hydrochloride	72516-024-25	30 mg/mL	INJECTION, SOLUTION	INTRAVENOUS		Oryza Pharmaceuticals Inc.	72516-024	Papaverine Hydrochloride	PAPAVERINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	02/01/2021	N/A	UNAPPROVED DRUG OTHER

Showing 1 to 18 of 18 entries

Previous 1 Next

Background Information (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

Drug questions email: **DRUGINFO@FDA.HHS.GOV (mailto:DRUGINFO@FDA.HHS.Gov)**

See also: **Drug Registration and Listing Instructions (https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm)**
National Drug Code Directory Data Files (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

U.S Department of Health and Human Services
Public Health Service
Food and Drug Administration
Center for Drug Evaluation and Research
Division of Data Management and Services

Full list of Oryza employees:

CAITLIN M. BOSSINGER,

MICHAEL D. FORTIER,

CURTIS L. GRANT,

ARUN K. KATRAGADDA,

JING LI,

JOAN E. LYLE,

JOSHUA R. NEUBERGER,

JANE A. O'BRIEN,

NILOBON PODHIPLEUX,

DACHENG TIAN,

BANGQIAN Q XU

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: Oryza Pharmaceuticals Inc

Physical Address: 4117 NW 124th Ave

City: Coral Springs State: FL Zip: 33065

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 941-518-6851 Website: www.oryza.com

Licensing Company Email: jingl@oryzapharma.com

Section 2: Personal Information

First: Jing Middle: Last: Li

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] NW 124th Ave

City: Coral Springs State: FL Zip: 33065

Telephone: [redacted] Email: jingl@oryzapharma.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

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

An application for a license, or a licensee with a license, to conduct a pharmacy or to operate as a wholesaler shall designate at least one natural person to serve as the representative of the pharmacy or wholesaler. The Board will not issue or renew a license of an applicant or licensee that is required to designate a representative of a pharmacy or wholesaler unless the Board determines that the designated natural person meets the following qualifications per NAC 639.5005 (Pharmacy) or NAC 639.5935 (Wholesaler):

1. Is at least 21 years of age;
2. Has been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.

The designated representative of a pharmacy or a wholesaler:

1. Must be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
2. Must be employed full-time in a managerial level position with the pharmacy or wholesaler;
3. Must be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
4. May serve in this representative capacity for only one pharmacy or wholesaler at a time

A pharmacy or wholesaler that is required to designate a natural person as its representative shall not open or operate the pharmacy or wholesaler unless that representative is actually employed full-time in the operation of the pharmacy or wholesaler and is physically present at the site of the pharmacy or wholesaler during regular working hours, not including sick leave, vacation leave and other authorized absences from work. If the natural person designated as the representative of a pharmacy leaves the employ of the pharmacy or wholesaler, thus leaving the pharmacy or wholesaler without a representative in violation of this section, the pharmacy or wholesaler shall:

1. Immediately cease conducting business until another qualified natural person is approved by the Board to serve as the representative of the pharmacy or wholesaler; and
2. Not later than 48 hours after that person leaves its employ, notify the Board that the person designated as the representative of the pharmacy or wholesaler has left the employ of the pharmacy or wholesaler.

Before a pharmacy or wholesaler, that is in violation of NAC 639.5005 (Pharmacy) or NAC 639.5935 (Wholesaler) because the natural person designated as the representative of the pharmacy or wholesaler left the employ of the pharmacy or wholesaler, may continue conducting business:

1. The pharmacy or wholesaler must designate, on a form provided by the Board, a new natural person to serve as the representative of the pharmacy; and
2. The Board must approve the natural person so designated.

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Brandeis University		1989-1995	
Address	City	State	Zip
	Waltham	MA	
Diploma/Degree obtained, if any			
Ph.D, Chemistry			

School Name		From - To (MM/YY – MM/YY)	
Tsinghua University		1984-1987	
Address	City	State	Zip
	Beijing	China	
Diploma/Degree obtained, if any			
M.S., Chemistry and Instrumental Analysis			

School Name		From - To (MM/YY – MM/YY)	
Tsinghua University		1979-1984	
Address	City	State	Zip
	Beijing	China	
Diploma/Degree obtained, if any			
B.S., Chemistry and Instrumental Analysis			

School Name		From - To (MM/YY – MM/YY)	
Beijing 63rd High School		1976-1979	
Address	City	State	Zip
	Beijing	China	
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
2018-Present	[redacted] Oakbrook Dr	Weston	FL	33332
2007-2018	[redacted] Starlight Dr	Shirley	NY	11967

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)
Oryza Pharmaceuticals Inc			2018-Present
Business Address	**City**	**State**	**Zip**
4117 NW 124th Ave	Coral Springs	FL	33065
Phone	**Title**	**Number of Employed Hours**	
941-518-6851	Executive Vice President	6600	
Description of Duties			
Acted as the main analytical resource and representative for company. Provided analytical expertise and technical support for product development and commercial manufacturing internally and through CMOs.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Applicant's initials 

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
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:

Jing Li
Original Signature (electronic, copies or stamps not accepted)

06/15/2022
Date

Applicant's initials JL

I, Jing Li, **certify that as the designated representative for**

Oryza Pharmaceuticals 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

Jing Li

Print Name (First, Last)

Jing Li

Original Signature (electronic, copies or stamps not accepted)

06/15/2022

Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jing Li

Print Name (First, Last)

Jing Li

Original Signature (electronic, copies or stamps not accepted)

06/15/2022

Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of broward

I, Jing Li, 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.

Jing Li

Original Signature

06/15/2022

Date

Subscribed and Sworn to before me this 15 day of June/2022

Notary Public Signature

CLAUDIA MARIE ARANGO
NOTARY PUBLIC
STATE OF FLORIDA
Comm# GG346650
Expires 8/13/2023

(Seal)

Applicant's initials

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Oryza Pharmaceuticals Inc

Physical Address: 4117 NW 124th Ave

City: Coral Springs State: FL Zip: 33065

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 941-518-6851 Website: www.oryza.com

Licensing Company Email: jingl@oryzapharma.com

Section 2: Personal Information

First: Jing Middle: Last: Li

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] NW 124th Ave

City: Coral Springs State: FL Zip: 33065

Telephone: [redacted] Email: jingl@oryzapharma.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: JL

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Brandeis University		1989-1995	
Address	City	State	Zip
	Waltham	MA	
Diploma/Degree obtained, if any			
Ph.D, Chemisty			

School Name		From - To (MM/YY – MM/YY)	
Tsinghua University		1984-1987	
Address	City	State	Zip
	Beijing	China	
Diploma/Degree obtained, if any			
M.S., Chemistry and Instrumental Analysis			

School Name		From - To (MM/YY – MM/YY)	
Tsinghua University		1979-1984	
Address	City	State	Zip
	Beijing	China	
Diploma/Degree obtained, if any			
B.S. Chemistry and Instrumental Analysis			

School Name		From - To (MM/YY – MM/YY)	
Beijing 63rd High School		1976-1979	
Address	City	State	Zip
	Beiing	China	
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
2018-Present	[redacted] Oakbrook Dr	Weston	FL	33332
2007-2018	[redacted] Starlight Dr	Shirley	NY	11967

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)
Oryza Pharmaceuticals Inc			2018-Present
Business Address	**City**	**State**	**Zip**
4117 NW 124th Ave	Coral Springs	FL	33065
Phone	**Title**		
941-518-6851	Executive Vice President		

Description of Duties

Responsible to develop, implement, and execute company's global business strategy. Provide leadership and strategic oversight to drive results within product and analytical development, laboratory and quality operation.

Business Name			From - To (MM/YY – MM/YY)
Edenbridge Pharmaceuticals, LLC			2014-2018
Business Address	**City**	**State**	**Zip**
169 Lackawanna Avenue, Suite 110	Parsippany	NJ	07054
Phone	**Title**		
201-292-1292	Vice President		

Description of Duties

Acted as the main analytical resource and representative for company. Provided analytical expertise and technical support for product development and commercial manufacturing internally and through CMOs.

Business Name			From - To (MM/YY – MM/YY)
Frontage Laboratories, Inc.			2013-2014
Business Address	**City**	**State**	**Zip**
700 Pennsylvania Drive	Exton	PA	19341
Phone	**Title**		
610.232.0100	Director		

Description of Duties

Directed method development and formulation support group for analytical development and product evaluation of pharmaceutical drug products in multiple dosage forms.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Jing Li
Original Signature (electronic, copies or stamps not accepted)

06/15/2022
Date

Applicant's initials JL

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jing Li

Print Name (First, Last)

Jing Li — 06/15/2022

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 Broward

I, Jing Li, 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.

Jing Li — 06/15/2022

Original Signature — **Date**

Subscribed and Sworn to before me this 15 day of June/2022

Notary Public Signature

CLAUDIA MARIE ARANGO
NOTARY PUBLIC
STATE OF FLORIDA
Comm# GG346650
Expires 8/13/2023

(Seal)

Applicant's initials JL

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. W150401432

Application/License No. _____

Oryza Pharmaceuticals Inc (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 4117 NW 124th Avenue Coral Springs, FL 33065 (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, Suite 200 Brookfield, WI 53005 (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 3/15/2021 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 15th day of March, 20 21.

APPLICANT/PRINCIPAL
Oryza Pharmaceuticals Inc.

Authorized Representative

SURETY COMPANY
Old Republic Surety Company

Surety Company's Representative

Jason A. Braatz, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness Melissa Babiak

Witness Linda Mengel

Countersigned by:

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: Randy L. Brehmer, Cynthia J. Brehmer, Terence R. Geszvain, Jason A. Braatz, Melissa Babiak

Chris Brehmer , Linda Mengel of Butler, WI

its true and lawful Attorney(s)-in-Fact, with full power and authority 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:

ALL WRITTEN INSTRUMENTS

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 19th day of August, 2020.

Karen J Haffner
Assistant Secretary

OLD REPUBLIC SURETY COMPANY

Alan Pavlic
President

STATE OF WISCONSIN, COUNTY OF WAUKESHA - SS

On this 19th day of August, 2020, 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

My Commission Expires: September 28, 2022

(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.

24-4544

Signed and sealed at the City of Brookfield, WI this 15th day of March, 2021.

Karen J Haffner
Assistant Secretary

ORSC 22262 (3-08)

4Y

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: Salus Medical LLC

Physical Address: 2202 W Lone Cactus Drive, Suite 15

City: Phoenix State: AZ Zip: 85027

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 888-566-3778 Website: www.salusmedicalrx.com

Name of Designated Representative (DR): Hernan Alvarez

Licensing Company Email: compliance.salusmedical@gmail.com DR Email: compliance.salusmedical@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: SAGENT PHARMACEUTICALS
Address: 190N MILWAUKEE STREET City: MILWAUKEE State: WI Zip: 53202

Name: INDEPENDENT PHARMACY DISTRIBUTOR
Address: 703 SOUTH SALISBURY ST City: LEXINGTON State: NC Zip: 27292

Name: AK MEDICAL
Address: 5455 CRESTVIEW STE #8 City: MEMPHIS State: TN Zip: 37501

Name: BELLCO GENERICS
Address: 1 WEST FIRST AVENUE City: CONSHOHOCKEN State: PA Zip: 19428

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Arizona
Parent Company (if any):
Corporation/Organization Name: Salus Medical LLC
Mailing Address: 2202 W Lone Cactus Drive, Suite 15
City: Phoenix State: AZ Zip: 85027
Telephone: 888-566-3778 Email: compliance.salusmedical@gmail.com
Contact Person Name: Hernan Alvarez

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.

Hernan Alvarez
Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

03/23/2022
Date

Board Use Only	Date Received: _____	Amount: $500 Check 1024

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520 Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749
http://www.azpharmacy.gov

Receipt Date: 10/19/2021
Receipt Number: 2021119664
Receipt Amount $: 1000.00

Wholesaler - Full Service

PERMIT NO
W003638

EXPIRES
10/31/2023

Issued to : Salus Medical LLC
Hernan Alvarez
2202 W LONE CACTUS DRIVE SUITE 15 PHOENIX, AZ 85027

Salus Medical LLC
2202 W LONE CACTUS DRIVE SUITE 15
PHOENIX, AZ 85027

EXECUTIVE DIRECTOR

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520
Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749

WALLET CARD

NAME : Hernan Alvarez
LICENSE NUMBER : W003638
EXPIRES : 10/31/2023

http://www.azpharmacy.gov

- **Your license must be available for inspections during business hours.**
- **Permit holder(s) must display permit in the location to which it is issued.**
- **Please note it is your responsibility to keep this license/permit current.**

Important Information

LICENSE HOLDER (pharmacist, intern, technician, technician-trainee)

• Holder of this license number, printed above, is authorized in accordance with A.A.C. R4-23-201(A), A.A.C. R4-23-301(A) or A.A.C R4-23-1101(A), to perform the duties associated within their profession. By holding this license, the licensee agrees to comply with state & federal law.
• You are required by law to notify the Board of any home address and/or employment change within 10 business days

PERMIT HOLDER (pharmacy, non-prescription retailer (OTC), wholesale, manufacture, CMG, DME)

• Holder of this permit number, printed above, is authorized to conduct business according to the classification specified in A.R.S. § 32-1908(A); A.A.C. R4-23-601 and A.A.C. R4-23-607. By holding this permit, the permittee agrees to comply with state & federal law
• In-state pharmacy, wholesaler & manufacture permit holder(s) who plan to remodel or move locations, must submit a change-of-location/remodel form within 30 days prior to move/remodel. In-state non-prescription (OTC), compressed medical gas (CMG) & DME providers who plan to move locations must notify the board within 10 business days of move.
• Out-of-State permit holders must notify the Board of location changes, in writing, within 10 business days of move. A revised copy of your state permit shall be submitted to the Board, when available.
• Permits are non-transferable. Ownership changes of more than 30% require that a new application be submitted to the Board.

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520 Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749
http://www.azpharmacy.gov

Receipt Date: 10/25/2021
Receipt Number: 2021121288
Receipt Amount $: 1000.00

Manufacturer - Repackager

PERMIT NO	EXPIRES
M001919	10/31/2023

Issued to : Salus Medical LLC
Hernan Alvarez
2202 W LONE CACTUS DRIVE SUITE 15 PHOENIX, AZ 85027

Salus Medical LLC
2202 W LONE CACTUS DRIVE SUITE 15
PHOENIX, AZ 85027

Kam Gandhi
EXECUTIVE DIRECTOR

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520
Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749

WALLET CARD

NAME : Hernan Alvarez
LICENSE NUMBER : M001919
EXPIRES : 10/31/2023

http://www.azpharmacy.gov

- **Your license must be available for inspections during business hours.**
- **Permit holder(s) must display permit in the location to which it is issued.**
- **Please note it is your responsibility to keep this license/permit current.**

Important Information

LICENSE HOLDER (pharmacist, intern, technician, technician-trainee)

• Holder of this license number, printed above, is authorized in accordance with A.A.C. R4-23-201(A), A.A.C. R4-23-301(A) or A.A.C R4-23-1101(A), to perform the duties associated within their profession. By holding this license, the licensee agrees to comply with state & federal law.
• You are required by law to notify the Board of any home address and/or employment change within 10 business days

PERMIT HOLDER (pharmacy, non-prescription retailer (OTC), wholesale, manufacture, CMG, DME)

• Holder of this permit number, printed above, is authorized to conduct business according to the classification specified in A.R.S. § 32-1908(A); A.A.C. R4-23-601 and A.A.C. R4-23-607. By holding this permit, the permittee agrees to comply with state & federal law
• In-state pharmacy, wholesaler & manufacture permit holder(s) who plan to remodel or move locations, must submit a change-of-location/remodel form within 30 days prior to move/remodel. In-state non-prescription (OTC), compressed medical gas (CMG) & DME providers who plan to move locations must notify the board within 10 business days of move.
• Out-of-State permit holders must notify the Board of location changes, in writing, within 10 business days of move. A revised copy of your state permit shall be submitted to the Board, when available.
• Permits are non-transferable. Ownership changes of more than 30% require that a new application be submitted to the Board.

Executive Director
Arizona State Board of Pharmacy

Date: 04/21/2022

Arizona State Board of Pharmacy

MANUFACTURER (DRUG) SECURITY/EQUIPMENT INSPECTION on 06/02/2022 for Salus Medical LLC

S = SATISFACTORY C/P = NEED TO COMPLETE OR PROVIDE U = UNSATISFACTORY N/A = NOT APPLICABLE

DEMOGRAPHICS

AZ permit# : M001919	AZ Permit Exp.Date : 10/31/2023	Business Name : Salus Medical LLC
Address : 2202 W Lone Cactus Drive		
Zip : 85027	City : PHOENIX	State : AZ
Phone : (888) 566-3778	Fax : (888) 959-0393	Email : compliance.salusmedical@gmail.com
Inspection Date : 06/02/2022	Designated Representative : HERNAN ALVAREZ	FDA Registration# : 3014781898
Inspection Reviewed With : Hernan Alvarez	Inspection type : Change of Ownership	
Inspection Conducted By : Dennis Waggoner , Chirag Patel		

ACTIVITIES

1	Controlled Substances	◉YES ○NO
2	Prescription Drugs	◉YES ○NO
3	Nonprescription Drugs	○YES ◉NO
4	Rx Devices	○YES ◉NO
5	Precursor/Regulated Chemicals	○YES ◉NO
6	Repackaging	◉YES ○NO

FACILITY

1	Security Alarm system with motion sensors and cameras.	◉S ○C/P ○U ○N/A ARS 32-1904(B)(3); R4-23-604(B)(7); 21 CFR 211.28(c); 21 CFR 1301.73
2	Size and space	◉S ○C/P ○U ○N/A R4-23-604; 21 CFR 211.42(a)(b)
3	Separate or defined areas: Receipt/identification	◉S ○C/P ○U ○N/A 21 CFR 211.42(c)(1)

S = SATISFACTORY C/P = NEED TO COMPLETE OR PROVIDE U = UNSATISFACTORY N/A = NOT APPLICABLE

4	Separate or defined areas: Rejected materials	◉S ○C/P ○U ○N/A	21 CFR 211.42(c)(2)
5	Separate or defined areas: Released materials	◉S ○C/P ○U ○N/A	21 CFR 211.42(c)(3)
6	Separate or defined areas: In-process materials	◉S ○C/P ○U ○N/A	21 CFR 211.42(c)(4)
7	Separate or defined areas: Manufacturing and processing operations	◉S ○C/P ○U ○N/A	21 CFR 211.42(c)(5)
8	Separate or defined areas: Packaging and labeling	◉S ○C/P ○U ○N/A	21 CFR 211.42(c)(6)
9	Separate or defined areas: Quarantine of drug products before release	◉S ○C/P ○U ○N/A	21 CFR 211.42(c)(7)
10	Separate or defined areas: Storage of drug products after release	◉S ○C/P ○U ○N/A	21 CFR 211.42(c)(8)
11	Separate or defined areas: Laboratory operations	○S ○C/P ○U ◉N/A	21 CFR 211.42(c)(9)
12	Separate or defined areas: Aseptic processing	○S ○C/P ○U ◉N/A	21 CFR 211.42(c)(10)
13	Penicillin processing	○S ○C/P ○U ◉N/A	21 CFR 211.42(d); 211.46(d)
14	Lighting	◉S ○C/P ○U ○N/A	21 CFR 211.44
15	Ventilation/environmental control systems Drug storage areas are climate-controlled. Temperature/humidity recorded with manual logs and cloud-based continuous monitoring.	◉S ○C/P ○U ○N/A	21 CFR 211.46
16	Plumbing	◉S ○C/P ○U ○N/A	21 CFR 211.48
17	Sewage and refuse	◉S ○C/P ○U ○N/A	21 CFR 211.50; 211.56
18	Washing/bathroom facilities	◉S ○C/P ○U ○N/A	21 CFR 211.52
19	Physical plant	◉S ○C/P ○U ○N/A	ARS 32-1966(3); 21 CFR 211.56; 211.58

EQUIPMENT AND UTENSILS

S = SATISFACTORY C/P = NEED TO COMPLETE OR PROVIDE U = UNSATISFACTORY N/A = NOT APPLICABLE

1	Appropriate design	◉S ○C/P ○U ○N/A	21 CFR 211.63
2	Construction	◉S ○C/P ○U ○N/A	21 CFR 211.65
3	Refrigerators/freezers	○S ○C/P ○U ◉N/A	21 CFR 211.142(b); 21 CFR 211.46
4	Automated equipment/computer	◉S ○C/P ○U ○N/A	21 CFR 211.68(b)
5	Filters	○S ○C/P ○U ◉N/A	21 CFR 211.72

STORAGE

1	Components, drug product containers, closures	○S ○C/P ○U ◉N/A	21 CFR 211.80(b)(c)
2	Packaging and labeling	◉S ○C/P ○U ○N/A	21 CFR 211.122(d)
3	Drug products	◉S ○C/P ○U ○N/A	21 CFR 211.142(b)
4	Representative samples	○S ○C/P ○U ◉N/A	21 CFR 211.84(b); 211.160; 21 CFR 211.165
5	Reserve samples	○S ○C/P ○U ◉N/A	21 CFR 211.170(a)(b)

QUALITY CONTROLS

1	Adequate laboratory facilities	○S ○C/P ○U ◉N/A	21 CFR 211.22
2	Written procedures and recordkeeping Repackaging procedure(s) must be completed and available.	○S ◉C/P ○U ○N/A	R4-23-604(K); 21 CFR 211. 21; CFR 1304.22

DISTRIBUTION

1	Distribution records	◉S ○C/P ○U ○N/A	R4-23-601(D); R4-23-1003(A); 21 CFR 211.196
2	Stock distribution	◉S ○C/P ○U ○N/A	R4-23-604(H); 21 CFR 211.150(a)

MANUFACTURING RECORDS

S = SATISFACTORY C/P = NEED TO COMPLETE OR PROVIDE U = UNSATISFACTORY N/A = NOT APPLICABLE

1	Master production records	◉S ○C/P ○U ○N/A R4-23-604(K); 21 CFR 211.186(a)(b)
2	Batch records	◉S ○C/P ○U ○N/A 21 CFR 211.134; 21CFR 211.188(a)(b); 21 CFR 211.192

CONTROLLED SUBSTANCES

1	Security Safes housed within security cage.	◉S ○C/P ○U ○N/A 21 CFR 1301.71(a); 1301.72
2	In-process substance security Safes housed within security cage.	◉S ○C/P ○U ○N/A 21 CFR 1301.73
3	Limited-access area Employees with access identified on the door.	◉S ○C/P ○U ○N/A 21 CFR 1301.73; 211.28(c)

NOTES

Ownership change only. No changes to operations.

Repackaging of commercial injectable products from multiple-unit cartons (ie 25's) to single units.
No processing or compounding of components at this site.

Arizona State Board of Pharmacy

Physical Address: 1616 W. Adams, Suite 120, Phoenix, AZ 85007
Mailing Address: P.O. Box 18520, Phoenix, AZ 85005
(P): 602-771-2727 (F): 602-771-2749 www.azpharmacy.gov

CERTIFICATION OF ARIZONA STATE BOARD OF PHARMACY PERMIT FOR THE ENTITY LISTED BELOW :

This document is not a license/permit but serves as the primary source of verification.

Name :	Salus Medical LLC
Address :	2202 W Lone Cactus Drive Suite 15 PHOENIX AZ 85027
License No :	M001919
Permit Type :	Manufacturer
Sub Type :	Repackager
Date Issued :	03/01/2022
Expiration Date :	10/31/2023
Status :	APPLIED - AWAITING BOARD APPROVAL
Discipline :	No

Kam Gandhi

Kam Gandhi

Arizona State Board of Pharmacy

FULL SERVICE DRUG WHOLESALER SECURITY/EQUIPMENT INSPECTION on 06/02/2022 for Salus Medical LLC

S = SATISFACTORY C/P = NEED TO COMPLETE OR PROVIDE U = UNSATISFACTORY N/A = NOT APPLICABLE

DEMOGRAPHICS

AZ permit# : W003638	AZ Permit Exp.Date : 10/31/2023	Business Name : Salus Medical LLC
Address : 2202 W Lone Cactus Drive		
Zip : 85027	City : Phoenix	State : AZ
Phone : (888) 566-3778	Fax : (888) 959-0393	Email : compliance.salusmedical@gmail.com
Inspection Date : 06/02/2022	Designated Representative : Hernan Alvarez	DEA # : RS0486173
DEA # Exp. date : 02/28/2023	Inspection Reviewed With : Hernan Alvarez	Inspection type : Change of Ownership
Inspection Conducted By : Dennis Waggoner , Chirag Patel		

ACTIVITIES

1	Controlled Substances	◉YES ○NO
2	Prescription Drugs	◉YES ○NO
3	Nonprescription Drugs	◉YES ○NO
4	Rx Devices	○YES ◉NO
5	Precursor/Regulated Chemicals	○YES ◉NO
6	Veterinary Drugs	○YES ◉NO

FACILITY

1	Physical plant	◉S ○C/P ○U ○N/A R4-23-605(J)(1)
2	Environmental controls Drug storage areas are climate-controlled.	◉S ○C/P ○U ○N/A R4-23-605(J)(1); R4-23-605(J)(5)
3	Security Alarm system with motion sensors and cameras.	◉S ○C/P ○U ○N/A R4-23-605(J)(2)

S = SATISFACTORY C/P = NEED TO COMPLETE OR PROVIDE U = UNSATISFACTORY N/A = NOT APPLICABLE

4	Access to drug storage areas Controlled by electronic badge reader.	◉S ○C/P ○U ○N/A	R4-23-605(J)(3)
5	Quarantine area	◉S ○C/P ○U ○N/A	R4-23-605(J)(8)

QUALITY CONTROLS

1	Product criteria	◉S ○C/P ○U ○N/A	R4-23-601(E); R4-23-605(G)(2)(3); R4-23-605(K)(1)(a)(b)
2	Storage requirements	◉S ○C/P ○U ○N/A	R4-23-605(J)(5); R4-23-605(K)(1)(c)
3	Temperature/humidity recording Manual logs and cloud-based continuous monitoring.	◉S ○C/P ○U ○N/A	R4-23-605(K)(1)(d)
4	Written procedures	◉S ○C/P ○U ○N/A	R4-23-605(K)(1)(e)

RECORDKEEPING

1	Acquisition records Paper records onsite and scanned images available electronically.	◉S ○C/P ○U ○N/A	R4-23-601(D); R4-23-605(G)(1)(a)
2	Distribution records Paper records onsite and scanned images available electronically.	◉S ○C/P ○U ○N/A	R4-23-601(D); R4-23-605(G)(1)(a)
3	Recalls	◉S ○C/P ○U ○N/A	R4-23-601(D); R4-23-605(H)(1)
4	Returns/outdates Reminder that product with less than 120days to expiry must be moved to quarantine.	◉S ○C/P ○U ○N/A	R4-23-601(D); R4-23-605(H); R4-23-605(I)(1)(3)
5	License/permit records	◉S ○C/P ○U ○N/A	R4-23-605(G)(2)(a); R4-23-605(G)(3)(a)
6	Excess purchase reports	◉S ○C/P ○U ○N/A	21 CFR 1310.05
7	DSCSA records	◉S ○C/P ○U ○N/A	HR 3204-21 USC 301

S = SATISFACTORY C/P = NEED TO COMPLETE OR PROVIDE U = UNSATISFACTORY N/A = NOT APPLICABLE

CONTROLLED SUBSTANCES

1	Security Safes housed within wire cage.	◉S ○C/P ○U ○N/A	21 CFR 1301.71; 1301.72; 1301.74
2	Limited-access area Employees with access identified on the door.	◉S ○C/P ○U ○N/A	21 CFR 1301.72
3	Recordkeeping	◉S ○C/P ○U ○N/A	ARS 36-2523; ARS 36-2524; R4-23-601(D); R4-23-1003; 21 CFR 1301.74; 1304.04; 21 CFR 1304.21; 21 CFR 1304.22
4	Inventory	◉S ○C/P ○U ○N/A	ARS 36-2523; R4-23-1003(A)(6); 21 CFR 1304.04; 1304.11

DISTRIBUTION

1	Permittees/practitioners Customers are primarily pharmacies, surgical centers and practitioners.	◉S ○C/P ○U ○N/A	ARS 32-1983; R4-23-605(G)(2)(3)
2	Delivery	◉S ○C/P ○U ○N/A	ARS 32-1904(A)(4)
3	Location	◉S ○C/P ○U ○N/A	ARS 32-1983(C); ARS 32-1983(D)
4	Account	◉S ○C/P ○U ○N/A	ARS 32-1983(E)
5	Cash and carry sales	◉S ○C/P ○U ○N/A	ARS 32-1983(C); R4-23-605(G)(4)

NOTES

Handouts: AzBOP Newsletter February 2022, AzBOP Scam Alert, 2020/2021 Statute/Rule Changes summary

STATE OF ARIZONA

Office of the
CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

I, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

SALUS MEDICAL, LLC

ACC file number: L17628883

was incorporated under the laws of the State of Arizona on 05/21/2012, and that, according to the records of the Arizona Corporation Commission, said limited liability company is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above named entity as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.

IN WITNESS WHEREOF, I have hereunto set my hand, affixed the official seal of the Arizona Corporation Commission, and issued this Certificate on this date: **02/15/2022**

Matthew Neubert, Executive Director

STATE OF ARIZONA

Office of the
CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

To all to whom these presents shall come, greeting:

I, Jodi A. Jerich, Executive Director of the Arizona Corporation Commission, do hereby certify that

******SALUS MEDICAL, LLC******

a domestic limited liability company organized under the laws of the State of Arizona, did organize on the 21st day of May 2012.

I further certify that according to the records of the Arizona Corporation Commission, as of the date set forth hereunder, the said limited liability company is not administratively dissolved for failure to comply with the provisions of A.R.S. section 29-601 et seq., the Arizona Limited Liability Company Act; and that the said limited liability company has not filed Articles of Termination as of the date of this certificate.

This certificate relates only to the legal existence of the above named entity as of the date issued. This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's condition or business activities and practices.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the Arizona Corporation Commission. Done at Phoenix, the Capital, this 19th day of April, 2016, A. D.

SEAL OF THE ARIZONA CORPORATION COMMISSION * 1912 * DITAT DEUS

Jodi A. Jerich, Executive Director

By: 1414960

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RS0486173	02-28-2023	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	01-04-2022

SALUS MEDICAL LLC
2202 W LONE CACTUS DR STE 15
PHOENIX, AZ 850272621

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
RS0486173	02-28-2023	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	01-04-2022

SALUS MEDICAL LLC
2202 W LONE CACTUS DR STE 15
PHOENIX, AZ 850272621

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)

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 **Salus Medical LLC**

CSVExcel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
SALUS MEDICAL LLC	3014781898	061625610	REPACK;	2202 W Lone Cactus Drive, Suite 15, PHOENIX, Arizona (AZ) 85027, United States (USA)	12/31/2022

Showing 1 to 1 of 1 entries

Previous1Next

Data Current through: Wednesday, Apr 20, 2022

Return to Drug Firm Annual Registration Status Home Page (default.cfm)

Verified 7/18/22 MS

SALUS MEDICAL LLC

Officers & directors

AS OF 5/12/2022

FIRST LAST TITLE

HERNAN ALVAREZ- PRESIDENT

SAMANTHA ALVAREZ- OFFICE MANAGER

DOMINIC DOVIDIO- NATIONAL SALES DIRECTOR

RICHARD GERONIMO- WAREHOUSE MANAGER

PATRICIA LUCY- PURCHASING DIRECTOR

DANA RUSH- COMPLIANCE MANAGER

SALUS MEDICAL LLC

FULL EMPLOYEE LIST

AS OF 5/12/2022

FIRST	LAST	TITLE
HERNAN	ALVAREZ	PRESIDENT
SAMANTHA	ALVAREZ	OFFICE MANAGER
TRANELL	BRIDGES	
SABRINA	BUSANO	
AMBER	DOVIDIO	
DOMINIC	DOVIDIO	NATIONAL SALES DIRECTOR
ROBERT	FAY	
ALICIA	GARCIA	
RICHARD	GERONIMO	WAREHOUSE MANAGER
ADISON	HISLOP	
CATHLEEN	JOHNSON	
RAYMOND	JOYA	
CHARLES	LEE	
PATRICIA	LUCY	PURCHASING DIRECTOR
KERI	MCCLEARY	
ANNE MARIE	MIDDLETON	
JOSEPH	NGUYEN	
DANA	RUSH	COMPLIANCE MANAGER
BRADLEY	SIMPSON	
CHRISTOPHER	STEFAN	
CHRISTOPHER	STRELSKI	
ANNALISA	VARGAS	

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: Salus Medical LLC

Physical Address: 2202 W Lone Cactus Drive, Suite 15

City: Phoenix State: AZ Zip: 85027

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 888-566-3778 Website: www.salusmedicalrx.com

Licensing Company Email: compliance.salusmedical@gmail.com

Section 2: Personal Information

First: Hernan Middle: Last: Alvarez

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] N 17th Ave.

City: Phoenix State: AZ Zip: 85086

Telephone: [redacted] Email: compliance.salusmedical@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: HA

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
NORTHERN ARIZONA UNIVERSITY		8/1993-5/1998	
Address	**City**	**State**	**Zip**
SOUTH SAN FRANCISCO ST	FLAGSTAFF	AZ	86011
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
ARCADIA HIGH SCHOOL		8/1987-5/1991	
Address	**City**	**State**	**Zip**
4703 E INDIAN SCHOOL RD	PHOENIX	AZ	85018
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
10/2018-PRESENT	[redacted] N 17th Ave.	Phoenix	AZ	85086
05/2016-04/2019	[redacted] W KINGS AVE	PHOENIX	AZ	85053
04/2013-5/2016	[redacted] N 31DR	PHOENIX	AZ	85053
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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)	
Salus Medical, LLC.			2012 - present	
Business Address		**City**	**State**	**Zip**
2202 W Lone Cactus Dr., Suite 15		Phoenix	AZ	85027
Phone	**Title**		**Number of Employed Hours**	
888-566-3778	Owner/Purchasing Manager		~ 86,000 hours	

Description of Duties

- Responsible for the procurement of Pharmaceutical Products.
- In charge of new product market research and the implementation of new products in to current product formulary.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials HA

I, Hernan Alvarez, **certify that as the designated representative for**

Salus 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

Hernan Alvarez

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3/23/2022

Date

Applicant's initials HA

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Hernan Alvarez
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3/23/2022
Date

Please have this section completed in the presence of a Notary Public.

State of Arizona, ss. County of Maricopa

I, Hernan Alvarez, 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

3/23/2022
Date

Subscribed and Sworn to before me this 23rd day of March.

Notary Public Signature

Dana Rush
Notary Public - Arizona
Maricopa County
My Commission Expires
June 6, 2022
(Seal)

Applicant's initials HA

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: Salus Medical LLC

Physical Address: 2202 W Lone Cactus Drive, Suite 15

City: Phoenix State: AZ Zip: 85027

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 888-566-3778 Website: www.salusmedicalrx.com

Licensing Company Email: compliance.salusmedical@gmail.com

Section 2: Personal Information

First: Hernan Middle: Last: Alvarez

Alias(es, nicknames, name changes, etc.):

Date of Birth: SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] N 17th Ave.

City: Phoenix State: AZ Zip: 85086

Telephone: [redacted] Email: compliance.salusmedical@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: HA

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
NORTHERN ARIZONA UNIVERSITY		08/1993-5/1998	
Address	City	State	Zip
SOUTH SAN FRANCISCO ST	FLAGSTAFF	AZ	86011
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
ARCADIA HIGH SCHOOL		8/1987-5/1991	
Address	City	State	Zip
4703 E INDIAN SCHOOL RD	PHOENIX	AZ	85018
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
10/2018-PRESENT	[redacted] N 17th Ave.	Phoenix	AZ	85086
05/2016-04/2019	[redacted] W KINGS AVE	PHOENIX	AZ	85053
04/2013-05/2016	[redacted] N 31ST DR	PHOENIX	AZ	85053
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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 HA

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)
Salus Medical, LLC.			2012 - present
Business Address	**City**	**State**	**Zip**
2202 W Lone Cactus Dr., Suite 15	Phoenix	AZ	85027
Phone	**Title**		
888-566-3778	Owner/Purchasing Manager		

Description of Duties

- Responsible for the procurement of Pharmaceutical Products.
- In charge of new product market research and the implementation of new products in to current product formulary.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**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 HA

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials HA

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Hernan Alvarez
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3/23/2022
Date

Please have this section completed in the presence of a Notary Public.

State of Arizona, ss. County of Maricopa

I, Hernan Alvarez, 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

3/23/2022
Date

Subscribed and Sworn to before me this 23rd day of March.

Notary Public Signature

Dana Rush
Notary Public - Arizona
Maricopa County
My Commission Expires
June 6, 2022
(Seal)

Applicant's initials HA

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. 4184555

Application/License No. _____

SALUS MEDICAL LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 2202 W LONE CACTUS DRIVE, SUITE 15, PHOENIX, AZ, 85027 (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 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 Mar 23, 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 March, 20 22.

APPLICANT/PRINCIPAL

SALUS MEDICAL LLC
COMPANY

Authorized Representative

SURETY

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:

Tina Cruz
Witness

Annette Beers
Witness

Countersigned by:

Nevada Resident Agent

Posted February 20, 202

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 MELISSA L. MCDADE STEVEN M. VARGA	ALL OF PIPERSVILLE, PENNSYLVANIA	ALL $10,000,000

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 (877-377-2405)

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 under the By-Laws of said Company, and that he signed his name thereto by like authority.

SUSAN A KOHORST
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 Divisonal 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 24th day of March, 2022

Assistant Secretary

To verify the bond please visit https://www.suretybond.org/validate/?code=XFkG0VQV16cwheQwdZUIRNDQ

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, 2020

ADMITTED ASSETS		LIABILITIES, CAPITAL AND SURPLUS		
Bonds	$ 4,386,347,507	Unpaid losses and loss expenses		$ 4,495,981,334
Stocks	1,201,868,403	Reserve for underwriting expenses		314,467,440
Mortgage loans on real estate	486,472,385	Federal income taxes		2,109,834
Real estate (net of encumbrances)	37,886,932	Reserve for unearned premiums		1,583,390,092
Cash and short-term investments	1,049,550,643	Ceded reinsurance premiums payable		178,445,021
Other invested assets	926,866,836	Funds held under reinsurance treaties		571,592,513
Receivable for securities	5,990,812	Retroactive reinsurance ceded		(107,661,905)
Investment income due and accrued	36,502,582	Other liabilities		228,061,621
Agents' and premium balances	728,740,997	Total liabilities		7,266,385,950
Reinsurance recoverable on loss payments	126,954,023			
Net deferred tax asset	149,581,575			
Receivable from affiliates	13,340,599			
Receivable from Federal Crop Insurance Corporation	398,733,386			
Company owned life insurance	191,104,977	Capital stock	$ 15,440,600	
Funds held as collateral	6,358,281	Paid in surplus	880,010,977	
Funded deductibles	30,751,380	Special surplus funds	83,566,748	
Other admitted assets	45,245,180	Unassigned funds	1,576,892,183	
		Policyholders' surplus		2,555,910,508
Total	$ 9,822,296,458	Total		$ 9,822,296,458

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 Beraha, 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, 2020.

Subscribed and sworn to before me

this 2nd day of March, 2021

Holly M Clayton
Public Notary
Notary Public, State of Ohio
My Commission Expires April 28, 2025

NOTARIAL SEAL STATE OF OHIO

Controller

Assistant Secretary

4Z

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application
Non-Refundable $1,000 Fee

Rev (05/12/2022)

Where is the facility located?		☐ Nevada ☒ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☒ New Wholesaler ☐ 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, S, 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: Tulex Pharmaceuticals Inc.

Physical Address: 5 Cedar Brook Drive

City: Cranbury State: NJ Zip: 08512

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.tulexpharma.com

Name of Designated Representative (DR): Yu-Hsing Tu

Licensing Company Email: TUL@SLSNY.com DR Email: yhtu@tulexpharm.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: US Government		☐ Others:

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		X
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

N/A

Date

[redacted] in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: BASF Corporation
Address: 100 Park Avenue City: Florham Park State: NJ Zip: 07932
Name: Colorcon (Inc.
Address: 275 Ruth Road City: Harleysville State: PA Zip: 19438
Name: IMCD US LLC
Address: 395 W Passaic Street, Suite 275 City: Rochelle park State: NJ Zip: 07662
Name: Evonik Corporation
Address: 2 Turner place City: Piscataway State: NJ Zip: 08855

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): Easywell Biomedicals, Inc. (97.59%) & James A Lee (2.41%)
Corporation/Organization Name: Tulex Pharmaceuticals 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: TUL@SLSNY.com
Contact Person Name: Christine Cannon

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: FDA Reg #: 3011875665	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)**	✓	✓	✓	✓
• [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 Medical Devices, Equipment or 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 Medical 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.

Tulex Pharmaceuticals Inc.

Facility Name

James A Lee

Print Name of Authorized Person Submitting Application



Original signature of Authorized Person (copies or stamps not accepted)

6/21/2022

Date

Board Use Only	Date Received: _____	Amount: 1,000.00 CK-1063

NJ license Verification

New Jersey Department of Health
P.O. Box 369, Trenton, New Jersey 08625-0369
Drug and Medical Device Certificate of Registration

Information recorded in the system as of 6/27/2022

Registration Number: 5004850 **Registered as:** Manufacturer

Name: MAGNIFICA, INC.

DBA: TULEX PHARMACEUTICALS INC

Address: 5 CEDAR BROOK DR, CRANBURY, NJ 08512

Original Issue Date: 11/20/2015 **Expiration Date:** 01/31/2023

Current Issue Date: 12/30/2021

Disciplines: No

Additional Registered Addresses:
117 DOCKS CORNER RD, SUITE B , DAYTON, NJ 08810

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 official Verifications

Tulex Pharmaceuticals Inc.

Corporate Address: 5 Cedar Brook Dr, Cranbury, NJ 08512 USA
FEIN: 47-3546393
www.tulexpharma.com

Drug Labeler Code:
Incorporation State: DE
Incorporation Date: 3/23/2015

FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
CED	5 Cedar Brook Drive Cranbury, NJ 08512 County: Middlesex	3011875665	N/A		No	(609) 619-3098	(609) 235-9394

FACILITY DESIGNATED REPRESENTATIVES

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Yu-Hsing Tu	[redacted]E Kincaid Drive West Windsor, NJ 08550	President	No	[redacted]		

OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority	FEIN/SSN	DOB	Driver's License
Easywell Biomedicals, Inc.	Yanfa 2nd, No. 10,1F Hsin Chu, East District 30076 Taiwan (ROC)	N/A	97.59%	N/A	98-1245350	N/A	N/A
James A Lee	[redacted]Bush Ct Princeton Junction, NJ 08550	CEO	2.41%	No	[redacted]		

LIST OF OFFICERS

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Yu-Hsing Tu	[redacted]E Kincaid Drive West Windsor, NJ 08550	President	No	[redacted]		
James A Lee	[redacted]Bush Ct Princeton Junction, NJ 08550	CEO	No			

REGISTERED AGENT IN ALL APPLICABLE STATES

Name	SSN	DOB	Driver's License
Incorp Services, Inc.			
James Lee			

3PLS

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
R & S Solutions, LLC	96 American Drive Suite 100 A Jackson, TN 38301					

Company Particulars

Tulex Pharmaceuticals Inc.
5 Cedar Brook Drive, Cranbury, New Jersey 08512
Tel: (609) 619-3098; Fax: (609) 235-9394

2/10/2022

Tulex Inc Officers:

CEO: James A Lee

President: Yu-Hsing Tu

Secretary: Yu-Hsing Tu

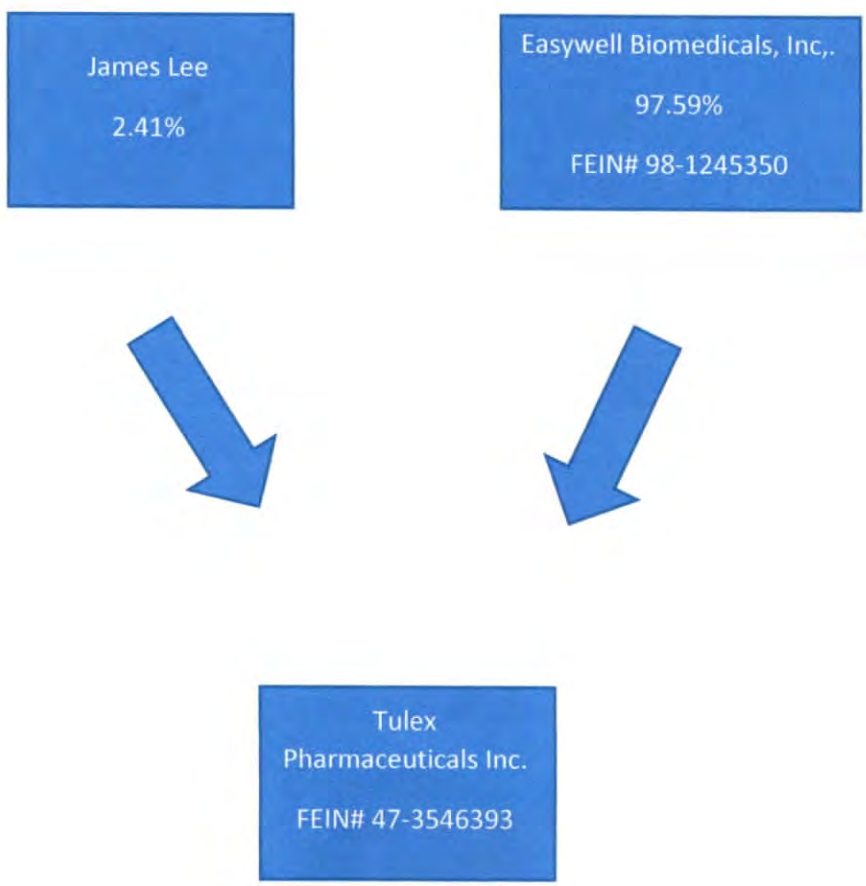
Treasurer: vacant

Sincerely,

James A Lee, PhD

Tulex Pharmaceuticals Inc
5 Cedar Brook Drive
Cranbury, NJ 08512
Phone: 609-619-3098
Fax : 609-235-9394

Tulex Pharmaceuticals Inc. ORG Chart



Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TULEX PHARMACEUTICALS INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF MARCH, 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 "TULEX PHARMACEUTICALS INC." WAS INCORPORATED ON THE TWENTY-THIRD DAY OF MARCH, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

5715464 8300

SR# 20221152095

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203007976

Date: 03-25-22

Home State Good Standing

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING

TULEX PHARMACEUTICALS INC.
0101036577

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named Delaware Foreign For-Profit Corporation was registered by this office on April 13, 2015.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

DR. YU-HSING TU
5 CEDAR BROOK DRIVE
CRANBURY, NJ 08512

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 10th day of March, 2022

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6129412377

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

Drug Establishments Current Registration Site

SHARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

LINKEDIN (HTTPS://WWW.LINKEDIN.COM/SHAREARTICLE?MINI=TRUE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM&TITLE=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&SOURCE=FDA)

PIN IT (HTTPS://WWW.PINTEREST.COM/PIN/CREATE/BUTTON/?URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM&DESCRIPTION=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE)

+

EMAIL (MAILTO:?SUBJECT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

PRINT

New Search (default.cfm)

Search Results for **Tulex**

CSVExcel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Tulex Pharmaceuticals Inc	3011875665	080119240	ANALYSIS; MANUFACTURE; PACK;	5 Cedar Brook Drive, Cranbury, New Jersey (NJ) 08512, United States (USA)	12/31/2022

Showing 1 to 1 of 1 entries

Previous1Next

Data Current through: Tuesday, Jan 25, 2022

Return to Drug Firm Annual Registration Status Home Page (default.cfm)

Verified 7/25/22 MS

Tulex Pharmaceuticals, Inc. Employee List

James A Lee
Ashok Perumal
Yu-Hsing Tu
Yingjun Fan
Luis A Velez
Yang Liu
Venkat Dharmalingam
Jessica Sprogis
Karthiraj Lakshmikandhan
Romona Bhattacharya
Christian Phipps
Kalyan Kathala
Carole Wall
Rashmi Gurram
Dan Zhao
Naveen Kunaparaju
Jibreal O'real Koomson
Shanmuka Chalamuri
Brian Harris
Jose Ocasio
Kerri Rubino
Furong Liu
Fengting Liang
Balakota Chegireddy
Lyufei Chen
Anitha Nakka
Flagun Patel
Charudutt Patel
Ramana Reddy Singamreddy
Paul Gamble
Prashant Shah
Rumana Khan
Chandraprakash Oza
Twinkle Chaudhari
Kalpeshbhai Mehta
Swati Patel
Edwin Fayen
Labh Singh Batth
Angelo Sosa

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 Tulex Pharmaceuticals Inc.

Physical Address 5 Cedar Brook Drive

City Cranbury State NJ Zip 08512

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.tulexpharma.com

Licensing Company Email TUL@SLSNY.com

Section 2: Personal Information

First Yu-Hsing Middle _____ Last Tu

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted]E Kincaid Drive

City West Windsor State NJ Zip 08550

Telephone [redacted] Email yhtu@tulexpharm.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

[redacted] **(NRS 425.520, NRS 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 YHT

[redacted] college experience beginning with the most current. (Use a separate sheet of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
College of Pharmacy, University of Iowa		08/1980 - 05/1986	
Address	City	State	Zip
180 S Grand Ave	Iowa City	IA	52242
Diploma/Degree obtained, if any			
PhD. in Pharmaceutics			
School Name		From - To (MM/YY – MM/YY)	
College of Medicine, National Taiwan University		09/1975 - 07/1979	
Address	City	State	Zip
7F, Lixian Hall, No 1, Sec 4 Roosevelt Rd	Taipei 10617	Taiwan	
Diploma/Degree obtained, if any			
B.S In Pharmacy			
School Name		From - To (MM/YY – MM/YY)	
Tainan First High School		09/1970 - 07/1974	
Address	City	State	Zip
NO. 1, Sec. 1, Minzu Rd.	Tainan	Taiwan	
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			

[redacted] (Use a separate sheet of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/02 - present	[redacted] E Kincaid Drive	West Windsor	NJ	08550
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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: [redacted]

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Tulex Pharmaceuticals Inc.			10/2015 - Present
Business Address	**City**	**State**	**Zip**
5 Cedar Brook Drive	Cranbury	NJ	08512
Phone	**Title**	**Number of Employed Hours**	
(609) 619-3098	President	~ 13,660 hrs	
Description of Duties			
Responsible for overall operation of the company, including the development of difficult to formulate generic products, 505b(2) NDA, and unique platform technologies for drug delivery.charge of overall CMO, CDMO and operation of cGMP 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.

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?		✓
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 _____

I, Yu-Hsing Tu, **certify that as the designated representative for**

Tulex Pharmaceuticals 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

Yu-Hsing Tu

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

06/20/2022

Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

James A Lee

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

6/20/2022

Date

Please have this section completed in the presence of a Notary Public.

State of New Jersey, ss. County of Middlesex

I, Yu-Hsing Tu, 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 Yu-Hsing Tu

06/22/2022

Date

Subscribed and Sworn to before me this 22nd day of June 2022

Notary Public Signature

CHELSEA GRACA
NOTARY PUBLIC
STATE OF NEW JERSEY
ID # 50103186
MY COMMISSION EXPIRES APRIL 23, 2024

(Seal)

Applicant's initials JO

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 Tulex Pharmaceuticals Inc.

Physical Address 5 Cedar Brook Drive

City Cranbury State NJ Zip 08512

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.tulexpharma.com

Licensing Company Email TUL@SLSNY.com

Section 2: Personal Information

First James Middle A Last Lee

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address 1 Bush Ct

City Princeton Junction State NJ Zip 08550

Telephone [redacted] Email jlee@tulexpharm.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

[redacted] **(NRS 425.520, NRS 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 JL

[redacted] and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Southern California		Sept 1989 - May 2000	
Address	**City**	**State**	**Zip**
3650 McClintock Ave	Los Angeles	CA	90089
Diploma/Degree obtained, if any			
Ph.D Chemistry			

School Name		From - To (MM/YY – MM/YY)	
School of Engineering, University of Southern California		Sept 1987 - Dec 1990	
Address	**City**	**State**	**Zip**
3650 McClintock Ave	Los Angeles	CA	90089
Diploma/Degree obtained, if any			
M.S. Biomedical Engineering			

School Name		From - To (MM/YY – MM/YY)	
Columbia College, Columbia University		Sept 1979 - May 1983	
Address	**City**	**State**	**Zip**
1130 Amsterdam Avenue	New York	NY	10027
Diploma/Degree obtained, if any			
B.A. Biochemistry			

School Name		From - To (MM/YY – MM/YY)	
Lowell High		Sept 1977 - May 1979	
Address	**City**	**State**	**Zip**
1101 Eucalyptus Dr	San Fran	CA	94132
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
09/2015 - Present	[redacted] Bush Ct	Princeton Junction	NJ	08550
06/2009 - 09/2015	[redacted] Country Club Dr.	San Francisco	CA	94132

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)	
Tulex Pharmaceuticals Inc.		03/2015 - Present	
Business Address	**City**	**State**	**Zip**
5 Cedar Brook Drive	Cranbury	NJ	08512
Phone	**Title**		
(609) 619-3098	CEO & Founder		

Description of Duties

Establish and manage R& D and pharmaceutical manufacturing company- successfully obtained FDA approvals and commercialized pharmaceutical oral products to US.

Business Name		From - To (MM/YY – MM/YY)	
Magnifica Inc.		09/2011 - Present	
Business Address	**City**	**State**	**Zip**
5 Cedar Brook Dr., Suite 1A	Cranbury	NJ	08512
Phone	**Title**		
(609) 619-3753	CEO / President and Founder		

Description of Duties

Establish formulation lab to develop new formulation design and improve duration of therapeutic effect and efficiency of treatment. Successfully developed Rx/OTC products and launched. Spin out to establish a pharmaceutical manufacturing company. Establish representation for generic pharmaceutical ingredients companies and successfully commercialized pharmaceutical active ingredients to US.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Outies

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 JL

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 JV

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to 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 A Lee

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

6/22/2022

Date

Please have this section completed in the presence of a Notary Public.

State of NJ, ss. County of Mercer

I, James A Lee, 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 James A Lee

6/22/2022

Date

Subscribed and Sworn to before me this 22nd day of June.

Notary Public Signature

MAELING LANGER · NOTARY PUBLIC · No. 50081989 · Comm. Exp. May 4, 2023 · MERCER COUNTY, NEW JERSEY

(Seal)

Applicant's initials JL

WELLS FARGO

Wells Fargo Bank, N.A.
U.S. Trade Services
Standby Letters of Credit
794 Davis Street, 2nd Floor
MAC A0283-023,
San Leandro, CA 94577-6922
Phone: 1(800) 776-3862 Option 2
E-Mail: sblc-new@wellsfargo.com

THIS SAMPLE WORDING IS PRESENTED WITHOUT ANY RESPONSIBILITY ON OUR PART. THIS PROFORMA IS PROVIDED TO YOU AT YOUR REQUEST ONLY AS SUGGESTED WORDING FOR THE LETTER OF CREDIT. PLEASE NOTE THAT THE LETTER OF CREDIT IS IN DRAFT FORM ONLY AND REMAINS UNISSUED AND IS NOT AN ENFORCEABLE INSTRUMENT.

BANK MAY, IN ITS SOLE DISCRETION, ACCEPT A PHOTOCOPY, FACSIMILE, ELECTRONICALLY TRANSMITTED, OR OTHER REPRODUCTION OF A SIGNED COPY OF THIS PROFORMA (INCLUDING A PDF VERSION RECEIVED VIA EMAIL) OR AN ELECTRONICALLY EXECUTED COPY OF THIS PROFORMA (INCLUDING VIA SWIFT OR DOCUSIGN) AS THE BINDING AND EFFECTIVE RECORD OF THIS PROFORMA, IN EACH CASE WITH THE SAME EFFECT AS AN ORIGINAL MANUALLY SIGNED PROFORMA, WHETHER OR NOT AN ORIGINAL MANUALLY SIGNED PROFORMA IS ALSO RECEIVED BY BANK FROM APPLICANT. APPLICANT REPRESENTS TO BANK THAT THE SIGNATURE (WHETHER A PHOTOCOPY, FACSIMILE, ELECTRONICALLY TRANSMITTED COPY OR REPRODUCTION OF AN INK SIGNATURE OR AN ELECTRONIC SIGNATURE) THAT APPEARS ON THE PROFORMA THAT IS TRANSMITTED BY APPLICANT TO BANK IN ANY MANNER IS INTENDED BY APPLICANT TO AUTHENTICATE THE PROFORMA AND EVIDENCE APPLICANT'S AGREEMENT WITH ITS TERMS NOTWITHSTANDING THAT SUCH SIGNATURE MAY NOT BE AN ORIGINAL MANUAL SIGNATURE. APPLICANT FURTHER AGREES THAT ANY SUCH PROFORMA RECEIVED BY BANK SHALL CONSTITUTE AN ORIGINAL DOCUMENT FOR ALL PURPOSES, INCLUDING ESTABLISHING THE PROVISIONS OF THE PROFORMA, SHALL BE BINDING ON AND ENFORCEABLE AGAINST APPLICANT, AND SHALL BE LEGALLY ADMISSIBLE UNDER THE BEST EVIDENCE RULE.

APPLICANT(S) HEREBY AGREE WITH THE FORM AND WORDING OF THE FOLLOWING PROFORMA LETTER OF CREDIT, AND REQUEST THAT WELLS FARGO BANK, N.A. ISSUE THE LETTER OF CREDIT WITH SUCH FORM AND WORDING. IF THERE ARE MULTIPLE APPLICANTS FOR THE LETTER OF CREDIT, THE SIGNATURE OF ONE APPLICANT DENOTES APPROVAL BY ALL APPLICANTS AND BINDS ALL APPLICANTS.

BY: _____ CEO DATE: 4/5/2022
NAME AND TITLE:

THIS PROFORMA LETTER OF CREDIT IS AN INTEGRAL PART OF THE APPLICATION AND AGREEMENT FOR THE ISSUANCE OF THE LETTER OF CREDIT. THE LETTER OF CREDIT CANNOT BE ISSUED UNTIL THE PROFORMA LETTER OF CREDIT IS RETURNED TO US WITH THE APPLICANT'S SIGNATURE ABOVE.

Irrevocable Standby Letter Of Credit

Number : IS000275735U
Issue Date : April 5, 2022

BENEFICIARY	APPLICANT
NEVADA STATE BOARD OF PHARMACY ATTN: EXECUTIVE SECRETARY	TULEX PHARMACEUTICALS INC 5 CEDAR BROOK

WELLS FARGO

985 DAMONTE RANCH PKWY, SUITE 206
RENO, NEVADA 89521

CRANBURY, NEW JERSEY 08512

LETTER OF CREDIT ISSUE AMOUNT USD 25,000.00 EXPIRY DATE APRIL 5, 2023

LADIES AND GENTLEMEN:

1. AT THE REQUEST AND ON THE INSTRUCTIONS OF TULEX PHARMACEUTICALS INC, WE HEREBY ESTABLISH IN FAVOR OF THE BENEFICIARY, THE NEVADA STATE BOARD OF PHARMACY (BOARD), THIS IRREVOCABLE STANDBY LETTER OF CREDIT (CREDIT) IN THE AMOUNT SUM OF USD 25,000.00 (USD TWENTY FIVE THOUSAND AND 00/100).

2 . WE HAVE BEEN INFORMED BY THE APPLICANT/LICENSEE, BUT DO NOT INDEPENDENTLY VERIFY THAT, THIS CREDIT IS AND HAS BEEN ESTABLISHED FOR THE SOLE BENEFIT OF THE BOARD PURSUANT TO THE TERMS OF NRS 639.515 PERTAINING TO THE INITIAL OR RENEWAL APPLICATION FILED BY THE APPLICANT/ LICENSEE.

3. WE HAVE BEEN FURTHER INFORMED BY THE APPLICANT/LICENSEE, BUT DO NOT INDEPENDENTLY VERIFY THAT 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/ LICENSE E'S OPERATION AS A PHARMACEUTICAL WHOLESALER.

4. WE HAVE FINALLY BEEN INFORMED BY THE APPLICANT/LICENSEE, BUT DO NOT INDEPENDENTLY VERIFY, THAT PURSUANT TO NRS 639.515(4), UPON THE IMPOSITION OF ANY FINES OR COSTS BY THE BOARD AGAINST THE APPLICANT/LICENSEE, THE BOARD SHALL BE ENTITLED TO DRAW UPON THIS CREDIT BY PRESENTATION OF A DULY EXECUTED CERTIFICATE OF DRAWING IN SUBSTANTIALLY THE SAME FORM AS ATTACHMENT A, ATTACHED HERETO, AT OUR OFFICE LOCATED AT THE ADDRESS ABOVE.

5. THIS LETTER OF CREDIT IS AVAILABLE WITH OURSELVES BY SIGHT PAYMENT UPON BOARD'S PRESENTATION OF A DULY EXECUTED CERTIFICATE FOR DRAWING IN THE FORM OF ATTACHMENT A, ATTACHED HERETO, WITH THE INSTRUCTIONS IN BRACKETS THEREIN COMPLIED WITH AT OUR OFFICE LOCATED AT ATTN: US TRADE SERVICES, ATTN: STANDBY LETTER OF CREDIT 794 DAVIS STREET, 2ND FLOOR, SAN LEANDRO, CA 94577, PROCESSING (SUCH PRESENTATION, A "DRAWING"). THE DRAWING SHALL BE COMPLETED AND SIGNED BY THE EXECUTIVE SECRETARY OF THE BOARD. PRESENTATION BY THE BOARD OF A DRAWING MAY BE MADE IN PERSON OR BY REGISTERED MAIL, RETURN RECEIPT REQUESTED OR BY EXPRESS OR OVERNIGHT COURIER.

6. UPON PRESENTATION OF A DRAWING IN COMPLIANCE WITH THE TERMS OF THIS LETTER OF CREDIT, PAYMENT SHALL BE MADE TO THE BOARD, OR TO AN ACCOUNT DESIGNATED BY THE BOARD, IN IMMEDIATELY AVAILABLE FUNDS, AS THE BOARD SHALL SPECIFY IN ITS DRAWING. IF ANY INSTRUCTIONS ACCOMPANYING A DRAWING UNDER THIS LETTER OF CREDIT REQUEST THAT PAYMENT IS TO BE MADE BY TRANSFER TO AN ACCOUNT WITH US OR AT ANOTHER BANK, WE AND/OR SUCH OTHER BANK MAY RELY ON AN ACCOUNT NUMBER SPECIFIED IN SUCH INSTRUCTIONS EVEN IF THE NUMBER IDENTIFIES A PERSON OR ENTITY DIFFERENT FROM THE INTENDED PAYEE.

7. FUNDS MAY BE DRAWN IN ONE OR MORE DRAWINGS NOT TO EXCEED THE FULL AMOUNT AVAILABLE TO BE DRAWN UNDER THIS CREDIT.

WELLS FARGO

8. IF DEMAND FOR PAYMENT DOES NOT CONFORM TO THE TERMS OF THIS CREDIT, WE SHALL GIVE THE BOARD NOTICE AS REQUIRED BY THE UCP THAT THE DRAWING WAS NOT PRESENTED IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THIS CREDIT, STATING THE REASONS FOR SUCH NONCONFORMITY AND STATING THAT WE WILL HOLD AT BOARD'S DISPOSAL OR RETURN TO BOARD ANY DOCUMENTS PRESENTED TO US IN SUCH DRAWING.

9. UPON BEING NOTIFIED THAT THE DEMAND FOR PAYMENT WAS NOT EFFECTED IN CONFORMITY WITH THE CREDIT, THE BOARD MAY CORRECT ANY SUCH NON-CONFORMING DEMAND FOR PAYMENT, IF POSSIBLE, BY PRESENTING A CONFORMING DEMAND TO US UNDER THE TERMS AND CONDITIONS OF THIS CREDIT ON OR BEFORE THE EXPIRATION DATE OF THIS CREDIT.

10. ALL DRAWINGS UNDER THIS CREDIT SHALL BE PAID WITH OUR FUNDS. EACH DRAWING HONORED BY US HEREUNDER SHALL REDUCE, PRO TANTO, THE AMOUNT AVAILABLE TO BE DRAWN UNDER THIS CREDIT. BY PAYING TO THE BOARD AN AMOUNT DEMANDED IN ACCORDANCE HEREWITH, WE MAKE NO REPRESENTATIONS AS TO THE CORRECTNESS OF THE AMOUNT DEMANDED.

11. THIS CREDIT WILL BE CANCELED UPON RECEIPT BY US OF AN INSTRUCTION OF CANCELLATION WHICH SHALL BE COMPLETED AND SIGNED BY THE EXECUTIVE SECRETARY OF THE BOARD ACCOMPANIED BY THE ORIGINAL LETTER OF CREDIT AND AMENDMENTS, IF ANY.

12. WE HEREBY ENGAGE WITH YOU THAT EACH DRAFT DRAWN UNDER AND IN COMPLIANCE WITH THE TERMS AND CONDITIONS OF THIS LETTER OF CREDIT WILL BE DULY HONORED IF PRESENTED TOGETHER WITH THE DOCUMENTS SPECIFIED IN THIS LETTER OF CREDIT AT OUR OFFICE LOCATED AT ATTN: US TRADE SERVICES, 794 DAVIS STREET, 2ND FLOOR, SAN LEANDRO, CA 94577, STANDBY LETTERS OF CREDIT ON OR BEFORE THE ABOVE STATED EXPIRY DATE, OR ANY EXTENDED EXPIRY DATE IF APPLICABLE.

13. COMMUNICATIONS WITH RESPECT TO THIS CREDIT SHALL BE IN WRITING AND ADDRESED TO US AT THE ADDRESS ABOVE AND SHALL SPECIFICALLY REFER TO THIS CREDIT BY THE NUMBER ABOVE.

14. THIS CREDIT MAY NOT BE TRANSFERRED OR ASSIGNED, EITHER IN WHOLE OR IN PART.

15. EXCEPT AS FAR AS OTHERWISE EXPRESSLY STATED HEREIN, THIS LETTER OF CREDIT IS SUBJECT TO THE INTERNATIONAL STANDBY PRACTICES ("ISP98"), INTERNATIONAL CHAMBER OF COMMERCE PUBLICATION NO. 590 AND AS TO MATTERS NOT ADDRESSED BY THE ISP98 THIS LETTER OF CREDIT SHALL BE GOVERNED BY, AND CONSTRUED IN ACCORDANCE WITH, THE ARTICLE 5 OF THE UNIFORM COMMERCIAL CODE OF THE STATE OF NEVADA, WITHOUT REGARD TO PRINCIPLES OF CONFLICT OF LAWS.

IT IS A CONDITION OF THIS LETTER OF CREDIT THAT SUCH EXPIRATION DATE SHALL BE DEEMED AUTOMATICALLY EXTENDED, WITHOUT WRITTEN AMENDMENT, FOR ONE YEAR PERIODS TO APRIL 5 IN EACH SUCCEEDING CALENDAR YEAR UNLESS AT LEAST 15 CALENDAR DAYS PRIOR TO SUCH EXPIRATION DATE WE SEND WRITTEN NOTICE TO YOU AT YOUR ADDRESS ABOVE BY OVERNIGHT COURIER OR REGISTERED MAIL THAT WE ELECT NOT TO EXTEND THE EXPIRATION DATE OF THIS LETTER OF CREDIT BEYOND THE DATE SPECIFIED IN SUCH NOTICE.

UPON OUR SENDING YOU SUCH NOTICE OF THE NON-EXTENSION OF THE EXPIRATION DATE OF THIS LETTER OF CREDIT, YOU MAY DRAW UNDER THIS LETTER OF CREDIT, ON OR BEFORE THE EXPIRATION DATE SPECIFIED IN SUCH NOTICE, BY PRESENTATION OF THE FOLLOWING DOCUMENTS TO US AT OUR ABOVE ADDRESS:

A. A DRAFT DRAWN ON US AT SIGHT MARKED "DRAWN UNDER WELLS FARGO BANK, N.A. STANDBY LETTER OF CREDIT NO. IS000275735U."

B. THE ORIGINAL OF THIS STANDBY LETTER OF CREDIT AND ANY AMENDMENTS THERETO.

WELLS FARGO

C. YOUR SIGNED AND DATED STATEMENT WORDED AS FOLLOWS (WITH THE INSTRUCTIONS IN BRACKETS THEREIN COMPLIED WITH):

THE UNDERSIGNED, AN AUTHORIZED REPRESENTATIVE OF THE BENEFICIARY OF WELLS FARGO BANK, N. A. LETTER OF CREDIT NO. IS000275735U, HEREBY CERTIFIES THAT IT HAS RECEIVED NOTIFICATION FROM WELLS FARGO BANK, N.A. THAT THIS LETTER OF CREDIT WILL NOT BE EXTENDED PAST ITS CURRENT EXPIRATION DATE. THE UNDERSIGNED FURTHER CERTIFIES THAT (I) AS OF THE DATE OF THIS STATEMENT, IT HAS NOT RECEIVED A LETTER OF CREDIT OR OTHER INSTRUMENT ACCEPTABLE TO IT AS A REPLACEMENT; AND (II) CAMBER PHARMACEUTICALS, INC. HAS NOT BEEN RELEASED FROM ITS OBLIGATIONS.

THEREFORE, WELLS FARGO BANK, N.A. HAS EXECUTED AND DELIVERED THIS IRREVOCABLE STANDBY LETTER OF CREDIT TO THE BOARD AS OF THE APRIL 5, 2022.

Very Truly Yours,

WELLS FARGO BANK, N.A.

By: _____
Authorized Signature

The original of the Letter of Credit contains an embossed seal over the Authorized Signature.

Please direct any written correspondence or inquiries regarding this Letter of Credit, always quoting our reference number, to **Wells Fargo Bank, National Association,** Attn: U.S. Standby Trade Services

at either 794 Davis Street, 2nd Floor
MAC A0283-023,
San Leandro, CA 94577-6922

or 401 N. Research Pkwy, 1st Floor
MAC D4004-017,
WINSTON-SALEM, NC 27101-4157

Phone inquiries regarding this credit should be directed to our Standby Customer Connection Professionals

1-800-776-3862 Option 2
(Hours of Operation: 8:00 a.m. PT to 5:00 p.m. PT)

1-800-776-3862 Option 2
(Hours of Operation: 8:00 a.m. EST to 5:00 p.m. EST)

WELLS FARGO

EXHIBIT A

SIGHT DRAFT

RE: WELLS FARGO BANK, N.A. IRREVOCABLE STANDBY LETTER OF CREDIT NO. IS000275735U

_____, _____
[DATE]

WELLS FARGO BANK, N.A.
ATTN: US TRADE SERVICES
STANDBY LETTERS OF CREDIT
794 DAVIS STREET, 2ND FLOOR
SAN LEANDRO, CA 94577

AT SIGHT, PAY TO THE ORDER OF NEVADA STATE BOARD OF PHARMACY IN THE AMOUNT OF $_____ DRAWN UNDER WELLS FARGO BANK, N.A. STANDBY LETTER OF CREDIT NO. IS000275735U.

PAYMENT OF THIS DRAWING IS REQUIRED IN IMMEDIATELY AVAILABLE FUNDS BY WIRE TRANSFER TO BENEFICIARY IN ACCORDANCE WITH THE FOLLOWING REMITTANCE INSTRUCTIONS:

[INSERT PAYMENT INSTRUCTIONS.]

NEVADA STATE BOARD OF PHARMACY

BY:_____
AUTHORIZED SIGNATURE
NAME:_____
TITLE:_____

Wells Fargo Bank, N.A.
U.S. Trade Services
Standby Letters of Credit
794 Davis Street, 2nd Floor
MAC A0283-023,
San Leandro, CA 94577-6922
Phone: 1(800) 776-3862 Option 2
E-Mail: sblc-new@wellsfargo.com

Irrevocable Standby Letter Of Credit

Number : IS000275735U
Issue Date : June 9, 2022

BENEFICIARY	APPLICANT
NEVADA STATE BOARD OF PHARMACY ATTN: EXECUTIVE SECRETARY 985 DAMONTE RANCH PKWY, SUITE 206 RENO, NEVADA 89521	TULEX PHARMACEUTICALS INC 5 CEDAR BROOK CRANBURY, NEW JERSEY 08512

LETTER OF CREDIT ISSUE AMOUNT USD 25,000.00 EXPIRY DATE JUNE 9, 2023

LADIES AND GENTLEMEN:

1. AT THE REQUEST AND ON THE INSTRUCTIONS OF TULEX PHARMACEUTICALS INC, WE HEREBY ESTABLISH IN FAVOR OF THE BENEFICIARY, THE NEVADA STATE BOARD OF PHARMACY (BOARD), THIS IRREVOCABLE STANDBY LETTER OF CREDIT (CREDIT) IN THE AMOUNT SUM OF USD 25,000.00 (USD TWENTY FIVE THOUSAND AND 00/100).

2 . WE HAVE BEEN INFORMED BY THE APPLICANT/LICENSEE, BUT DO NOT INDEPENDENTLY VERIFY THAT, THIS CREDIT IS AND HAS BEEN ESTABLISHED FOR THE SOLE BENEFIT OF THE BOARD PURSUANT TO THE TERMS OF NRS 639.515 PERTAINING TO THE INITIAL OR RENEWAL APPLICATION FILED BY THE APPLICANT/ LICENSEE.

3. WE HAVE BEEN FURTHER INFORMED BY THE APPLICANT/LICENSEE, BUT DO NOT INDEPENDENTLY VERIFY THAT 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/ LICENSE E'S OPERATION AS A PHARMACEUTICAL WHOLESALER.

4. WE HAVE FINALLY BEEN INFORMED BY THE APPLICANT/LICENSEE, BUT DO NOT INDEPENDENTLY VERIFY, THAT PURSUANT TO NRS 639.515(4), UPON THE IMPOSITION OF ANY FINES OR COSTS BY THE BOARD AGAINST THE APPLICANT/LICENSEE, THE BOARD SHALL BE ENTITLED TO DRAW UPON THIS CREDIT BY PRESENTATION OF A DULY EXECUTED CERTIFICATE OF DRAWING IN SUBSTANTIALLY THE SAME FORM AS ATTACHMENT A, ATTACHED HERETO, AT OUR OFFICE LOCATED AT THE ADDRESS ABOVE.

5. THIS LETTER OF CREDIT IS AVAILABLE WITH OURSELVES BY SIGHT PAYMENT UPON BOARD'S PRESENTATION OF A DULY EXECUTED CERTIFICATE FOR DRAWING IN THE FORM OF ATTACHMENT A, ATTACHED HERETO, WITH THE INSTRUCTIONS IN BRACKETS THEREIN COMPLIED WITH AT OUR OFFICE LOCATED AT ATTN: US TRADE SERVICES, ATTN: STANDBY LETTER OF CREDIT 794 DAVIS STREET, 2ND FLOOR, SAN LEANDRO, CA 94577, PROCESSING (SUCH PRESENTATION, A "DRAWING"). THE DRAWING SHALL BE

WELLS FARGO

COMPLETED AND SIGNED BY THE EXECUTIVE SECRETARY OF THE BOARD. PRESENTATION BY THE BOARD OF A DRAWING MAY BE MADE IN PERSON OR BY REGISTERED MAIL, RETURN RECEIPT REQUESTED OR BY EXPRESS OR OVERNIGHT COURIER.

6. UPON PRESENTATION OF A DRAWING IN COMPLIANCE WITH THE TERMS OF THIS LETTER OF CREDIT, PAYMENT SHALL BE MADE TO THE BOARD, OR TO AN ACCOUNT DESIGNATED BY THE BOARD, IN IMMEDIATELY AVAILABLE FUNDS, AS THE BOARD SHALL SPECIFY IN ITS DRAWING. IF ANY INSTRUCTIONS ACCOMPANYING A DRAWING UNDER THIS LETTER OF CREDIT REQUEST THAT PAYMENT IS TO BE MADE BY TRANSFER TO AN ACCOUNT WITH US OR AT ANOTHER BANK, WE AND/OR SUCH OTHER BANK MAY RELY ON AN ACCOUNT NUMBER SPECIFIED IN SUCH INSTRUCTIONS EVEN IF THE NUMBER IDENTIFIES A PERSON OR ENTITY DIFFERENT FROM THE INTENDED PAYEE.

7. FUNDS MAY BE DRAWN IN ONE OR MORE DRAWINGS NOT TO EXCEED THE FULL AMOUNT AVAILABLE TO BE DRAWN UNDER THIS CREDIT.

8. IF DEMAND FOR PAYMENT DOES NOT CONFORM TO THE TERMS OF THIS CREDIT, WE SHALL GIVE THE BOARD NOTICE AS REQUIRED BY THE UCP THAT THE DRAWING WAS NOT PRESENTED IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THIS CREDIT, STATING THE REASONS FOR SUCH NONCONFORMITY AND STATING THAT WE WILL HOLD AT BOARD'S DISPOSAL OR RETURN TO BOARD ANY DOCUMENTS PRESENTED TO US IN SUCH DRAWING.

9. UPON BEING NOTIFIED THAT THE DEMAND FOR PAYMENT WAS NOT EFFECTED IN CONFORMITY WITH THE CREDIT, THE BOARD MAY CORRECT ANY SUCH NON-CONFORMING DEMAND FOR PAYMENT, IF POSSIBLE, BY PRESENTING A CONFORMING DEMAND TO US UNDER THE TERMS AND CONDITIONS OF THIS CREDIT ON OR BEFORE THE EXPIRATION DATE OF THIS CREDIT.

10. ALL DRAWINGS UNDER THIS CREDIT SHALL BE PAID WITH OUR FUNDS. EACH DRAWING HONORED BY US HEREUNDER SHALL REDUCE, PRO TANTO, THE AMOUNT AVAILABLE TO BE DRAWN UNDER THIS CREDIT. BY PAYING TO THE BOARD AN AMOUNT DEMANDED IN ACCORDANCE HEREWITH, WE MAKE NO REPRESENTATIONS AS TO THE CORRECTNESS OF THE AMOUNT DEMANDED.

11. THIS CREDIT WILL BE CANCELED UPON RECEIPT BY US OF AN INSTRUCTION OF CANCELLATION WHICH SHALL BE COMPLETED AND SIGNED BY THE EXECUTIVE SECRETARY OF THE BOARD ACCOMPANIED BY THE ORIGINAL LETTER OF CREDIT AND AMENDMENTS, IF ANY.

12. WE HEREBY ENGAGE WITH YOU THAT EACH DRAFT DRAWN UNDER AND IN COMPLIANCE WITH THE TERMS AND CONDITIONS OF THIS LETTER OF CREDIT WILL BE DULY HONORED IF PRESENTED TOGETHER WITH THE DOCUMENTS SPECIFIED IN THIS LETTER OF CREDIT AT OUR OFFICE LOCATED AT ATTN: US TRADE SERVICES, 794 DAVIS STREET, 2ND FLOOR, SAN LEANDRO, CA 94577, STANDBY LETTERS OF CREDIT ON OR BEFORE THE ABOVE STATED EXPIRY DATE, OR ANY EXTENDED EXPIRY DATE IF APPLICABLE.

13. COMMUNICATIONS WITH RESPECT TO THIS CREDIT SHALL BE IN WRITING AND ADDRESED TO US AT THE ADDRESS ABOVE AND SHALL SPECIFICALLY REFER TO THIS CREDIT BY THE NUMBER ABOVE.

14. THIS CREDIT MAY NOT BE TRANSFERRED OR ASSIGNED, EITHER IN WHOLE OR IN PART.

15. EXCEPT AS FAR AS OTHERWISE EXPRESSLY STATED HEREIN, THIS LETTER OF CREDIT IS SUBJECT TO THE INTERNATIONAL STANDBY PRACTICES ("ISP98"), INTERNATIONAL CHAMBER OF COMMERCE PUBLICATION NO. 590 AND AS TO MATTERS NOT ADDRESSED BY THE ISP98 THIS LETTER OF CREDIT SHALL BE GOVERNED BY, AND CONSTRUED IN ACCORDANCE WITH, THE ARTICLE 5 OF THE UNIFORM COMMERCIAL CODE OF THE STATE OF NEVADA, WITHOUT REGARD TO PRINCIPLES OF CONFLICT OF LAWS.

IT IS A CONDITION OF THIS LETTER OF CREDIT THAT SUCH EXPIRATION DATE SHALL BE DEEMED

WELLS FARGO

AUTOMATICALLY EXTENDED, WITHOUT WRITTEN AMENDMENT, FOR ONE YEAR PERIODS TO JUNE 9 IN EACH SUCCEEDING CALENDAR YEAR UNLESS AT LEAST 15 CALENDAR DAYS PRIOR TO SUCH EXPIRATION DATE WE SEND WRITTEN NOTICE TO YOU AT YOUR ADDRESS ABOVE BY OVERNIGHT COURIER OR REGISTERED MAIL THAT WE ELECT NOT TO EXTEND THE EXPIRATION DATE OF THIS LETTER OF CREDIT BEYOND THE DATE SPECIFIED IN SUCH NOTICE.

UPON OUR SENDING YOU SUCH NOTICE OF THE NON-EXTENSION OF THE EXPIRATION DATE OF THIS LETTER OF CREDIT, YOU MAY DRAW UNDER THIS LETTER OF CREDIT, ON OR BEFORE THE EXPIRATION DATE SPECIFIED IN SUCH NOTICE, BY PRESENTATION OF THE FOLLOWING DOCUMENTS TO US AT OUR ABOVE ADDRESS:

A. A DRAFT DRAWN ON US AT SIGHT MARKED "DRAWN UNDER WELLS FARGO BANK, N.A. STANDBY LETTER OF CREDIT NO. IS000275735U."

B. THE ORIGINAL OF THIS STANDBY LETTER OF CREDIT AND ANY AMENDMENTS THERETO.

C. YOUR SIGNED AND DATED STATEMENT WORDED AS FOLLOWS (WITH THE INSTRUCTIONS IN BRACKETS THEREIN COMPLIED WITH):

THE UNDERSIGNED, AN AUTHORIZED REPRESENTATIVE OF THE BENEFICIARY OF WELLS FARGO BANK, N. A. LETTER OF CREDIT NO. IS000275735U, HEREBY CERTIFIES THAT IT HAS RECEIVED NOTIFICATION FROM WELLS FARGO BANK, N.A. THAT THIS LETTER OF CREDIT WILL NOT BE EXTENDED PAST ITS CURRENT EXPIRATION DATE. THE UNDERSIGNED FURTHER CERTIFIES THAT (I) AS OF THE DATE OF THIS STATEMENT, IT HAS NOT RECEIVED A LETTER OF CREDIT OR OTHER INSTRUMENT ACCEPTABLE TO IT AS A REPLACEMENT; AND (II) CAMBER PHARMACEUTICALS, INC. HAS NOT BEEN RELEASED FROM ITS OBLIGATIONS.

THEREFORE, WELLS FARGO BANK, N.A. HAS EXECUTED AND DELIVERED THIS IRREVOCABLE STANDBY LETTER OF CREDIT TO THE BOARD AS OF THE JUNE 9, 2022.

Very Truly Yours,

WELLS FARGO BANK, N.A.

By: _____
Authorized Signature

The original of the Letter of Credit contains an embossed seal over the Authorized Signature.

Please direct any written correspondence or inquiries regarding this Letter of Credit, always quoting our reference number, to **Wells Fargo Bank, National Association,** Attn: U.S. Standby Trade Services

at either 794 Davis Street, 2nd Floor
MAC A0283-023,
San Leandro, CA 94577-6922

or 401 N. Research Pkwy, 1st Floor
MAC D4004-017,
WINSTON-SALEM, NC 27101-4157

Phone inquiries regarding this credit should be directed to our Standby Customer Connection Professionals

1-800-776-3862 Option 2	1-800-776-3862 Option 2
(Hours of Operation: 8:00 a.m. PT to 5:00 p.m. PT)	(Hours of Operation: 8:00 a.m. EST to 5:00 p.m. EST)

WELLS FARGO

EXHIBIT A

SIGHT DRAFT

RE: WELLS FARGO BANK, N.A. IRREVOCABLE STANDBY LETTER OF CREDIT NO. IS000275735U

_____, ____
[DATE]

WELLS FARGO BANK, N.A.
ATTN: US TRADE SERVICES
STANDBY LETTERS OF CREDIT
794 DAVIS STREET, 2ND FLOOR
SAN LEANDRO, CA 94577

AT SIGHT, PAY TO THE ORDER OF NEVADA STATE BOARD OF PHARMACY IN THE AMOUNT OF $_____ DRAWN UNDER WELLS FARGO BANK, N.A. STANDBY LETTER OF CREDIT NO. IS000275735U.

PAYMENT OF THIS DRAWING IS REQUIRED IN IMMEDIATELY AVAILABLE FUNDS BY WIRE TRANSFER TO BENEFICIARY IN ACCORDANCE WITH THE FOLLOWING REMITTANCE INSTRUCTIONS:

[INSERT PAYMENT INSTRUCTIONS.]

NEVADA STATE BOARD OF PHARMACY

BY:_____
AUTHORIZED SIGNATURE
NAME:_____
TITLE:_____

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: Yaral Pharma Inc

Physical Address: 8 Campus Drive, Suite 201A

City: Parsippany State: NJ Zip: 07054

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (908) 280-1601 Website: www.yaral-pharma.com

Name of Designated Representative (DR): Aldo Donati

Licensing Company Email: info@yaral-pharma.com DR Email: info@yaral-pharma.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:		☐ 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)?		✓

...se and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" ...ection 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the ...stance 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*:

...e of Event/Arrest	Disposition Date	State	City	County
...se #		Governing, licensing, Arresting Presiding Body/Agency/Court		
...tion/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
...e of Business/Industry/Entity				

Please ... provide explanation below:
to ... s...
circum...

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: Upon Licensure-We are just starting out and have not dispensed or distributed within the 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): IBSA Pharma Inc

Corporation/Organization Name: _____

Mailing Address: 8 Campus Drive, Suite 200

City: Parsippany State: NJ Zip: 07054

Telephone: (908) 280-1601 Email: info@yaral-pharma.com

Contact Person Name: Aldo Donati

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.

Yaral Pharma, Inc

Facility Name

Aldo Donati

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

4/27/22

Date

Board Use Only	Date Received: 6/20/2022	Amount: 1.000	Check # 10921

NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE
P.O. Box 369, Trenton, New Jersey 08625-0369

0746521

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

8 CAMPUS DR STE 201A PARSIPPANY NJ 07054

Reg. No.
5006078

YARAL PHARMA INC.
8 CAMPUS DR, STE 201A
PARSIPPANY, NJ 07054-

ISSUED PURSUANT TO
N.J.S.A. 24:6B

EXPIRES: January 31, 2023

Establishment Copy

New Jersey Department of Health
P.O. Box 369, Trenton, New Jersey 08625-0369
Drug and Medical Device Certificate of Registration

Information recorded in the system as of 5/1/2022

Registration Number: 5006078 **Registered as:** Wholesale

Name: YARAL PHARMA INC.

DBA:

Address: 8 CAMPUS DR, STE 201A, PARSIPPANY, NJ 07054

Original Issue Date: 01/20/2022 **Expiration Date:** 01/31/2023

Current Issue Date: 01/20/2022

Disciplines: No

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "YARAL PHARMA INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF APRIL, 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 "YARAL PHARMA INC." WAS INCORPORATED ON THE SEVENTEENTH DAY OF SEPTEMBER, A.D. 2021.

Jeffrey W. Bullock, Secretary of State

6242284 8300

SR# 20221614944

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203262846

Date: 04-25-22

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING

YARAL PHARMA INC.
0450704851

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named Delaware Foreign For-Profit Corporation was registered by this office on September 21, 2021.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

CORPORATION SERVICE COMPANY
PRINCETON SOUTH CORPORATE CENTER,
SUITE 160, 100 CHARLES EWING BLVD
EWING, NJ 08628

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 11th day of April, 2022

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6130653128

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

YARAL Pharma

List of Officers/Employees

Name	% Ownership	Title/Position
Aldo Donati	0 %	CEO
Steven Jordan	0%	Director of Commercial Operations
Luz Villamizar	0%	Assoc Director, Regulatory Affairs

List of Owners

Name	% Ownership	Title/Position	Date of Birth	Address	EIN
ISBA Pharma Inc.	100 %	Owner	N/A	8 Campus Dr, Suite 201, Parsippany, NJ 07054	30-0937203

Yaral Pharma. Inc

8 Campus Drive, Suite 201 A

Parsippany, NJ 07054

Phone: (908) 905-0537 Fax: (973) 206-1408

Steven Jordan

From: edrls@fda.hhs.gov
Sent: Thursday, October 21, 2021 11:54 AM
To: Steven Jordan
Subject: Labeler Code Request Approved

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

eDRLS - Electronic Drug Registration & Listing System

Current Date: 21-OCT-2021
Labeler DUNS: 118348095
Labeler Name: Yaral Pharma Inc.
Labeler Code Assigned: 82347

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).

Verified NHT 7/26/22

Yaral Pharma. Inc

8 Campus Drive, Suite 210A

Parsippany, NJ 07054

Phone: (908) 905-0537 Fax: (973) 206-1408

YARAL Pharma

List of Officers/Employees

Name	% Ownership	Title/Position	Date of Birth	Address	
Aldo Donati	0 %	CEO	[redacted]	[redacted]Hillcrest Dr, Morristown, NJ 07960	
Steven Jordan	0 %	Operations Director		[redacted]Agawam Dr, Wayne NJ 07470	
Luz Villamizar	0 %	Regulatory Affairs		[redacted] N 17th St, Bloomfield NJ 07003	

List of Owners

Name	% Ownership	Title/Position	Date of Birth	Address	EIN
ISBA Inc.	100 %	Owner	N/A	8 Campus Dr, Suite 201A, Parsippany, NJ 07054	30-0937203

List of Agents/CMO

Name	% Ownership	Title/Position	Date of Birth	Address	EIN
InCorp	N/A	Registered Agent	N/A	3773 Howard Hughes Pkwy, Suite 500S, Las Vegas, NV 89169	
IBSA Pharma	N/A	Contracted Manufacturer		Via Al ponte 13, Lugano, Ticino, CH 6900-Italy	License # 461447

List of 3PLs

Name	% Ownership	Title/Position	License #	Address	EIN
Eversana Life Sciences	N/A	3 PL	WH02797	Memphis TN	

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 Yaral Pharma Inc

Physical Address 8 Campus Drive Suite 201A

City Parsippany State NJ Zip 07054

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email _____

Section 2: Personal Information

First Aldo Middle _____ Last Donati

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] Hillcrest Drive

City Morristown State NJ Zip 07960

Telephone [redacted] Email info@yaral-pharma.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 AD

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Liceo Scientifico Guido Castelnuovo		01/1969 - 01/1974	
Address	City	State	Zip
Via La Marmora n. 20, Firenze (FI), Italy			
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 employment you have held for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
See attached resume			
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

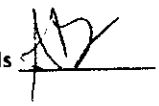
Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials 

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

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:

N/A

Original Signature (electronic, copies or stamps not accepted)

4/25/2022
Date

Applicant's initials

I, Aldo Donati, **certify that as the designated representative for**

Yaral Pharma 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

Aldo Donati

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/25/2022

Date

Applicant's initials AD

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Aldo Donati

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/25/2022

Date

Please have this section completed in the presence of a Notary Public.

State of New Jersey, ss. County of Morris

I, Aldo Donati, 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

4/25/2022

Date

Subscribed and Sworn to before me this 25th day of April 2022.

Notary Public Signature

COLLEEN M KELLY
Notary Public, State of New Jersey
My Commission Expires Nov 8, 2026

(Seal)

Applicant's initials

Aldo Donati

[redacted]Hillcrest Avenue
Morristown, NJ 07960

[redacted]

Executive with extensive experience in domestic and international General Management, Business Development, Licensing, Sales and Marketing in the Pharmaceutical, Consumer Healthcare and other industries.

PROFESSIONAL EXPERIENCE

Yaral Pharma Inc. **2021-to Present**
CEO, Parsippany NJ
Establishing and managing subsidiary of IBSA Pharma inc. with the objective of introducing into the US market generic products from IBSA pipeline and external collaborations.

IBSA Pharma Inc. **2018 – to Present**
CEO, Parsippany, NJ, USA
Established and managing US subsidiary of IBSA Institute Biochimique SA, a Swiss multinational company with a therapeutic focus in endocrinology, pain, fertility and OA.

Fidia Pharma USA Inc **2012 -2018**
President, Parsippany, NJ, USA
Established and managed North America business of Fidia Farmaceutici SpA, an Italian specialty pharmaceutical company focusing on OA, Advanced Wound Care and Dermatology.

APPLIED PHARMA RESEARCH USA, LLC **2007 – to 2012**
Vice President, Charlotte, NC, USA
Established US subsidiary of Applied Pharma Research sa, a Swiss R&D company that develops Rx and OTC products based on their proprietary drug delivery platforms. Structured company legal entity, administrative and reporting system, signed several product licensing agreements for the US, Canadian and LATAM markets of which two have been introduced by our partners in the US market.

COMPASS PHARMACEUTICALS, LLC **2002 -to Present**
Founder and Managing Director, Charlotte, NC, USA
International Consulting Company providing services to small and medium size US, EU and LATAM based-companies across multiple industries to gain access to foreign markets and/or manage JVs and Alliances.

KING PHARMACEUTICALS INTERNATIONAL **2001 – 2002**
Vice President Sales and Marketing, Charlotte, NC, USA
Managed Sales, Marketing and BD&L functions for International Division operating in 16 markets through subsidiaries and a network of partners and distributors.

FORONI METALS **1998 - 2000**
General Manager, Houston, TX, USA
Managed and restructured distribution of US subsidiary of Italian steel mill producing specialty alloys with applications in the oil, chemical, aerospace and medical industries.

BRISTOL-MYERS SQUIBB Corp. **1983-1997**

Sr. Director Marketing Effectiveness, London, UK 1997

Coordinated function at the Regional Headquarters of Central Eastern Europe markets operating in Healthcare and FMCG sectors. Turnover in excess of US$300 million with more than 1100 employees.

General Manager, Warsaw, Poland 1995-1997

Established and managed company subsidiary and divisions including Pharmaceutical and OTC medicines, beauty care and medical devices. Oversaw 180 employees and generated annual revenues in excess of US$40 million.

Commercial Director, Lisbon, Portugal 1990-1995

Managed sales and marketing of the company's Pharmaceutical Division., during which, successfully introduced several key products. Oversaw 130 employees, with a sales force of over 100 and generated annual turnover of U.S. $37 million.

Squibb Corporation, Princeton, NJ, USA 1983-1990

Held various corporate positions of increasing responsibility.
Product Planning Manager WW Business Development
Associate Product Manager, Cardiovasculars
Marketing Associate - Market/Business Analyst

EDUCATION, QUALIFICATIONS AND TRAINING

Universita' degli Studi di Firenze - Political Science – International Relations 1982

Executive /Post-Graduate Education:
Completed accounting and financial management, negotiation, strategic management and business administration courses at the following institutions: MIT, Columbia University, Wharton and Rider College.

Professional Membership/Other Organizations:
Serving on the Board of Directors Olon USA, Parsippany, NJ
Served as Secretary to the Board of Directors of Lea North America LLC, Charlotte, NC
Served on the Board of Directors of Applied Pharma Research sa
Served on the Board of Trustees – Litweska Children Hospital Foundation – Warsaw Poland
Served as the Pharmaceutical industry Mentor - Elon University, Burlington, NC
Past Member of the Consumer Health Product Association
Member of Alumni Association – University of Florence Italy
Member of Italian –American Chamber of Commerce – Charlotte, NC
Member of Biotechnology Club – Houston, Texas

PERSONAL & ADDITIONAL EXPERIENCE

Languages: Italian, English, Portuguese and Spanish

Available to extensive travel and relocation
Worldwide network of contacts throughout multiple industries and medical community

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 83BSBIW3221

Application/License No. NJ 5006078

YARAL Pharma Inc., doing or intending to do business as a
(Applicant/Principal)
pharmaceutical wholesaler, whose address for purposes of service is
8 Campus Drive, Ste. 201A, Parsippany, NJ 07054, as
(Address of Applicant/Principal)
PRINCIPAL, and Hartford Fire Insurance Company, 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 Hartford Plaza, Hartford, CT 06155-0001 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 May 11, 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.

83BSBIW3221

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 11th day of May, 2022.

APPLICANT/PRINCIPAL

YAAAL Pharma Inc.

Authorized Representative

SURETY COMPANY

Hartford Fire Insurance Company

Surety Company's Representative

Josefina Rojo, 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 Haley A. Anderson

Countersigned by:

Nevada ~~Resident~~ Agent
Non-Resident Josefina Rojo

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: MESIROW INSURANCE SERVICES INC
Agency Code: 83-555351

- [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
Josefina Rojo

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. B3BSBIW3221
Naming YARAL Pharma 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, Assistsnt Secretary

Joelle L. LaPierre, Assistant Vice President

STATE OF FLORIDA
COUNTY OF SEMINOLE } ss. Lake Mary

On this 20th day of May, 2021, before me personally came Joelle LaPierre, to me known, who being by me duly sworn, did depose and say: that (s)he resides in Seminole County, State of Florida; that (s)he is the Assistant Vice President of the Companies, the corporations described in and which executed the above instrument; that (s)he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that (s)he signed his/her name thereto by like authority.

Jessica Ciccone
My Commission HH 122280
Expires June 20, 2025

I, the undersigned, Assistant Vice President of the Companies, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is still in full force effective as of May 11, 2022.

Signed and sealed in Lake Mary, Florida.

Keith D. Dozois, Assistant Vice President

State of Illinois
County of Cook

On this 11th day of May 2022, before me personally appeared Josefina Rojo, known to me to be the Attorney-in-fact of Hartford Fire Insurance Company, the corporation that executed the within instrument, and acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in the aforesaid county, the day and year in this certificate first above written.

OFFICIAL SEAL
M LABNO
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:09/11/23

M Labno

(Notary Public)

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Yaral Pharma Inc

Physical Address 8 Campus Drive Suite 201 A

City Parsippany State NJ Zip 07054

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone (908) 280-1601 Website www.yaral-pharma.com

Licensing Company Email info@yaral-pharma.com

Section 2: Personal Information

First Aldo Middle _____ Last Donati

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted] Hillcrest Drive

City Morristown State NJ Zip 07960

Telephone [redacted] Email info@yaral-pharma.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)	
Liceo Scientifico Guido Castelnuovo		01/1969 - 01/1974	
Address	City	State	Zip
Via La Marmora n. 20, Firenze (FI) Italy			
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
	[redacted]Hillcrest Drive	Morristown	NJ	07960
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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)
Yaral Pharma Inc			2021-Present
Business Address	**City**	**State**	**Zip**
8 Campus Drive Suite 201 A	Parsippany	NJ	07054
Phone	**Title**		
908-280-1601	CEO		

Description of Duties

Establishing and managing subsidiary of IBSA Pharma inc. with the objective of introducing into the US market generic products from IBSA pipeline and external collaborations.

Business Name			From - To (MM/YY – MM/YY)
IBSA Pharma Inc			2018-Present
Business Address	**City**	**State**	**Zip**
8 Campus Drive	Parsippany	NJ	07054
Phone	**Title**		
908-280-1601	CEO		

Description of Duties

Established and managing US subsidiary of IBSA Institute Biochimique SA, a Swiss multinational company with a therapeutic focus in endocrinology, pain, fertility and OA

Business Name			From - To (MM/YY – MM/YY)
Fidia Pharma USA Inc			2012-2018
Business Address	**City**	**State**	**Zip**
Via Ponte della Fabbrica 3/A-35031 Abano Terme PD-Italy			
Phone	**Title**		
(+39) 049 810653	President		

Description of Duties

Established and managed North America business of Fidia Farmaceutici SpA, an Italian specialty pharmaceutical company focusing on OA, Advanced Wound Care and Dermatology.

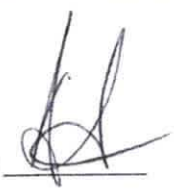
Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Continue on next page if additional space is needed.

Applicant's initials 

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Applicant's initials _____

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		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)

5/23/2022
Date

Applicant's initials _____ 6

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Aldo Donati

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

5/23/2022

Date

Please have this section completed in the presence of a Notary Public.

State of New Jersey, ss. County of Morris

I, ALDO DONATI, 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

5/23/2022

Date

Subscribed and Sworn to before me ~~this~~ 23rd day of May 2022

Notary Public Signature

COLLEEN M KELLY
Notary Public, State of New Jersey
My Commission Expires Nov 8, 2026

(Seal)

Applicant's initials

YARAL Pharma

Nevada State Board of Pharmacy

985 Damonte Ranch Parkway, Suite 206

Reno, NV 89521

5/17/2022

To whom it may concern

Please find the enclosed application documents for Yaral Pharma Inc application for licensure under the Nevada Board of Pharmacy. The details of the supplemental documentation can be found below.

Applicant Name: Yaral Pharma Inc

Application Type: Wholesale License

Supplemental Documents:

- List of Officers/Owners/Employees
- Certificate of Good Standing
- Copy of NJ License and current license verification
- Surety Bond
- FDA Registration
- Designated Rep Form
- Designated Rep Fingerprint card
- Personal History Application

Thank you in advance for your time and consideration. If you have any questions or concerns upon reviewing the contents of this envelope, please do not hesitate to contact us at compliance.yaralpharma@gmail.com

Sincerely,

Aldo Donati

RECEIVED
JUN 20 2022
NEVADA STATE BOARD OF PHARMACY

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	* 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: Outlook Therapeutics, Inc.

Physical Address: 485 F Route 1 South, Suite 320

City: Iselin State: NJ Zip: 08830

Mailing Address (if different from physical address): Same as above.

City: _____ State: _____ Zip: _____

Telephone: 609-619-3990 Website: www.Outlooktherapeutics.com

Name of Designated Representative (DR): Christopher R. Yonan

Licensing Company Email: chrisyonan@outlooktherapeutics.com DR Email: chrisyonan@outlooktherapeutics.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		☐ Others:

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: N/A - Start up company; anticipated product approval is 7/2023.

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: Delaware

Parent Company (if any): N/A

Corporation Name: Outlook Therapeutics, Inc.

Mailing Address: 485 F Route 1 South, Suite 320

City: Iselin State: NJ Zip: 08830

Telephone: 609-619-3990 Email: chrisyonan@outlooktherapeutics.com

Contact Person Name: Christopher R. Yonan

Date of SEC Registration: 5/12/2016 | SEC Registration Number: 001-37759 | Stock Exchange Symbol: OTLK & OTLKW

N/A **Section 5: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

N/A **Section 6: Partnership**

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

N/A **Section 7: Sole Owner**

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✔
N/A 1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✔	
1. Copy of FDA registration See Attachment 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/. N/A - Publicly traded.		

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 B	✓	✓		
• **List the top four corporation shareholders and their percent ownership.** See Attachment B	✓			
• **List of all corporation shareholders and their percent ownership.** N/A - Publicly traded.		✓		
• **List of all partners and their percent ownership.** N/A - Publicly traded.			✓	
• **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 C	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ N/A - Publicly traded.		✓	✓	✓
• **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 - Publicly traded.		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances** N/A	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only) See Attachment D	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** See Attachment B	✓	✓	✓	✓
• **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)** Pending - See Attachment E	✓	✓	✓	✓
N/A • [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
N/A • **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
N/A - See Attachment 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: 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 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✔
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✔	
1. Copy of FDA registration See Attachment 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/. N/A - Publicly traded.		

N/A

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.** See Attachment B	✓	✓		
• **List the top four corporation shareholders and their percent ownership.** See Attachment B	✓			
• **List of all corporation shareholders and their percent ownership.** N/A - Publicly traded.		✓		
• **List of all partners and their percent ownership.** N/A - Publicly traded.			✓	
• **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**. See Attachment C	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/ N/A - Publicly traded.		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/ N/A - Publicly traded.		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances** N/A	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only) See Attachment D	✓			
• **A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** See Attachment B	✓	✓	✓	✓
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/.		✓	✓	✓

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.

Christopher R. Yonan

Print Name of Authorized Person Submitting Application

Christopher R. Yonan

Original signature of Authorized Person (copies or stamps not accepted)

29 JUNE 2022

Date

Board Use Only	Date Received: _____	Amount: 1000.00 CK-2524

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to 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.

Outlook Therapeutics, Inc.
Facility Name

Christopher R. Yonan
Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

11 July 2022
Date

Board Use Only	Date Received: _____ Amount: _____

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 8/9/2022

Registration Number: 5006147 **Registered as:** Wholesale

Name: OUTLOOK THERAPEUTICS, INC.

DBA:

Address: 485F ROUTE 1 S, STE 320, ISELIN, NJ 08830

Original Issue Date: 08/08/2022 **Expiration Date:** 01/31/2023

Current Issue Date: 08/08/2022

Disciplines: No

From: edrls@fda.hhs.gov <edrls@fda.hhs.gov>
Sent: Tuesday, January 4, 2022 9:15 AM
To: Terry Dagnon <TerryDagnon@OutlookTherapeutics.com>
Subject: Labeler Code Request Approved

eDRLS - Electronic Drug Registration & Listing System

82491 Verified 8/11/22 MS

Current Date: 04-JAN-2022
Labeler DUNS: 963380188
Labeler Name: Outlook Therapeutics, Inc.
Labeler Code Assigned: 82491

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).

Attachment B

Personnel Information

Outlook Therapeutics, Inc.

Corporate Officers:

C. Russell Trenary III
President & Chief Executive Officer

Jeff Evanson
Chief Commercial Officer

Terry J. Dagnon
Chief Operations Officer

Lawrence A. Kenyon
Chief Financial Officer and Secretary

Designated Representative:

Christopher R. Yonan
Senior Vice President, Technical Operations

Enclosed please find a list of key personnel and the top shareholders.

Top Shareholders:

- BioLexis Pte. Ltd.
- Syntone Ventures, LLC
- GMS Ventures and Investments

We only know the top 3 shareholders. As a public company we don't get visibility into other shareholders unless they report their holdings to us.

List of Employees:

First Name	Last Name	Title
Kathleen	Billman	Executive Director Clinical Affairs
Edwin	Chan	Director Drug Product Operations
Tyler	Collins	Director CMC Operations
Terry	Dagnon	Chief Operating Officer
Entisar	Dahan	HR Director
Jeff	Evanson	Chief Commercial Officer
Lawrence	Kenyon	Chief Financial Officer
Jennifer	Kissner	Senior Vice President Clinical Development
Elaine	Ludovico	Director Financial Planning & Analysis
Joseph	Manhede	Financial Controller
Lauren	Nelson	Executive Director, Patient Marketing and Market Access
Joel	Prieve	Sr. Vice President Commercial Operations
Francine	Thompson	Senior Accountant
Alicia	Tozier	Sr. Vice President Global Marketing and Market Access
Charles Russell	Trenary III	President & CEO
Christopher	Yonan	Senior Vice President Tech Operations

Attachment C

Delaware Certificate of Good Standing

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OUTLOOK 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 FIFTH DAY OF APRIL, 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 "OUTLOOK THERAPEUTICS, INC." WAS INCORPORATED ON THE TWENTY-SECOND DAY OF OCTOBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

5857184 8300

SR# 20221320166

Authentication: 203103016

Date: 04-05-22

You may verify this certificate online at corp.delaware.gov/authver.shtml

Table of Contents

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, D.C. 20549

FORM 10-K

☒ **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**
For the fiscal year ended September 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: 001-37759

OUTLOOK THERAPEUTICS, INC.

(Exact name of registrant as specified in its charter)

Delaware	38-3982704
(State or other jurisdiction of incorporation or organization)	(I.R.S. Employer Identification No.)
485 Route 1 South Building F, Suite 320 Iselin, New Jersey	08852
(Address of principal executive offices)	(Zip Code)

(609) 619-3990
(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	OTLK	The Nasdaq Stock Market LLC
Series A Warrants	OTLKW	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 than the registrant was required to file such reports), and (2 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 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 definition 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 pu accounting firm that prepared or issued its audit report. ☐

Indicate by check mark whether registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act). Yes ☐ No ☒

The aggregate market value of the registrant's common stock, held by non-affiliates of the registrant as of March 31, 2021 (which is the last business day of registrant's most recently completed second fiscal quarter) based upon the closing market price of such stock on Nasdaq Capital Market on that date, was approximately $199.5 million.

As of December 20, 2021, the registrant had outstanding 224,260,602 shares of common stock, par value $0.01 per share.

DOCUMENTS INCORPORATED BY REFERENCE

Part III of this report incorporates information by reference from the Company's definitive proxy statement, which proxy statement is due to be filed with the Securities and Exchange Commission not later than 120 days after September 30, 2021.

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OUTLOOK THERAPEUTICS, INC.
ANNUAL REPORT ON FORM 10-K
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In this report, unless otherwise stated or as the context otherwise requires, references to "Outlook Therapeutics," "Outlook," "the Company," "we," "us," "our" and similar references refer to Outlook Therapeutics, Inc. (formerly known as Oncobiologics, Inc.) and its consolidated subsidiaries. The Outlook logo, Oncobiologics logo, LYTENAVA and other trademarks or service marks of Outlook Therapeutics, Inc. appearing in this report are the property of Outlook Therapeutics, Inc. This report also contains registered marks, trademarks and trade names of other companies. All other trademarks, registered marks and trade names appearing in this report are the property of their respective holders.

Convenience translations between Swiss Francs, or CHF, and U.S. dollars provided herein are based on the noon buying rate in New York City for cable transfers in foreign currencies as certified for customs purposes by the Federal Reserve Bank of New York on September 30, 2021, or CHF 0.9339 = $1.00. We do not represent that CHF were, could have been, or could be, converted into U.S. dollars at such rate or at any other rate.

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CAUTIONARY NOTE REGARDING FORWARD-LOOKING STATEMENTS AND INDUSTRY DATA

This Annual Report on Form 10-K contains forward-looking statements within the meaning of Section 27A of the Securities Act of 1933, as amended, and Section 21E of the Securities Exchange Act of 1934, as amended. Forward-looking statements are based on our management's beliefs and assumptions and on information currently available to our management. All statements other than statements of historical facts are "forward-looking statements" for purposes of these provisions, including those relating to future events or our future financial performance and financial guidance. In some cases, you can identify forward-looking statements by terminology such as "may," "might," "will," "should," "expect," "plan," "anticipate," "project," "believe," "estimate," "predict," "potential," "intend," "continue," the negative of terms like these or other comparable terminology, in connection with any discussion of future operating or financial performance. These statements are only predictions. All forward-looking statements included in this Annual Report on Form 10-K are based on information available to us on the date hereof, and we assume no obligation to update any such forward-looking statements. Any or all of our forward-looking statements in this document may turn out to be wrong. Actual events or results may differ materially. Our forward-looking statements can be affected by inaccurate assumptions we might make or by known or unknown risks, uncertainties and other factors. We discuss many of these risks, uncertainties and other factors in this Annual Report on Form 10-K in greater detail in Item 1A under the heading "Risk Factors." We caution investors that our business and financial performance are subject to substantial risks and uncertainties.

This Annual Report on Form 10-K also contains estimates, projections and other information concerning our industry, our business, and the markets for certain diseases, including data regarding the estimated size of those markets, and the incidence and prevalence of certain medical conditions. Information that is based on estimates, forecasts, projections, market research or similar methodologies is inherently subject to uncertainties and actual events or circumstances may differ materially from events and circumstances reflected in this information. Unless otherwise expressly stated, we obtained this industry, business, market and other data from reports, research surveys, studies and similar data prepared by market research firms and other third parties, industry, medical and general publications, government data and similar sources.

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SELECTED RISKS AFFECTING OUR BUSINESS

Investing in our common stock involves numerous risks, including the risks described in "Part I, Item 1A. Risk Factors" of this Annual Report on Form 10-K, any one of which could materially adversely affect our business, financial condition, results of operations, and prospects. These risks include, among others, the following:

- We have incurred significant losses and negative cash flows from operations since our inception and expect to continue to incur significant losses and negative cash flows from operations for at least the next 12 months;
- We have never generated any revenue from product sales and may never be profitable;
- We will need to raise substantial additional funding to complete the development of ONS-5010 (LYTENAVA (bevacizumab-vikg)) and support our operations after the planned launch in early 2023 until we are able to generate sufficient revenue. This additional funding may not be available on acceptable terms or at all. Failure to obtain this necessary capital when needed may force us to delay, limit or terminate our product development efforts or other operations;
- Raising additional capital may cause dilution to our securityholders, restrict our operations or require us to relinquish rights to our technologies or product candidates;
- We are highly dependent on the success of ONS-5010, our only product candidate in active development, and if ONS-5010 does not successfully complete clinical development or receive regulatory approval, or is not successfully commercialized, our business may be harmed;
- We may not be successful in our efforts to enter into a strategic partnership for ONS-5010;
- Due to our limited resources and access to capital, we have, and will continue to need to, prioritize development of certain product candidates; and these decisions may prove to have been wrong and may harm our business. We are currently repaying our recently received Paycheck Protection Program, or PPP, loan, and our application for the PPP loan could in the future be determined to have been impermissible or could result in damage to our reputation;
- Clinical drug development is a lengthy and expensive process and we may encounter substantial delays in our clinical trials or may fail to demonstrate safety and efficacy to the satisfaction of applicable regulatory authorities;
- If product liability lawsuits are brought against us, we may incur substantial liabilities and may be required to limit commercialization of our current or future product candidates, and our existing insurance coverage may not be sufficient to satisfy any liability that may arise;
- The development and commercialization of pharmaceutical products is subject to extensive regulation, and we may not obtain regulatory approvals for ONS-5010 in any of the indications for which we plan to develop it, or any future product candidates, on a timely basis or at all;
- Any delays in the commencement or completion, or termination or suspension, of our planned or future clinical trials could result in increased costs to us, delay or limit our ability to generate revenue and adversely affect our commercial prospects;
- We face intense competition and rapid technological change and the possibility that our competitors may develop therapies that are similar, more advanced or more effective than ours. Other products may be approved and successfully commercialized before ours, which may adversely affect our financial condition and our ability to successfully commercialize our product candidates;
- We currently have no marketing and sales organization. If we are unable to establish sales and marketing capabilities in jurisdictions for which we choose to retain commercialization rights, we may be unable to generate any revenue and will depend on the efforts of our licensing partners, if any;
- We rely on third parties to manufacture and test ONS-5010, conduct our preclinical and clinical trials and perform other tasks for us. If these third parties do not successfully carry out their contractual duties, meet expected deadlines or comply with regulatory requirements, we may not be able to obtain regulatory approval for or commercialize our product candidates and our business could be harmed;
- We currently engage single source suppliers for clinical trial services and multiple source suppliers for future drug substance manufacturing, fill-finish manufacturing and product testing of ONS-5010. The loss of any of these suppliers, or any future single source suppliers, could harm our business;

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- If we infringe or are alleged to infringe intellectual property rights of third parties, our business could be harmed. Third-party claims of intellectual property infringement may prevent or delay our development and commercialization efforts;
- We may become involved in lawsuits to protect or enforce any future patents, which could be expensive, time-consuming and unsuccessful;
- If we are unable to obtain and maintain effective patent rights for our product candidates or any future product candidates, we may not be able to prevent competitors from using technologies we consider important in our successful development and commercialization of our product candidates, resulting in loss of any potential competitive advantage our patents may have otherwise afforded us;
- If we are unable to maintain effective proprietary rights for our product candidates or any future product candidates, we may not be able to compete effectively in our markets;
- If we fail to comply with our obligations in the agreements under which we license intellectual property and other rights from third parties or otherwise experience disruptions to our business relationships with our licensors, we could lose license rights that are important to our business;
- Our business could be adversely affected by the effects of health pandemics or epidemics, including the ongoing COVID-19 global pandemic, in regions where we or third parties on which we rely have significant manufacturing facilities, concentrations of clinical trial sites or other business operations, or materially affect our operations, including at our headquarters in New Jersey and at our clinical trial sites, as well as the business or operations of our manufacturers, contract research organizations ("CROs") or other third parties with whom we conduct business;
- We are highly dependent on the services of our key executives and personnel, and if we are not able to retain these members of our management or recruit additional management, clinical and scientific personnel, our business will suffer;
- The trading price of our securities is likely to be volatile, and purchasers of our securities could incur substantial losses; and
- BioLexis has beneficial ownership of a significant percentage of our common stock, together with its affiliates has the right to designate members of our board of directors proportionate to its ownership, and is able to exert significant control over matters subject to stockholder approval, preventing new investors from influencing significant corporate decisions.

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PART I

Item 1. Business

We are a late clinical-stage biopharmaceutical company working to develop and launch the first ophthalmic formulation of bevacizumab approved by the U.S. Food and Drug Administration, or FDA, for use in retinal indications. Our goal is to launch ONS-5010 (LYTENAVA (bevacizumab-vikg)) as the first and only approved ophthalmic bevacizumab directly in the United States, and either directly or through a strategic partner in the United Kingdom, Europe, Japan and other markets for the treatment of wet age-related macular degeneration, or wet AMD, diabetic macular edema, or DME, and branch retinal vein occlusion, or BRVO.

ONS-5010, our sole product candidate in active clinical development, is an investigational ophthalmic formulation of bevacizumab, which we are developing to be administered as an intravitreal injection for the treatment of wet AMD and other retinal diseases. Bevacizumab is a full-length, humanized anti-VEGF (Vascular Endothelial Growth Factor) recombinant monoclonal antibody, or mAb, that inhibits VEGF and associated angiogenic activity. The study design for our Phase 3 clinical program to evaluate ONS-5010 as an ophthalmic formulation of bevacizumab was reviewed at an end of Phase 2 meeting with the FDA in April 2018, and we filed our investigational new drug application, or IND, with the FDA in the first quarter of calendar 2019.

Our initial clinical program for ONS-5010 in wet AMD involves three clinical trials, which we refer to as NORSE ONE, NORSE TWO and NORSE THREE. All of these clinical trials are now complete. We reported achieving the anticipated safety and efficacy and positive proof-of-concept topline results from NORSE ONE, a clinical experience study, in August 2020. NORSE TWO is our pivotal Phase 3 clinical trial comparing ONS-5010 to ranibizumab (LUCENTIS). Positive results for NORSE TWO were reported in August 2021 and November 2021 and showed that ONS-5010 met its primary and secondary endpoints with highly statistically significant results. NORSE THREE is an open-label safety study we conducted to ensure the adequate number of safety exposures to ONS-5010 are available for the initial ONS-5010 Biologics License Application, or BLA, submission with the FDA. In March 2021 we reported that the results from NORSE THREE provided a positive safety profile for ONS-5010.

In addition, we have received agreements from the FDA on three Special Protocol Assessments, or SPAs, for three additional registration clinical trials for our ongoing Phase 3 program for ONS-5010. These SPAs cover the protocols for NORSE FOUR, a registration clinical trial evaluating ONS-5010 to treat BRVO, and NORSE FIVE and NORSE SIX, two registration clinical trials to evaluate ONS-5010 to treat DME. We currently intend to initiate these studies in 2023 following submission and potential approval of our BLA for wet AMD. In November 2021, we began enrolling patients in our NORSE SEVEN clinical trial. The study will compare the safety of ophthalmic bevacizumab in vials versus pre-filled syringes in subjects diagnosed with a retinal condition that would benefit from treatment with intravitreal injection of bevacizumab, including exudative age-related macular degeneration, diabetic macular edema, or branch retinal vein occlusion. Subjects will be treated for three months and the enrollment of subjects in the arm of the study receiving ONS-5010 in vials has been completed.

Currently, the cancer drug Avastin (bevacizumab) is used off-label for the treatment of wet AMD and other retinal diseases such as DME and BRVO even though Avastin has not been approved by regulatory authorities for use in these diseases. If the ONS-5010 clinical program is successful, it will support our plans to submit for regulatory approval in multiple markets beginning in 2022, beginning with the United States and in Europe, to be followed by submissions in other regions as soon as practicable. Because there are no approved ophthalmic bevacizumab products for the treatment of retinal diseases in the major markets, we are developing ONS-5010 as a standard BLA and not using the biosimilar drug development pathway that would be required if Avastin were an approved ophthalmic drug for the targeted diseases. If approved, we believe ONS-5010 has potential to mitigate risks associated with off-label use of unapproved bevacizumab. Off-label use of unapproved bevacizumab is currently estimated to account for at least 50% of all wet AMD prescriptions in the United States.

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Our Strategy

Our goal is to launch ONS-5010 as the first, and only, approved bevacizumab for ophthalmic use in the United States, United Kingdom, Europe, and other markets. We plan to do this directly in the United States and either directly or through a strategic partner outside of the United States. In order to achieve this goal, we have adopted a streamlined clinical and regulatory strategy to quickly and efficiently complete the process required to submit a BLA with the FDA at the earliest opportunity. The key elements of our strategy include:

- ***Leveraging the ophthalmic drug development and commercialization expertise of our leadership team.*** Members of our executive team have extensive expertise in developing and commercializing treatments for retinal diseases, such as wet AMD. We intend to leverage their collective experience to further the development of, and execute an optimal commercial strategy for, ONS-5010, including potentially licensing rights to ONS-5010 to a strategic partner outside the United States.

- ***Engaging with regulatory agencies to establish clear guidelines for potential approval.*** We have continued our approach to work closely with regulatory authorities to develop and conduct clinical trials that we believe will appropriately support approval of our product candidates if our clinical trials are successful. As an ophthalmic formulation of bevacizumab, we believe ONS-5010 has a well-defined regulatory pathway.

- ***Conducting and efficiently executing clinical trials inside and outside of the United States to support potential approval.*** We have designed our ONS-5010 clinical program to take advantage of reduced costs for clinical trials conducted outside of the United States, as appropriate, such as our NORSE ONE study. We intend to further this strategy, in a manner that will support a BLA submission in the United States at the earliest opportunity for ONS-5010.

- ***Reducing and managing costs to minimize additional investment to complete our development programs and plan for a potential commercial launch.*** We have made the strategic decision to outsource the commercial manufacturing and future clinical trial supply manufacturing for our product candidates. We believe this will significantly reduce future overhead costs not directly related to our ONS-5010 program.

Our Product Candidate Portfolio

We are actively developing ONS-5010 (LYTENAVA (bevacizumab-vikg)) for use in the treatment of retina diseases such as wet AMD, DME and BRVO. We continue to hold the developed market commercialization rights for two legacy biosimilar product candidates, but currently have no plans to further develop these assets.

ONS-5010 — Bevacizumab for Ophthalmic Use

ONS-5010 is an investigational ophthalmic formulation of bevacizumab under development to be administered as an intravitreal injection for the treatment of wet AMD and other retinal diseases. We currently intend to commercialize in both vials and pre-filled syringes, if approved.

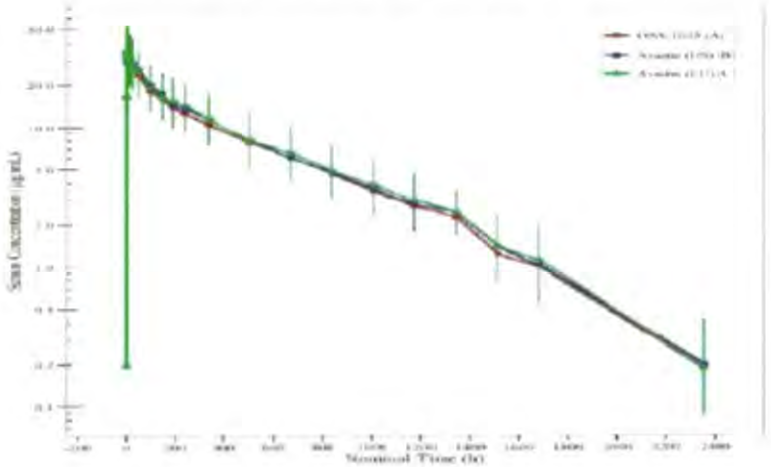
Bevacizumab is a full-length, humanized anti-VEGF recombinant mAb that inhibits VEGF and associated angiogenic (the growth of new blood vessels) activity. With wet AMD, abnormally high levels of VEGF are secreted in the eye. VEGF is a protein that promotes the growth of new abnormal blood vessels. Anti-VEGF injection therapy blocks this growth. Since the advent of anti-VEGF therapy, it has become the standard of care treatment option within the retina community, globally.

Previously, we were developing ONS-5010 as a biosimilar of the cancer drug Avastin for use in oncology indications (ONS-1045). In the ONS-1045 program, our bevacizumab met the primary and secondary endpoints in a three-arm single-dose pharmacokinetic, or PK, Phase 1 clinical trial. All the PK endpoints met the bioequivalency criteria of the geometric mean ratios within 90% confidence interval of 80-125% when compared to both U.S.- and E.U.-sourced Avastin reference products. We are developing ONS-5010 as an ophthalmic formulation of bevacizumab for a BLA submission and not using the biosimilar drug development pathway. The following figure demonstrates the concentration-time profile of ONS-

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1045, U.S.-licensed Avastin, and E.U.-licensed Avastin as the mean. The vertical line at time zero denotes dosing. These results suggest a high degree of similarity among the three products.

Comparative Potency of ONS-1045 versus Avastin (U.S. and E.U.)



Market Opportunity

Age-related macular degeneration, or AMD, is a common eye condition and a leading cause of vision loss among people age 50 and older. Wet AMD is a form of "late stage" AMD and is also called neovascular AMD. In wet AMD, abnormal blood vessels grow underneath the retina. These vessels can leak fluid and blood, which may lead to swelling and damage of the macula causing vision loss. With wet AMD, abnormally high levels of VEGF are secreted in the eyes. VEGF is a protein that promotes the growth of new abnormal blood vessels. Anti-VEGF injection therapy blocks this growth. Since the advent of anti-VEGF therapy, it has become the standard of care treatment option within the retina community, globally. Wet AMD is a significant disease worldwide, with an estimated prevalence of over 2.9 million patients diagnosed in the United States, European countries and Japan alone in 2020 (GlobalData). Although bevacizumab is not currently FDA-approved for use in treating wet AMD, it is believed that bevacizumab currently accounts for at least 50% of all wet AMD intravitreal injections in the United States, where Avastin is repackaged through compounding pharmacies and prescribed off-label. If approved, we believe ONS-5010 has potential to mitigate risks associated with off-label repackaging of bevacizumab including, but not limited to, variability in potency, safety and sterility adverse events and syringe-related adverse events.

DME is caused by a complication of diabetes called diabetic retinopathy. Diabetic retinopathy is the most common diabetic eye disease and the leading cause of irreversible blindness in working age Americans. Diabetic retinopathy usually affects both eyes and is caused by ongoing damage to the small blood vessels of the retina. The leakage of fluid into the retina may lead to swelling of the surrounding tissue, including the macula. DME is the most common cause of vision loss in people with diabetic retinopathy. DME can occur at any stage of diabetic retinopathy, although it is more likely to occur in later stages of the disease. There were approximately 8.6 million patients with DME in the United States, European countries and Japan alone in 2020 (GlobalData).

In BRVO, retinal vein occlusions occur when there is a blockage of veins carrying blood with needed oxygen and nutrients away from the nerve cells in the retina. A blockage in the main vein of the retina is referred to as a central retinal vein occlusion, or CRVO, while a blockage in a smaller vein is called a branch retinal vein occlusion, or BRVO. Per the American Academy of Ophthalmology, retinal vein occlusions are the second most common retinal vascular disorder after

diabetic retinopathy. There were an estimated 0.3 million patients with BRVO in the United States, European countries and Japan alone in 2020 (Guidehouse Triangulation of Global Data, Market Scope and Investor Forecasts (2020)).

Annual revenue (worldwide) for anti-VEGF therapies was estimated to be $13.1 billion in 2020 (GlobalData).

Clinical Development Status

The study design for our Phase 3 clinical program to evaluate ONS-5010 as an ophthalmic formulation of bevacizumab was reviewed with the FDA at an end of Phase 2 meeting in April 2018, and we filed our IND with the FDA in the first quarter of calendar 2019. Our registration plans for wet AMD, the initial indication planned for ONS-5010, consists of three clinical trials which we refer to as NORSE ONE, NORSE TWO and NORSE THREE. All three clinical trials have been completed. We reported achieving the anticipated safety and efficacy and positive proof-of-concept topline results from NORSE ONE, a clinical experience study, in August 2020. NORSE TWO is our pivotal Phase 3 clinical trial comparing ONS-5010 to ranibizumab (LUCENTIS) that reported highly statistically significant topline results in August 2021. NORSE THREE is an open-label safety study conducted to ensure the adequate number of safety exposures to ONS-5010 are available for the initial ONS-5010 BLA submission with the FDA.

We have also received agreement from the FDA on three SPAs for three additional registration clinical trials for our ongoing Phase 3 program for ONS-5010. The agreements reached with the FDA on these SPAs cover the protocols for NORSE FOUR, a registration clinical trial to treat BRVO, and NORSE FIVE and NORSE SIX, two registration clinical trials to treat DME. We intend to initiate these studies in 2023 after planned approval of ONS-5010 for wet AMD.

In November 2021, we began enrolling patients in our NORSE SEVEN clinical trial. Patients will be treated for three months and the enrollment of patients in the arm of the study receiving ONS-5010 in vials has been completed. The study will compare the safety of ophthalmic bevacizumab in vials versus pre-filled syringes in subjects diagnosed with a retinal condition that would benefit from treatment with intravitreal injection of bevacizumab, including exudative age-related macular degeneration, diabetic macular edema, or branch retinal vein occlusion.

NORSE ONE

NORSE ONE is designed as a randomized, masked clinical experience trial and serves as the first of our two required registration clinical trials to support our planned BLA submission with the FDA for ONS-5010 for the treatment of wet AMD. A total of 61 treatment naïve and previously treated patients were enrolled in the study at nine sites in Australia and randomized onto treatment arms of ONS-5010 or ranibizumab. The primary endpoint for the study is the difference in proportion of subjects gaining 15 letters of BCVA at Day 330 for ONS-5010 dosed on a monthly basis compared to ranibizumab dosed using the PIER alternative dosing regimen of three monthly doses followed by quarterly dosing.

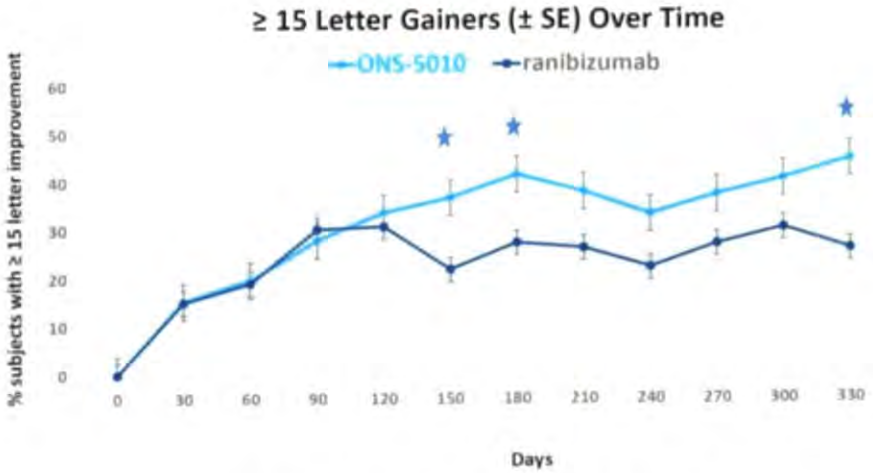
In August 2020, we reported positive proof-of-concept topline results for ONS-5010 as it achieved anticipated safety and efficacy expectations. In the analysis of treatment naïve patients who had a baseline visual acuity of < 67 letters (20/50 or worse) at study entry, 2 of 4 (50%) patients in the ONS-5010 arm and 4 of 9 (44%) patients in the ranibizumab arm achieved > 15 letters at Day 330. This subgroup is the relevant patient population for our ongoing pivotal clinical trial of ONS-5010. Additionally, in a key secondary endpoint for the relevant patient population, the ONS-5010 patients achieved a mean improvement in BCVA of 8.3 letters.

NORSE TWO

NORSE TWO is a masked, randomized, pivotal Phase 3 clinical trial that serves as the second of our two required clinical trials evaluating ONS-5010 against ranibizumab for wet AMD. A total of 227 primarily treatment naïve patients were enrolled at 39 clinical trial sites in the United States. Patients enrolled in the study were randomized to either ONS-5010 or ranibizumab arms and were treated for 11 months. The primary endpoint for the study is the difference in proportion of subjects gaining 15 letters of BCVA at Day 330 for ONS-5010 dosed on a monthly basis compared to ranibizumab dosed using the PIER alternative dosing regimen. We reported topline results for NORSE TWO in August 2021.

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The topline results reported from NORSE TWO in August 2021, in addition to the full results reported in November 2021, showed that ONS-5010 met the primary and key secondary endpoint for efficacy with clinically impactful change observed for treated patients. The NORSE TWO primary endpoint difference in proportion of subjects gaining at least 15 letters BCVA was met and was highly statistically significant and clinically relevant. In the intent-to-treat (ITT) primary dataset, the percentage of patients who gained at least 15 letters who were treated with ranibizumab was 23.1%, and the percentage of patients who gained at least 15 letters who were treated with ONS-5010 was 41.7% ($p = 0.0052$). The primary endpoint was also statistically significant and clinically relevant in the secondary per-protocol (PP) dataset ($p = 0.04$) where the percentages were almost identical, at 24.7% with ranibizumab and 41.0% with ONS-5010. The key secondary endpoint BCVA score change from baseline to month 11 in the primary ITT dataset was also highly statistically significant and clinically relevant ($p = 0.0043$). A mean change in BCVA was observed with ranibizumab of 5.8 letters and the mean change with bevacizumab-vikg was 11.2 letters. The results were also statistically significant in the secondary PP dataset ($p = 0.05$) with a mean change in letters with ranibizumab of 7.0 letters and with bevacizumab-vikg 11.1 letters._Results were also positive for the remaining secondary endpoints with 56.5% ($p = 0.0016$) of ONS-5010 subjects gaining ≥ 10 letters of vision and 68.5% ($p = 0.0116$) of ONS-5010 subjects gaining ≥ 5 letters of vision.



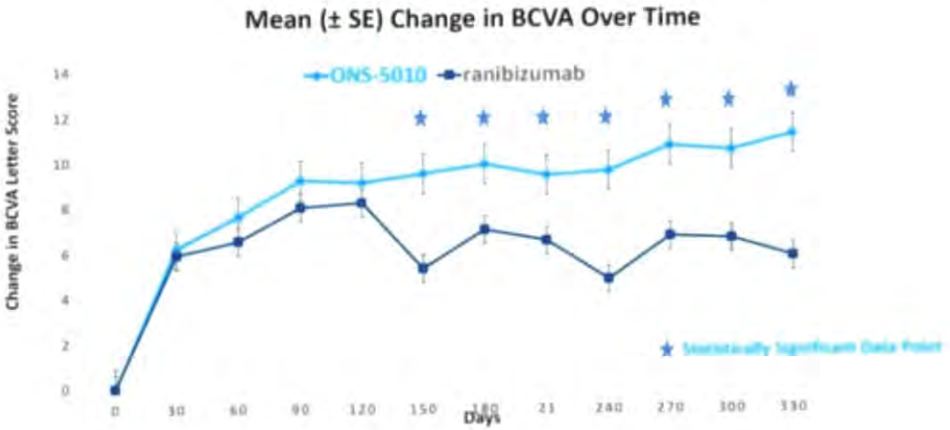


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NORSE THREE

NORSE THREE is an open-label safety study we conducted to ensure the adequate number of safety exposures to ONS-5010 are available for the initial ONS-5010 BLA submission with the FDA. In March 2021 we reported that the results from NORSE THREE provided a positive safety profile for ONS-5010.

NORSE SEVEN

NORSE SEVEN was initiated to support our ongoing development program for delivering ONS-5010 using a pre-filled syringe. It is a three month study designed to compare the safety of ophthalmic bevacizumab in vials versus pre-filled syringes in subjects diagnosed with a retinal condition that would benefit from treatment with intravitreal injection of bevacizumab, including exudative age-related macular degeneration, diabetic macular edema, or branch retinal vein occlusion. A total of 120 patients are expected to be enrolled in the study with 60 patients receiving ONS-5010 packaged in vials and 60 patients receiving ONS packaged in a pre-filled syringe. Subjects will be treated for three months and the enrollment of subjects in the arm of the study receiving ONS-5010 in vials has been completed. The study is expected to be completed in December 2022.

Commercialization, Sales and Marketing

Our commercialization strategy is to maximize the revenue potential of ONS-5010. If approved, we currently intend to launch and market LYTENAVA (bevacizumab-vikg) ourselves in the United States. Outside of the United States, we intend to either market and launch ourselves or work through a strategic partner. We currently own all of the development and commercialization rights to ONS-5010 and have licensed rights only to our joint venture in the People's Republic of China, or PRC, for the greater China market (see "—Collaboration and License Agreements—Syntone-Private Placement and PRC Joint Venture"). If approved, we believe that LYTENAVA (bevacizumab-vikg) will be entitled to 12 years regulatory exclusivity granted in the United States against biosimilar competition, and up to 10 years in Europe.

For many years, anti-VEGF therapy has been the standard of care for many ophthalmic diseases, including wet AMD, DME and BRVO. However, although multiple branded drugs have been approved for these indications (e.g., LUCENTIS, EYLEA and BEOVU), they are very expensive. Doctors who wish to treat their retinal patients with a less expensive anti-VEGF drug often use bevacizumab. But because there is no FDA-approved ophthalmic formulation of bevacizumab, doctors must use repackaged bevacizumab (Avastin) provided by compounding pharmacists that is not required to meet the standards for ophthalmic use necessary for an approved product. Despite clinicians' widespread acceptance and use of bevacizumab to treat ophthalmic diseases such as wet AMD, DME and BRVO, no manufacturer has previously sought approval of bevacizumab for these diseases from the FDA.

The repackaged bevacizumab that is provided by compounding pharmacies is not required to meet ophthalmic drug standards and can carry known risks of contamination (including silicone oil droplet contamination from syringes) and inconsistent potency, with potentially severe consequences, as leading retinal societies have reported. For these reasons, the retina community and payors have shown interest in the development of an ophthalmic formulation of bevacizumab that could be an on-label alternative to repackaged bevacizumab from compounding pharmacists.

To meet this retinal market need, we are developing ONS-5010 as an investigational ophthalmic formulation of bevacizumab. If approved, it will provide an FDA-approved and European Agency-approved, viable treatment option across the spectrum of anti-VEGF ophthalmic drugs that treat wet AMD, DME and BRVO. Additionally, if approved, it would avoid the safety, sterility, potency, availability and syringe drawbacks that can occur with repackaged bevacizumab from compounding pharmacies.

Furthermore, if ONS-5010 is approved and commercialized, we expect that it will be able to help mitigate the high cost of treatment for retinal diseases. Both in the United States and globally, the high cost of treating retinal diseases such as wet AMD, DME and BRVO can result in patients receiving an insufficient number of treatments, or potentially no treatment at all. Our commercial strategy for ONS-5010 includes providing an option as a first-line therapy for retinal diseases including step therapy where an anti-VEGF therapy is indicated. Step therapy is a type of prior authorization for drugs that

begins treatment for a medical condition with the most preferred drug therapy and progresses to other therapies only if necessary.

By ensuring the consistent availability of safe, sterile and fully potent on-label bevacizumab for intravitreal injection, at a responsible price, ONS-5010, if approved, has the potential to become the anti-VEGF cornerstone of care for retinal diseases. It may also provide synergies with future long-acting agents and adjunct therapies for advanced treatment of wet AMD, DME and BRVO. ONS-5010 has the potential, if approved and commercialized, to help lower the aggregate costs of treating retinal diseases for the overall healthcare system.

Collaboration and License Agreements

We enter into collaboration and license agreements in the ordinary course of our business. We have in-licensed certain technology from Selexis SA, or Selexis, that we used to research and develop our product candidates. For product candidates developed using the Selexis technology, we enter into commercial license agreements with Selexis that give us rights to commercialize, file investigational new drugs, or INDs and enter into collaborative arrangements with third parties for the further development and commercialization of such biosimilar product candidates. Although we are no longer working on our biosimilar development program, we have licensed rights to these biosimilar product candidates (ONS-3010, ONS-1045 and ONS-1050) in other markets.

MTTR — Strategic Partnership Agreement (ONS-5010)

In February 2018, we entered into a strategic partnership agreement with MTTR LLC, or MTTR, to advise on regulatory, clinical and commercial strategy and assist in obtaining approval of ONS-5010. In January 2020, we agreed to terminate this arrangement and in connection therewith, following receipt of necessary stockholder approval, in March 2020, we issued an aggregate of 7,244,739 shares of our common stock to the four principals of MTTR (who include two of our named executive officers, Mr. Dagnon and Mr. Evanson) pursuant to individual consulting agreements we entered into with each of them, and paid MTTR a one-time settlement fee of $110,000. The consulting agreements also include terms setting the respective compensation arrangements of each of the principals, including for Mr. Dagnon and Mr. Evanson, who have been serving as executive officers since November 2018.

We did not pay Mr. Dagnon or Mr. Evanson any direct compensation as consultants or as employees during the year ended September 30, 2019 nor during the period from October 1, 2019 through March 19, 2020. During this time, Mr. Dagnon and Mr. Evanson were compensated directly by MTTR for services provided to us, including as executive officers. We began compensating Mr. Dagnon and Mr. Evanson directly as consultants effective March 19, 2020. Mr. Dagnon and Mr. Evanson have also agreed to provide consulting services to an affiliate of BioLexis Pte. Ltd. ("BioLexis") pursuant to a separate arrangement. MTTR and its four principals under the strategic partnership agreement and the subsequent individual consulting agreements earned an aggregate $1,089,408 and $1,294,089 during the year ended September 30, 2021 and 2020, respectively, which includes monthly consulting fees and expense reimbursement, but excludes stock-based compensation related to restricted stock.

Syntone – Private Placement and PRC Joint Venture

In May 2020, we entered into a stock purchase agreement with Syntone Ventures LLC, or Syntone, pursuant to which we sold and issued, in a private placement in June 2020, 16,000,000 shares of our common stock at a purchase price of $1.00 per share, for aggregate gross proceeds of $16.0 million. In connection with the entry into the stock purchase agreement, we entered into a joint venture agreement with Syntone's PRC-based affiliate, pursuant to which we agreed to form a PRC joint venture that would be 80% owned by Syntone's PRC-affiliate and 20% owned by us. Upon formation of the PRC joint venture in April 2021, we entered into a royalty-free license with the PRC joint venture for the development, commercialization and manufacture of ONS-5010 in the greater China market, which includes Hong Kong, Taiwan and Macau.

We used approximately $0.9 million of the proceeds from the May 2020 private placement to Syntone Ventures to fund our initial capital contribution to the PRC joint venture, and expect to be required to make an additional capital contribution to the PRC joint venture of approximately $2.1 million within the next four years.

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Selexis — Humira (ONS-3010), Avastin (ONS-5010 and ONS-1045) and Herceptin (ONS-1050)

In October 2011, we entered into a research license agreement with Selexis, whereby we acquired a non-exclusive license to conduct research internally or in collaboration with third parties to develop recombinant proteins from cell lines created in mammalian cells using the Selexis expression technology, or the Selexis Technology. The research license expired on October 9, 2018, and accordingly, we are no longer using the Selexis Technology in our research.

Selexis also granted us a non-transferrable option to obtain a perpetual, non-exclusive, worldwide commercial license under the Selexis Technology to manufacture, or have manufactured, a recombinant protein produced by a cell line developed using the Selexis Technology for clinical testing and commercial sale. We exercised this option in April 2013 and entered into three commercial license agreements with Selexis for ONS-1045 (which covers ONS-5010), and two of our biosimilar product candidates, ONS-3010 and ONS-1050 (which are no longer in active clinical development). We paid an upfront licensing fee to Selexis for each commercial license and also agreed to pay a fixed milestone payment for each licensed product. In addition, we are required to pay a single-digit royalty on a final product-by-final product and country-by-country basis, based on worldwide net sales of such final products by us or any of our affiliates or sub-licensees during the royalty term. At any time during the term, we have the right to terminate our royalty payment obligation by providing written notice to Selexis and paying Selexis a royalty termination fee.

Commercial License Agreements

On April 11, 2013, following the exercise of our option to enter a commercial license under the Selexis research license, we entered into commercial license agreements with Selexis for each of ONS-1045, ONS-3010 and ONS-1050. Under the terms of each commercial license agreement, we acquired a non-exclusive worldwide license under the Selexis Technology to use the cell lines developed under the research license and related materials, to manufacture and commercialize licensed and final products, with a limited right to sublicense.

We were required to pay an upfront licensing fee of CHF 65,000 (approximately $0.1 million) to Selexis for each commercial license and also agreed to pay up to CHF 365,000 (approximately $0.4 million) in milestone payments for each licensed product. In addition, we are required to pay a single-digit royalty on a final product-by-final product and country-by-country basis, based on worldwide net sales of such final products by us or any of our affiliates or sublicensees during the royalty term. The royalty term for each final product in each country is the period commencing from the first commercial sale of the applicable final product in the applicable country and ending on the expiration of the specified patent coverage. At any time during the term, we have the right to terminate our royalty payment obligation by providing written notice to Selexis and paying Selexis a royalty termination fee of CHF 1,750,000 (approximately $1.8 million). The initiation of our Phase 3 clinical program for ONS-5010 in fiscal 2019 triggered a CHF 65,000 (approximately $0.1 million) milestone payment to Selexis under the commercial license agreement, which we paid in November 2019. As of September 30, 2021, we have paid Selexis an aggregate of approximately $0.4 million under the commercial license agreements.

Each of our commercial agreements with Selexis will expire in its entirety upon the expiration of all applicable Selexis patent rights. The licensed patent rights consist of two patent families. The first patent family relates to methods of transferring cells, and is filed in the United States, Australia, Canada, Europe, Japan and Singapore. This patent family will begin to expire worldwide in 2022. The second patent family claims DNA compositions of matter useful for having protein production increasing activity. This patent family is filed in the United States, Australia, Canada, China, Europe, Hong Kong, Israel, India, Japan, South Korea, Russia, Singapore and South Africa. This patent family will begin to expire worldwide in 2025. Either party may terminate the related agreement in the event of an uncured material breach by the other party or in the event the other party becomes subject to specified bankruptcy, winding up or similar circumstances.

Either party may also terminate the related agreement under designated circumstances if the Selexis Technology infringes third-party intellectual property rights. In addition, we have the right to terminate each of the commercial agreements at any time for our convenience; however, with respect to the agreements relating to ONS-3010 and ONS-1045, this right is subject to the consent of Laboratories Liomont, S.A. de C.V., or Liomont (a licensing partner in Mexico for ONS-3010 and ONS-1045) pursuant to a corresponding letter we executed in conjunction with the standby agreement entered into between Selexis and Liomont on November 11, 2014. The standby agreement permits Liomont to assume the license under

the applicable commercial agreement for Mexico upon specified triggering events involving our bankruptcy, insolvency or similar circumstances.

Ex-U.S. Collaboration and License Agreements

In addition to pursuing potential strategic collaborations and partnerships for ONS-5010, we have entered into strategic collaborations for our legacy biosimilar drug product candidates that are no longer in active clinical development. Currently, we have a joint participation agreement in place for ONS-3010 with Zhejiang Huahai Pharmaceutical Co., Ltd., or Huahai, whereby we share any future post-Phase 1 development costs with Huahai, and proportionately share the revenues from commercialization of ONS-3010 in the United States, Canada, European Union, or E.U., Japan, Australia and New Zealand. We could also be required to form a joint venture to further develop and commercialize ONS-3010 with Huahai in the agreed countries, if so, requested by Huahai. However, we do not have any other development and commercialization agreements for the United States or for major ex-U.S. markets, such as the E.U. and Japan.

For emerging markets opportunities, in 2012 and 2013, we established early country-specific partnerships for ONS-3010 and ONS-1045 in China with Huahai, in India with IPCA Laboratories Limited, or IPCA, and in Mexico with Liomont, and in September 2017 we entered into an agreement with BioLexis Pte. Ltd., or BioLexis, our controlling stockholder, providing for the license of rights to ONS-3010 and ONS-1045 in emerging markets excluding China, India and Mexico. The Liomont agreement was terminated in April 2021. To date, these agreements have collectively provided an aggregate of $29.0 million in payments as of September 30, 2021.

Until such time as we may enter into a strategic partnership for ONS-5010, aside from our joint participation agreement in place for ONS-3010 with Huahai, whereby we agreed to share post-Phase 1 clinical development costs, and proportionately share the revenues from commercialization of ONS-3010 in the United States, Canada, E.U. and Japan, among other markets, and under which we could be required to form a joint venture with Huahai for ONS-3010 if so requested by Huahai, we do not have any commercial license or development agreements for the United States or for major ex-U.S. markets, such as the E.U. or Japan. We currently have collaboration and license agreements for smaller ex-U.S. markets and, collectively, such agreements have provided an aggregate of $29.0 million in payments as of September 30, 2021 for our most advanced biosimilar product candidates. Our contracts include agreements with IPCA (for ONS-3010, ONS-1045 and ONS-1050 in India and other regional markets), Liomont (for ONS-3010 and ONS-1045 in Mexico), Huahai (for ONS-3010 and ONS-1045 in China) and BioLexis (for ONS-3010 and ONS-1045 in emerging markets excluding China, India and Mexico). We have also agreed to license ONS-5010 to our PRC-joint venture with Syntone when formed, which is discussed above. Our arrangements with these partners for our biosimilar product candidates generally include a strategic license for a defined territory for agreed biosimilar product candidates and may also include agreements to assist with research and development to assist our contract counterparty in establishing their own mAb research, development and manufacturing capabilities. Under our existing strategic licensing agreements, we generally received an upfront payment upon execution, and have the ability to earn additional regular milestone payments and the right to receive royalties (generally a mid-single digit to low-teens percentage rate) based on net sales in the agreed territory. Our existing agreements to assist with research and development also included an upfront payment upon execution, and we have the ability to earn additional regular milestone payments, and the right to receive royalties (generally a mid-single digit to low-teens percentage rate) based on net sales in the agreed territory.

Generally, our agreements expire on a product-by-product basis on the date of the expiration of the royalty revenue term for all products in the territory. The royalty revenue term is 10 years from the date of first commercial sale and any renewal is subject to good faith negotiation. The license term for the agreed territory is perpetual. Either party may terminate the agreement in its entirety or with respect to a particular product if the other party materially breaches the agreement, subject to specified notice and cure periods. In addition, we have the right to terminate the agreement in connection with any interference, opposition or challenge of our patent rights. If the agreement is terminated due to our breach, our contract counterparty is generally free to use all applicable technology and know-how that we have provided under the agreement.

As noted above, our collaboration agreements with Huahai also includes a joint participation agreement, which provides for the co-funding of development of ONS-3010 in the United States, Canada, E.U., Japan, Australia and New Zealand and the proportionate sharing of the revenues from commercialization of ONS-3010 in the agreed countries, and also

provides for the formation of a joint venture with Huahai to further develop and commercialize ONS-3010 with Huahai in the agreed countries, if so requested by Huahai.

In the event Huahai funds its proportionate share of development costs incurred after completion of the "Phase-3 Ready Package," Huahai would be entitled to retain its 51% value ownership, with us entitled to retain our 49% value ownership, of ONS-3010 in the agreed countries. Similarly, revenues from the commercialization of ONS-3010 in the agreed countries (including major markets such as the United States and the E.U., among others), would also be shared based on such proportional ownership interests. In the event that Huahai does not fund its proportionate share of such development costs, the joint participation agreement provides for a proportionate adjustment to our respective value ownership interests based on our respective investments in such development costs, which would increase our value ownership interest in ONS-3010.

Throughout the term of the joint participation agreement, we and our affiliates are prohibited from, directly or indirectly, conducting or having conducted or funding any discovery, research, development, regulatory, manufacturing or commercialization activity, alone or in collaboration with a third party, of any biosimilar product having the same reference product as the ONS-3010 compound or corresponding products, for use in the United States, Canada, E.U., Japan, Australia and New Zealand, other than ONS-3010 with Huahai pursuant to the joint participation agreement.

Unless terminated early upon mutual agreement of the parties, or due to a material breach of either party that is uncured, the joint participation agreement will terminate upon entry into a mutually acceptable collaboration agreement between us and Huahai for ongoing development and commercialization of ONS-3010 in the agreed countries, or we and Huahai enter into an agreed license with a third party for such ongoing development and commercialization of ONS-3010 in the agreed countries. If the joint participation agreement is terminated for cause due to our breach, we could be required to refund Huahai any amounts funded by Huahai to develop ONS-3010, as well as pay Huahai a 6% royalty on net sales made by us or an affiliate, as well as 25% of revenues we receive from a sublicensee for commercial sales of ONS-3010 until the aggregate of such payments is equal to 10 times the amount Huahai funded for the development of ONS-3010.

Furthermore, if we were to file a voluntary petition in bankruptcy, or have an involuntary petition filed that we could not dismiss within 120 days, then Huahai would be granted an exclusive license to continue the development and commercialization of ONS-3010 in the agreed countries.

As of September 30, 2021, we have received an aggregate of $5.0 million of payments from IPCA under our various agreements, an aggregate of $3.0 million of payments from Liomont under our various agreements, an aggregate of $16.0 million of payments from Huahai under our various agreements, $10.0 million of which were pursuant to the joint participation agreement, and an aggregate of $5.0 million from BioLexis under our joint development and licensing agreement.

Manufacturing

We are working with FujiFilm Diosynth Biotechnologies, or Fuji, and Ajinomoto Bio-pharma Services, or AjiBio, to provide product manufacturing in current Good Manufacturing Practices, or cGMP, manufacturing facilities. We have also executed a supply agreement for a best-in-class pre-filled ophthalmic syringe, which we believe will provide both ease-of-use for clinicians and add to ONS-5010's safety profile over the current unapproved therapies that have caused problems related to syringe malfunction, contamination, etc. We will screen other contract manufacturers to meet our clinical, commercial and regulatory supply requirements as needed. For a discussion of risks related to our sources and availability of supplies, please see "Risk Factors—Previously, we manufactured bulk drug substance for preclinical and clinical supplies of our product candidates in our in-house facility. Our business could be harmed if our new contract manufacturer is unable to manufacture our product candidates at the necessary quantity or quality levels,." and "Risk Factors—We currently engage single source suppliers for clinical trial services and multiple source suppliers for future drug substance manufacturing, fill-finish manufacturing and product testing of ONS-5010. The loss of any of these suppliers, or any future single source suppliers, could harm our business."

4CC

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (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: Pharmacyclics, LLC

Physical Address: 1 N Waukegan Road Bldg. AP4, 01C6A

City: North Chicago State: IL Zip: 60064

Mailing Address (if different from physical address): 1 N Waukegan Road D-GS02, Bldg. AP5

City: North Chicago State: IL Zip: 60064

Telephone: 847-935-1132 Website: www.pharmacyclics.com

Name of Designated Representative (DR): Jesus Lopez

Licensing Company Email: cicely.bailey@abbvie.com DR Email: jesse.lopez@abbvie.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	■ Dangerous Drugs	■ Manufacturer
■ Practitioners	☐ Controlled Substances	☐ Repacker
■ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		■ Others: Virtual Manufacturer

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. 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

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: AbbVie US LLC
Address: 1 N Waukegan Road D-GS02, Bldg. AP5 City: North Chicago State: IL Zip: 60064
Name: Catalent Pharma Solutions
Address: 10245 Hickman Mills Dr. City: Kansas City State: MO Zip: 64137
Name:
Address: City: State: Zip:
Name:
Address: City: State: Zip:

Section 4: Publicly Traded Corporation

State of Incorporation: DE
Parent Company (if any): AbbVie Inc (100%)
Corporation Name: Pharmacyclics LLC
Mailing Address: 1 N Waukegan Road D-GS02, Bldg. AP5
City: North Chicago State: IL Zip: 60064
Telephone: 847-935-1132 Email: cicely.bailey@abbvie.com
Contact Person Name: Cicely Bailey

Date of SEC Registration:	SEC Registration Number: 001-35565	Stock Exchange Symbol: ABBV

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization:
Parent Company (if any):
Corporation/Organization Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✔
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✔
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. 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.

Pharmacyclics LLC

Facility Name

Jesus Lopez

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

14 Jun 2022

Date

Board Use Only	Date Received: _____	Amount: 1000.00 CC 2/28/22

AbbVie US LLC/AbbVie Inc. Officer/Owner

Name	Title	Business Address
Robert A Michael	Vice Chairman and President, Chief Financial Officer	1 N Waukegan Road, North Chicago, IL 60064

Pharmacyclics Employee List

Name	Title	Business Address
Robert A Michael	Vice Chairman and President/Sole Manager	1 N Waukegan Road, North Chicago, IL 60064
Jesus Lopez	Associate Director, Distribution and Warehousing/Designated Representative	1 N Waukegan Road, North Chicago, IL 60064

Pharmacyclics LLC
Contract Manufacturers

Catalent Pharma Solutions (FDA EIN 30002929455)
10245 Hickman Mills Dr.
Kansas City, MO 64137

Catalent Micron Technologies, Inc. (FDA EIN 3007992266)
333 Phoenixville Pike
Malvern, PA 19355

Lonza Guangzhou Pharmaceutical Ltd (FDA EIN 3006532186)
No. 68, Huangge Dadaobei
Nansha District, Guangzhou
Guangdong, China 511455

Shanghai SynTheAll Pharmaceutical Co., Ltd. (FDA EIN 3006337946)
No.9, Yuegong Road
Jinshan District
Shanghai, China 201507

Pharmacyclics Business Operations
Pharmacyclics LLC is a virtual manufacturer that does not make or distribute its product. Product is contract manufactured at the Catalent Pharma Solutions locations above. Product is distributed from AbbVie US LLC, an entity under the AbbVie Inc. umbrella.

AbbVie Inc (Tax ID 32-0375147)
AbbVie US LLC (Tax ID 80-0805709) Pharmacyclics LLC (Tax ID 47-3416580)

Pharmacyclics is a wholly owned subsidiary of AbbVie Inc. No one person owns more than 5% ownership interest.

File Number 0522140-4

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

PHARMACYCLICS LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON MAY 22, 2015, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* JULY *A.D.* 2022 .

Authentication #: 2219602314 verifiable until 07/15/2023

Authenticate at: http://www.ilsos.gov

Jesse White

SECRETARY OF STATE

State of Illinois

Department of Financial and Professional Regulation

Division of Professional Regulation

LICENSE NO.
004.005209

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

PHARMACYCLICS, LLC
1 N WAUKEGAN RD
BLDG AP4, 01C6A
NORTH CHICAGO, IL 60064-1802

MARIO TRETO, JR.
SECRETARY

CECILIA ABUNDIS
DIRECTOR

The official status of this license can be verified at IDFPR.illinois.gov

16923074

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: 4537346

Illinois Department of Financial and Professional Regulation

Lookup Detail View

Contact

Contact Information

Name	City/State/Zip	DBA / AKA
PHARMACYCLICS LLC	North Chicago, IL 60064	•

License

License Information

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
004005209	LICENSED WHOLESALE DRUG DISTRIBUTOR	ACTIVE	05/13/2022	05/13/2022	12/31/2022	N

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UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, D.C. 20549

FORM 10-Q

(Mark One)

☒ **QUARTERLY REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the quarterly period ended March 31, 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: 001-35565

abbv-20220331_g1.jpg

AbbVie Inc.

(Exact name of registrant as specified in its charter)

Delaware	**32-0375147**
(State or other jurisdiction of incorporation or organization)	(I.R.S. employer identification number)

1 North Waukegan Road
North Chicago, Illinois 60064-6400

Telephone: **(847) 932-7900**

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 ☒

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common Stock, par value $0.01 per share	ABBV	New York Stock Exchange
		Chicago Stock Exchange
1.500% Senior Notes due 2023	ABBV23B	New York Stock Exchange
1.375% Senior Notes due 2024	ABBV24	New York Stock Exchange
1.250% Senior Notes due 2024	ABBV24B	New York Stock Exchange
0.750% Senior Notes due 2027	ABBV27	New York Stock Exchange
2.125% Senior Notes due 2028	ABBV28	New York Stock Exchange
2.625% Senior Notes due 2028	ABBV28B	New York Stock Exchange
2.125% Senior Notes due 2029	ABBV29	New York Stock Exchange
1.250% Senior Notes due 2031	ABBV31	New York Stock Exchange

As of April 27, 2022, AbbVie Inc. had 1,767,110,083 shares of common stock at $0.01 par value outstanding.

AbbVie Inc. and Subsidiaries
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PART I. FINANCIAL INFORMATION

ITEM 1. FINANCIAL STATEMENTS AND SUPPLEMENTARY DATA

AbbVie Inc. and Subsidiaries
Condensed Consolidated Statements of Earnings (unaudited)

(in millions, except per share data)	Three months ended March 31, 2022	2021
Net revenues	$13,538	$13,010
Cost of products sold	4,052	4,213
Selling, general and administrative	3,127	2,842
Research and development	1,497	1,667
Acquired IPR&D and milestones	145	185
Total operating costs and expenses	8,821	8,907
Operating earnings	4,717	4,103
Interest expense, net	539	622
Net foreign exchange loss	25	9
Other income, net	(776)	(395)
Earnings before income tax expense	4,929	3,867
Income tax expense	436	312
Net earnings	4,493	3,555
Net earnings attributable to noncontrolling interest	3	2
Net earnings attributable to AbbVie Inc.	$ 4,490	$ 3,553
Per share data		
Basic earnings per share attributable to AbbVie Inc.	$ 2.52	$ 2.00
Diluted earnings per share attributable to AbbVie Inc.	$ 2.51	$ 1.99
Weighted-average basic shares outstanding	1,771	1,769
Weighted-average diluted shares outstanding	1,778	1,775

The accompanying notes are an integral part of these condensed consolidated financial statements.

AbbVie Inc. and Subsidiaries
Condensed Consolidated Statements of Comprehensive Income (unaudited)

(in millions)	Three months ended March 31, 2022	2021
Net earnings	$4,493	$3,555
Foreign currency translation adjustments, net of tax expense (benefit) of $(7) for the three months ended March 31, 2022 and $(25) for the three months ended March 31, 2021	(231)	(677)
Net investment hedging activities, net of tax expense (benefit) of $37 for the three months ended March 31, 2022 and $103 for the three months ended March 31, 2021	130	374
Pension and post-employment benefits, net of tax expense (benefit) of $10 for the three months ended March 31, 2022 and $19 for the three months ended March 31, 2021	28	79
Cash flow hedging activities, net of tax expense (benefit) of $(2) for the three months ended March 31, 2022 and $3 for the three months ended March 31, 2021	(12)	46
Other comprehensive loss	(85)	(178)
Comprehensive income	4,408	3,377
Comprehensive income attributable to noncontrolling interest	3	2
Comprehensive income attributable to AbbVie Inc.	$4,405	$3,375

The accompanying notes are an integral part of these condensed consolidated financial statements.

AbbVie Inc. and Subsidiaries
Condensed Consolidated Balance Sheets

(in millions, except share data)	March 31, 2022	December 31, 2021
	(unaudited)	
Assets		
Current assets		
Cash and equivalents	$ 6,098	$ 9,746
Short-term investments	1,474	84
Accounts receivable, net	10,733	9,977
Inventories	3,483	3,128
Prepaid expenses and other	4,721	4,993
Total current assets	26,509	27,928
Investments	260	277
Property and equipment, net	5,075	5,110
Intangible assets, net	73,986	75,951
Goodwill	32,298	32,379
Other assets	5,083	4,884
Total assets	$ 143,211	$146,529
Liabilities and Equity		
Current liabilities		
Short-term borrowings	$ 12	$ 14
Current portion of long-term debt and finance lease obligations	9,940	12,481
Accounts payable and accrued liabilities	22,569	22,699
Total current liabilities	32,521	35,194
Long-term debt and finance lease obligations	63,522	64,189
Deferred income taxes	2,831	3,009
Other long-term liabilities	28,023	28,701
Commitments and contingencies		
Stockholders' equity		
Common stock, $0.01 par value, 4,000,000,000 shares authorized, 1,811,430,573 shares issued as of March 31, 2022 and 1,803,195,293 as of December 31, 2021	18	18
Common stock held in treasury, at cost, 44,557,588 shares as of March 31, 2022 and 34,857,597 as of December 31, 2021	(4,585)	(3,143)
Additional paid-in capital	18,731	18,305
Retained earnings	5,103	3,127
Accumulated other comprehensive loss	(2,984)	(2,899)
Total stockholders' equity	16,283	15,408
Noncontrolling interest	31	28
Total equity	16,314	15,436
Total liabilities and equity	$ 143,211	$146,529

The accompanying notes are an integral part of these condensed consolidated financial statements.

AbbVie Inc. and Subsidiaries
Condensed Consolidated Statements of Equity (unaudited)

(in millions)	Common shares outstanding	Common stock	Treasury stock	Additional paid-in capital	Retained earnings	Accumulated other comprehensive loss	Noncontrolling interest	Total
Balance at December 31, 2020	1,765	$ 18	$(2,264)	$ 17,384	$ 1,055	$ (3,117)	$ 21	$13,097
Net earnings attributable to AbbVie Inc.	—	—	—	—	3,553	—	—	3,553
Other comprehensive loss, net of tax	—	—	—	—	—	(178)	—	(178)
Dividends declared	—	—	—	—	(2,316)	—	—	(2,316)
Purchases of treasury stock	(7)	—	(787)	—	—	—	—	(787)
Stock-based compensation plans and other	8	—	34	328	—	—	—	362
Change in noncontrolling interest	—	—	—	—	—	—	2	2
Balance at March 31, 2021	1,766	$ 18	$(3,017)	$ 17,712	$ 2,292	$ (3,295)	$ 23	$13,733
Balance at December 31, 2021	1,768	$ 18	$(3,143)	$ 18,305	$ 3,127	$ (2,899)	$ 28	$15,436
Net earnings attributable to AbbVie Inc.	—	—	—	—	4,490	—	—	4,490
Other comprehensive loss, net of tax	—	—	—	—	—	(85)	—	(85)
Dividends declared	—	—	—	—	(2,514)	—	—	(2,514)
Purchases of treasury stock	(10)	—	(1,470)	—	—	—	—	(1,470)
Stock-based compensation plans and other	9	—	28	426	—	—	—	454
Change in noncontrolling interest	—	—	—	—	—	—	3	3
Balance at March 31, 2022	1,767	$ 18	$(4,585)	$ 18,731	$ 5,103	$ (2,984)	$ 31	$16,314

The accompanying notes are an integral part of these condensed consolidated financial statements.

AbbVie Inc. and Subsidiaries
Condensed Consolidated Statements of Cash Flows (unaudited)

(In millions) (brackets denote cash outflows)	Three months ended March 31, 2022	2021
Cash flows from operating activities		
Net earnings	$4,493	$3,555
Adjustments to reconcile net earnings to net cash from operating activities:		
Depreciation	198	206
Amortization of intangible assets	1,855	2,009
Deferred income taxes	(194)	(28)
Change in fair value of contingent consideration liabilities	(748)	(343)
Stock-based compensation	306	269
Acquired IPR&D and milestones	145	185
Other, net	128	(20)
Changes in operating assets and liabilities, net of acquisitions:		
Accounts receivable	(785)	(866)
Inventories	(385)	(187)
Prepaid expenses and other assets	(285)	(330)
Accounts payable and other liabilities	(258)	236
Income tax assets and liabilities, net	438	191
Cash flows from operating activities	4,908	4,877
Cash flows from investing activities		
Acquisitions and investments	(185)	(198)
Acquisitions of property and equipment	(162)	(188)
Purchases of investment securities	(1,406)	(16)
Sales and maturities of investment securities	8	11
Other, net	154	49
Cash flows from investing activities	(1,591)	(342)
Cash flows from financing activities		
Proceeds from issuance of long-term debt	2,000	—
Repayments of long-term debt and finance lease obligations	(4,879)	—
Dividends paid	(2,526)	(2,322)
Purchases of treasury stock	(1,470)	(787)
Proceeds from the exercise of stock options	128	71
Payments of contingent consideration liabilities	(246)	(132)
Other, net	21	(4)
Cash flows from financing activities	(6,972)	(3,174)
Effect of exchange rate changes on cash and equivalents	7	(55)
Net change in cash and equivalents	(3,648)	1,306
Cash and equivalents, beginning of period	9,746	8,449
Cash and equivalents, end of period	$6,098	$9,755

The accompanying notes are an integral part of these condensed consolidated financial statements.

AbbVie Inc. and Subsidiaries
Notes to Condensed Consolidated Financial Statements (unaudited)

Note 1 Basis of Presentation

Basis of Historical Presentation

The unaudited interim condensed consolidated financial statements of AbbVie Inc. (AbbVie or the company) have been prepared pursuant to the rules and regulations of the U.S. Securities and Exchange Commission. Accordingly, certain information and footnote disclosures normally included in annual financial statements prepared in accordance with generally accepted accounting principles in the United States (U.S. GAAP) have been omitted. These unaudited interim condensed consolidated financial statements should be read in conjunction with the company's audited consolidated financial statements and notes included in the company's Annual Report on Form 10-K for the year ended December 31, 2021.

It is management's opinion that these financial statements include all normal and recurring adjustments necessary for a fair presentation of the company's financial position and operating results. Net revenues and net earnings for any interim period are not necessarily indicative of future or annual results.

During the three months ended March 31, 2022, AbbVie revised its classification of development milestone expense associated with licensing and collaboration arrangements in the consolidated statement of earnings. Milestone payments incurred prior to regulatory approval, which were previously included in research and development expense, are now presented as acquired IPR&D and milestones expense. The reclassification decreased research and development expense and increased acquired IPR&D and milestones expense by $115 million for the three months ended March 31, 2021. The company believes this presentation assists users of the financial statements to better understand the total upfront and subsequent development milestone payments incurred to acquire in-process research and development projects. Prior periods have been reclassified to conform to the current period presentation. The reclassification had no impact on total operating costs and expenses, operating earnings, net earnings, net earnings attributable to AbbVie, Inc., earnings per share, or total equity. Certain other reclassifications were made to conform the prior period interim condensed consolidated financial statements to the current period presentation.

Note 2 Supplemental Financial Information

Interest Expense, Net

	Three months ended March 31,	
(In millions)	2022	2021
Interest expense	$ 548	$ 632
Interest income	(9)	(10)
Interest expense, net	$ 539	$ 622

Inventories

(In millions)	March 31, 2022	December 31, 2021
Finished goods	$ 1,220	$ 932
Work-in-process	1,235	1,193
Raw materials	1,028	1,003
Inventories	$ 3,483	$ 3,128

Property and Equipment, Net

(In millions)	March 31, 2022	December 31, 2021
Property and equipment, gross	$ 10,879	$ 10,727
Accumulated depreciation	(5,804)	(5,617)
Property and equipment, net	$ 5,075	$ 5,110

Depreciation expense was $198 million for the three months ended March 31, 2022 and $206 million for the three months ended March 31, 2021.

Note 3 Earnings Per Share

AbbVie grants certain restricted stock units (RSUs) that are considered to be participating securities. Due to the presence of participating securities, AbbVie calculates earnings per share (EPS) using the more dilutive of the treasury stock or the two-class method. For all periods presented, the two-class method was more dilutive.

The following table summarizes the impact of the two-class method:

(in millions, except per share data)	Three months ended March 31, 2022	2021
Basic EPS		
Net earnings attributable to AbbVie Inc.	$ 4,490	$ 3,553
Earnings allocated to participating securities	22	24
Earnings available to common shareholders	$ 4,468	$ 3,529
Weighted-average basic shares outstanding	1,771	1,769
Basic earnings per share attributable to AbbVie Inc.	$ 2.52	$ 2.00
Diluted EPS		
Net earnings attributable to AbbVie Inc.	$ 4,490	$ 3,553
Earnings allocated to participating securities	22	24
Earnings available to common shareholders	$ 4,468	$ 3,529
Weighted-average shares of common stock outstanding	1,771	1,769
Effect of dilutive securities	7	6
Weighted-average diluted shares outstanding	1,778	1,775
Diluted earnings per share attributable to AbbVie Inc.	$ 2.51	$ 1.99

Certain shares issuable under stock-based compensation plans were excluded from the computation of EPS because the effect would have been antidilutive. The number of common shares excluded was insignificant for all periods presented.

Note 4 Licensing, Acquisitions and Other Arrangements

Cash outflows related to acquisitions and investments totaled $185 million for the three months ended March 31, 2022 and $198 million for the three months ended March 31, 2021. AbbVie recorded acquired IPR&D and milestones charges of $145 million for the three months ended March 31, 2022 and $185 million for the three months ended March 31, 2021.

Syndesi Therapeutics SA

In February 2022, AbbVie acquired Syndesi Therapeutics SA and its portfolio of novel modulators of the synaptic vesicle protein 2A (SV2A), including its lead molecule SDI-118 and accounted for the transaction as an asset acquisition. SDI-118 is a small molecule currently in Phase 1b studies, which is being evaluated to target nerve terminals to enhance synaptic efficiency. Under the terms of the agreement, AbbVie made an upfront payment of $130 million which was recorded to acquired IPR&D and milestones expense in the condensed consolidated statement of earnings in the first quarter of 2022. The agreement also includes additional future payments of up to $870 million upon the achievement of certain development, regulatory and commercial milestones.

Note 5 Collaborations

The company has ongoing transactions with other entities through collaboration agreements. The following represent the significant collaboration agreements impacting the periods ended March 31, 2022 and 2021.

Collaboration with Janssen Biotech, Inc.

In December 2011, Pharmacyclics, a wholly-owned subsidiary of AbbVie, entered into a worldwide collaboration and license agreement with Janssen Biotech, Inc. and its affiliates (Janssen), one of the Janssen Pharmaceutical companies of Johnson & Johnson, for the joint development and commercialization of Imbruvica, a novel, orally active, selective covalent inhibitor of Bruton's tyrosine kinase and certain compounds structurally related to Imbruvica, for oncology and other indications, excluding all immune and inflammatory mediated diseases or conditions and all psychiatric or psychological diseases or conditions, in the United States and outside the United States.

The collaboration provides Janssen with an exclusive license to commercialize Imbruvica outside of the United States and co-exclusively with AbbVie in the United States. Both parties are responsible for the development, manufacturing and marketing of any products generated as a result of the collaboration. The collaboration has no set duration or specific expiration date and provides for potential future development, regulatory and approval milestone payments of up to $200 million to AbbVie. The collaboration also includes a cost sharing arrangement for associated collaboration activities. Except in certain cases, Janssen is responsible for approximately 60% of collaboration development costs and AbbVie is responsible for the remaining 40% of collaboration development costs.

In the United States, both parties have co-exclusive rights to commercialize the products; however, AbbVie is the principal in the end-customer product sales. AbbVie and Janssen share pre-tax profits and losses equally from the commercialization of products. Sales of Imbruvica are included in AbbVie's net revenues. Janssen's share of profits is included in AbbVie's cost of products sold. Other costs incurred under the collaboration are reported in their respective expense line items, net of Janssen's share.

Outside the United States, Janssen is responsible for and has exclusive rights to commercialize Imbruvica. AbbVie and Janssen share pre-tax profits and losses equally from the commercialization of products. AbbVie's share of profits is included in AbbVie's net revenues. Other costs incurred under the collaboration are reported in their respective expense line items, net of Janssen's share.

The following table shows the profit and cost sharing relationship between Janssen and AbbVie:

	Three months ended March 31,	
(in millions)	2022	2021
United States - Janssen's share of profits (included in cost of products sold)	$ 408	$ 465
International - AbbVie's share of profits (included in net revenues)	299	269
Global - AbbVie's share of other costs (included in respective line items)	64	70

AbbVie's receivable from Janssen, included in accounts receivable, net, was $336 million at March 31, 2022 and $294 million at December 31, 2021. AbbVie's payable to Janssen, included in accounts payable and accrued liabilities, was $401 million at March 31, 2022 and $509 million at December 31, 2021.

Collaboration with Genentech, Inc.

AbbVie and Genentech, Inc. (Genentech), a member of the Roche Group, are parties to a collaboration and license agreement executed in 2007 to jointly research, develop and commercialize human therapeutic products containing BCL-2 inhibitors and certain other compound inhibitors which includes Venclexta, a BCL-2 inhibitor used to treat certain hematological malignancies. AbbVie shares equally with Genentech all pre-tax profits and losses from the development and commercialization of Venclexta in the United States. AbbVie pays royalties on Venclexta net revenues outside the United States.

4DD

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (08/12/2021)

Y

Where is the facility located?	☐ Nevada ☒ Out-of-State
Is your facility a reverse distributor?	☐ Yes ☒ No

Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☐ New Wholesaler	* 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 WH02953	☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Alexion Pharmaceuticals, Inc.

Physical Address: 100 College Street

City: New Haven State: CT Zip: 06510

Mailing Address (if different from physical address): 100 College Street

City: New Haven State: CT Zip: 06510

Telephone: (475) 230-2596 Website: https://alexion.com/

Name of Designated Representative (DR): Cintia Valencia

Licensing Company Email: PharmaLicensing@alexion.onmicroso DR Email: cintia.valencia@alexion.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 Pharmacies, Specialty Distributors	☐ Others:

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		x
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		x
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	X	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		x
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		x

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 contracted 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): AstraZeneca PLC

Corporation Name: Alexion Pharmaceuticals, Inc.

Mailing Address: 100 College Street

City: New Haven State: CT Zip: 06510

Telephone: (475) 230-2596 Email: PharmaLicensing@alexion.onmicrosoft.c

Contact Person Name: Cintia Valencia

Date of SEC Registration:	SEC Registration Number: CIK 0000901832	Stock Exchange Symbol: AZN

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 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.

Todd Spalding

Print Name of Authorized Person Submitting Application

Todd Spalding

Original signature of Authorized Person (copies or stamps not accepted)

5/2/22

Date

Board Use Only	Date Received: _____	Amount: 1,900 check # 16100

DocuSign Envelope ID: 8EE1A1FE-8F22-4008-8613-0E0DA0FB923

IN THE MATTER OF:	)	BEFORE THE ALABAMA STATE
	)	
ALEXION PHARMACEUTICALS, INC.	)	BOARD OF PHARMACY
	)	
Private Label Distributor Permit No. 193444	)	CASE NO: 21-L-0282

FINAL ORDER

On March 15, 2022, this cause came before the Alabama State Board of Pharmacy (hereinafter also referred to as the "Board"), on a Complaint against Alexion Pharmaceuticals, Inc. (hereinafter also referred to as the "Respondent"). Evidence having been presented thereon, the Board has determined that the following Findings of Fact and Conclusions of Law are supported by the evidence and law.

Findings of Fact

1. The Respondent has a Private Label Distributor permit numbered No. 193444.

2. The Respondent was notified of the charges. (Board's Exhibits One and Two) The Respondent did not appear at the scheduled administrative hearing on March 15, 2022 nor did counsel appear on its behalf.

3. The Respondent made no objection to the timeliness of the Notice of Hearing or the specificity of the Statement of Charges.

4. The Respondent failed to file an application for change of ownership which took place on July 22, 2021. No application has been received as of the date of the hearing on March 15, 2022.

Conclusions of Law

1. The Alabama State Board of Pharmacy has jurisdiction of this cause pursuant to Code of Alabama (1975), § 34-23-92(12) and Code of Alabama (1975), § 41-22-12.

2. The Respondent was properly notified of the charges, failed to appear, and was not represented by counsel at the administrative hearing.

3. The Respondent made no objection to the timeliness of the Notice of Hearing or the specificity of the Statement of Charges.

4. The Respondent is due to be found guilty and a disciplinary fine of One Thousand Dollars ($1,000.00) imposed for its failure to file an application for change of ownership.

ORDER

In accordance with the foregoing Findings of Fact and Conclusions of Law, it is hereby ORDERED as follows:

The Respondent is guilty of the charges contained in Count One of the "Statement of Charges and Notice of Hearing" and a disciplinary fine of One Thousand Dollars ($1,000.00) is assessed against Respondent. Said fine is to be paid to the Board within thirty (30) days of the Order.

DONE and ORDERED, this 23 day of March, 2022.

Chris Phung, RPh, President
Alabama State Board of Pharmacy

Copies to:
Alexion Pharmaceuticals, Inc.
Ms. Donna C. Yeatman, RPh, Executive Secretary
Mr. James S. Ward, Esq.
Mr. James F. Hampton, Esq.

Fee Fine Online Application

Logout (../LogOff.aspx)

FAQ/Help | My Profile | Fee / Fine

(We recommend using Google Chrome, IE 10 or above, or Safari for these online applications.)

1 FEE/FINE DETAILS 2 AFFIRM PAY AND SUBMIT

Fee/Fine Details

	Due Date	Description	Amount	Paid Amount
☐	04/29/2022	Administrative Costs	$ 1000.00	1000.00

Select the fee(s)/fine(s) you'd like to pay by checking the boxes next to each.

Fee Fine Payment Receipt

Payment Receipt

Transaction on : 04/20/2022

Order Id : 20220420000001104

Name : Jennifer Woo

Card # : **********5793

Fee Amount : $ 1000.00

Transaction Fee : $ 40.00

Total : $ 1040.00

Office: 111 Village Street Birmingham, AL 35242 **Voice:** 205-981-2280 **OFFICE HOURS:** 8:00AM - 4:00PM CST Privacy Policy (https://www.i3verticals.com/privacypolicy)

Alabama Board of Pharmacy
111 Village Street
Birmingham AL 35242

USPS CERTIFIED MAIL

9402 8118 9876 5841 7918 95

ALEXION PHARMACEUTICALS, INC
100 COLLEGE STREET
RM 46
NEW HAVEN CT 06510

US POSTAGE AND FEES PAID
PRIORITY MAIN
Mar 24 2022
Mailed from ZIP 35242
1 lb PM Zone 5

11923276
CommercialBasePrice

062S0012913542

FO - 21-L-0262 193444

DocuSign

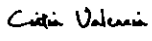
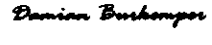
Certificate Of Completion

Envelope Id: C9DBAAB4E28549AF868E1CEF94209619
Status: Completed
Subject: Please DocuSign: Valencia_Cintia_CV_08102021.pdf
Source Envelope:
Document Pages: 2
Signatures: 2
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Initials: 0
AutoNav: Enabled
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Envelope Originator:
Cintia Valencia
100 College Street,
New Haven, CT 06510
cintia.valencia@alexion.com
IP Address: 165.225.220.234

Record Tracking

Status: Original
09-Aug-2021 | 12:03
Holder: Cintia Valencia
cintia.valencia@alexion.com
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Signer Events	Signature	Timestamp
Cintia Valencia cintia.valencia@alexion.com Sr Customer Distribution Specialist Alexion Pharmaceuticals Inc. Security Level: Email, Account Authentication (Required), Digital Certificate **Signature Provider Details:** Signature Type: Alexion Pharmaceuticals, Inc. (Regulated) (Client ID: 8ed34973-3e89-4b5b-9860-e0fcaa10f765) Signature Issuer: Alexion Pharmaceuticals Issue 2 CA **Electronic Record and Signature Disclosure:** Not Offered via DocuSign	 Signature Adoption: Pre-selected Style Signature ID: 37977CD0-5942-4E19-BC96-5BA838ED8ED6 Using IP Address: 165.225.220.237 Signature Provider Location: https://dswebapp.alexion.com/takepen/signenvelope With Signing Authentication via DocuSign password With Signing Reasons (on each tab): I approve this document	Sent: 09-Aug-2021 | 12:09 Viewed: 09-Aug-2021 | 12:10 Signed: 09-Aug-2021 | 12:10
Damian Burkemper damian.burkemper@alexion.com Director, Distribution Operations Alexion Pharmaceuticals Inc. Security Level: Email, Account Authentication (Required), Digital Certificate **Signature Provider Details:** Signature Type: Alexion Pharmaceuticals, Inc. (Regulated) (Client ID: 8ed34973-3e89-4b5b-9860-e0fcaa10f765) Signature Issuer: Alexion Pharmaceuticals Issue 2 CA **Electronic Record and Signature Disclosure:** Not Offered via DocuSign	 Signature Adoption: Pre-selected Style Signature ID: C681ED3A-2468-49CB-AA52-6C019B640A3D Using IP Address: 136.226.51.22 Signature Provider Location: https://dswebapp.alexion.com/takepen/signenvelope With Signing Authentication via DocuSign password With Signing Reasons (on each tab): I approve this document	Sent: 09-Aug-2021 | 12:09 Viewed: 09-Aug-2021 | 13:05 Signed: 09-Aug-2021 | 13:06

In Person Signer Events	Signature	Timestamp
Editor Delivery Events	**Status**	**Timestamp**
Agent Delivery Events	**Status**	**Timestamp**
Intermediary Delivery Events	**Status**	**Timestamp**

Certified Delivery Events	Status	Timestamp
Carbon Copy Events	**Status**	**Timestamp**
Witness Events	**Signature**	**Timestamp**
Notary Events	**Signature**	**Timestamp**
Envelope Summary Events	**Status**	**Timestamps**
Envelope Sent	Hashed/Encrypted	09-Aug-2021 | 12:09
Certified Delivered	Security Checked	09-Aug-2021 | 13:05
Signing Complete	Security Checked	09-Aug-2021 | 13:06
Completed	Security Checked	09-Aug-2021 | 13:06
Payment Events	**Status**	**Timestamps**

EXPLANATION OF DISCIPLINARY HISTORY

On March 23, 2022, the Alabama State Board of Pharmacy issued a Final Order against Alexion regarding our failure to file an application for change of ownership for our Private Label Distributor permit (Permit No. 193444). A copy of the Final Order is attached. The Alabama State Board of Pharmacy imposed a disciplinary fine of One Thousand Dollars (US $1,000.00) which was paid in full on April 20, 2022.

X

Todd Spalding
SVP, Deputy General Counsel, Alexion

STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION

This is your registration certificate for your records. Such registration shall be shown to any properly interested person on request. Do not attempt to make any changes or alter this certificate in any way. This registration is not transferable. Questions can be emailed to the Drug Control Division at dcp.drugmanufacturers@ct.gov.

In an effort to be more efficient and Go Green, the department asks that you keep your email information with our office current to receive correspondence. All renewal notifications and certificates will only be emailed to your last reported email on record. You can update your email, mailing address or print a duplicate certificate by logging into your account with your User ID and Password at www.elicense.ct.gov. Visit our website at www.ct.gov/dcp.

Mailing address:

ALEXION PHARMACEUTICALS INC
Alexion Pharmaceuticals, Attn: Research Ops
100 COLLEGE ST
NEW HAVEN, CT 06510-3210

Email on file to be used for receiving all notices from this office:

Sandra.Kuester@alexion.com

894940

STATE OF CONNECTICUT ✦ DEPARTMENT OF CONSUMER PROTECTION

Be it known that

ALEXION PHARMACEUTICALS INC
100 COLLEGE ST
NEW HAVEN, CT 06510-3210

has satisfied the qualifications required by law and is hereby issued a

MANUFACTURER OF DRUGS, COSMETICS & MEDICAL DEVICES

Controlled Substances: No **Rx Legend Drugs: Yes** **Non Rx Legend Drugs: No** **Medical Devices: No** **Cosmetics: No**

Medical Gases and Oxygen: No **Durable Medical Equipment (DME): No** **Number of Chemists: 0**

Registration #: CSM.0000266
Effective Date: 07/01/2022
Expiration Date: 06/30/2023

verify online at www.elicense.ct.gov

Michelle Seagull

Michelle Seagull, Commissioner

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALEXION PHARMACEUTICALS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE ELEVENTH 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 "ALEXION PHARMACEUTICALS, INC." WAS INCORPORATED ON THE FIRST DAY OF DECEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

4291394 8300N

SR# 20220098115

Authentication: 202375123

Date: 01-11-22

You may verify this certificate online at corp.delaware.gov/authver.shtml



Description of Operations

Alexion Pharmaceuticals, Inc. ("Alexion") is a Virtual Manufacturer. Alexion is a privately held corporation located in New Haven, Connecticut. Alexion's products are manufactured by multiple contract manufacturers and will then be distributed to Specialty Distributors, Specialty Pharmacies, and hospitals by their third-party logistics providers, who are licensed to ship pharmaceutical products into your state.

We are using the following contract manufacturer to produce our products:

Alexion Pharma International Operations Unlimited Company
College Business and Technology Park Blanchardstown Road North
Dublin, Ireland D15 R925
FDA Establishment No: 3012889718

Almac Pharma Services
22 Seagoe Industrial Estate
Craigavon, Northern Ireland
United Kingdom BT63 5QD
FDA Establishment No: 3004444888

Third Party Logistics Information:
For distribution into the commercial supply channels, Integrated Commercialization Solutions (ICS) and Eversana Life Science Services LLC dba Eversana (Eversana) act as Alexion's Third-Party Logistics (3PL) providers to manage the storage and distribution of Alexion's product to customers throughout the United States.

Eversana Life Science Services LLC dba Eversana
4580 Mendenhall Road
Memphis, TN 38141

Alexion's hours of operation are 8:00 a.m. – 5:00 p.m. (Pacific Time), Monday through Friday

From: Midian, Cheryl <cheryl.midian@twolabs.com>
Sent: Wednesday, July 20, 2022 2:22 PM
To: Maria Herrera <m.herrera@pharmacy.nv.gov>
Subject: RE: Alexion Pharmaceuticals, Inc.-Pending Application

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Hi Maria,

I wanted to follow up on the below. Alexion Pharmaceuticals, Inc. is not able to locate the labeler code email they received around 15 years ago. The FDA NDC directory was provided that links Alexion to the labeler #: 25682 and is proof of FDA registration. Can this be accepted?

Cheryl Midian
Senior Licensing Analyst
PharmaLicense

TwoLabs
PHARMA SERVICES

4967 Cadogan Place | New Albany, OH | 43054
mobile 216.406.0178
website | email | LinkedIn

Please consider the environment before printing this email.

This email and any files transmitted with it are confidential and proprietary to Two Labs, LLC and may be legally privileged and are intended solely for the use of the individual or entity to which they are addressed. If you are not the intended recipient please note that any disclosure, distribution, or copying of this email is strictly prohibited and may be unlawful. If received in error, please delete this email and any attachments and confirm this to the sender. Two Labs, LLC does not warrant or represent the information contained herein. Recipient is solely responsible for independent verification through their own representation, legal, and regulatory departments. Thank you.

From: Maria Herrera <m.herrera@pharmacy.nv.gov>
Sent: Tuesday, July 12, 2022 4:41 PM

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration
Silver Spring MD 20993

BLA 761108

BLA APPROVAL

Alexion Pharmaceuticals Inc.
Attention: Mike Page
Executive Director, Global Regulatory Affairs
100 College Street
New Haven, CT 06510

Dear Mr. Page:

Please refer to your Biologics License Application (BLA) dated June 18, 2018, received June 18, 2018, and your amendments, submitted under section 351(a) of the Public Health Service Act for ULTOMIRIS™ (ravulizumab-cwvz) injection, 300 mg/30 mL (10 mg/mL).

LICENSING

We have approved your BLA for ULTOMIRIS (ravulizumab-cwvz) effective this date. You are hereby authorized to introduce or deliver for introduction into interstate commerce, ULTOMIRIS under your existing Department of Health and Human Services U.S. License No. 1743. ULTOMIRIS is indicated for the treatment of adult patients with paroxysmal nocturnal hemoglobinuria (PNH).

MANUFACTURING LOCATIONS

Under this license, you are approved to manufacture ravulizumab-cwvz drug substance at (b)(4) The final formulated drug product will be manufactured and filled at Alexion (b)(4), and labeled and packaged at Alexion (b)(4). You may label your product with the proprietary name, ULTOMIRIS, and market it in 300 mg/30 mL vials.

DATING PERIOD

The dating period for ULTOMIRIS shall be 24 months from the date of manufacture when stored at 2-8 °C. The date of manufacture shall be defined as the date of final sterile filtration of the formulated drug product. The dating period for your drug substance shall be (b)(4) from the date of manufacture when stored at (b)(4)

Results of ongoing stability should be submitted throughout the dating period, as they become available, including the results of stability studies from the first three production lots.

We have approved the stability protocols in your license application for the purpose of extending the expiration dating period of your drug substance and drug product under 21 CFR 601.12.

FDA LOT RELEASE

You are not currently required to submit samples of future lots of ULTOMIRIS to the Center for Drug Evaluation and Research (CDER) for release by the Director, CDER, under 21 CFR 610.2. We will continue to monitor compliance with 21 CFR 610.1, requiring completion of tests for conformity with standards applicable to each product prior to release of each lot.

Any changes in the manufacturing, testing, packaging, or labeling of ULTOMIRIS, or in the manufacturing facilities, will require the submission of information to your biologics license application for our review and written approval, consistent with 21 CFR 601.12.

APPROVAL AND LABELING

We have completed our review of this application, as amended. It is approved, effective on the date of this letter, for use as recommended in the enclosed agreed-upon labeling text.

CONTENT OF LABELING

As soon as possible, but no later than 14 days from the date of this letter, submit, via the FDA automated drug registration and listing system (eLIST), the content of labeling [21 CFR 601.14(b)] in structured product labeling (SPL) format, as described at http://www.fda.gov/ForIndustry/DataStandards/StructuredProductLabeling/default.htm. Content of labeling must be identical to the enclosed labeling (text for the Prescribing Information and Medication Guide). Information on submitting SPL files using eLIST may be found in the guidance for industry titled "*SPL Standard for Content of Labeling Technical Qs and As*" at http://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM072392.pdf.

The SPL will be accessible via publicly available labeling repositories.

We request that the labeling approved today be available on your website within 10 days of receipt of this letter.

CARTON AND CONTAINER LABELING

Submit final printed carton and container labeling that are identical to the carton and container labeling submitted on November 15, 2018, as soon as they are available, but no more than 30 days after they are printed. Please submit these labeling electronically according to the guidance for industry titled *Providing Regulatory Submissions in Electronic Format — Certain Human*

Pharmaceutical Product Applications and Related Submissions Using the eCTD Specifications (April 2018, Revision 5). For administrative purposes, designate this submission "**Final Printed Carton and Container Labeling for approved BLA 761108**." Approval of this submission by FDA is not required before the labeling is used.

ADVISORY COMMITTEE

Your application for ULTOMIRIS was not referred to an FDA advisory committee because the application did not raise significant safety or efficacy issues that were unexpected for a biologic of this class in the intended population.

REQUIRED PEDIATRIC ASSESSMENTS

Under the Pediatric Research Equity Act (PREA) (21 U.S.C. 355c), all applications for new active ingredients (which includes new salts and new fixed combinations), new indications, new dosage forms, new dosing regimens, or new routes of administration are required to contain an assessment of the safety and effectiveness of the product for the claimed indication(s) in pediatric patients unless this requirement is waived, deferred, or inapplicable.

Because this drug product for this indication has an orphan drug designation, you are exempt from this requirement.

POSTMARKETING COMMITMENTS SUBJECT TO REPORTING REQUIREMENTS UNDER SECTION 506B

We remind you of your postmarketing commitments:

3557-1 Submit the final clinical study reports and datasets for randomized controlled trials of ULTOMIRIS in patients with paroxysmal nocturnal hemoglobinuria (ALXN1210-PNH-301 and ALXN1210-PNH-302) to include the extension period of up to 2 years of follow-up.

The timetable you submitted on December 10, 2018, states that you will conduct this study according to the following schedule:

Interim Report Submission: 06/2019
Final Report Submission: 09/2020

POSTMARKETING COMMITMENTS NOT SUBJECT TO THE REPORTING REQUIREMENTS UNDER SECTION 506B

We remind you of your postmarketing commitments:

3557-2 Implement a two-tier Reference material system with (b)(4) storage condition for primary reference material.

The timetable you submitted on December 12, 2018, states that you will conduct this study according to the following schedule:

Final Report Submission: 12/2019

3557-3 Explore alternative assay formats for the Hemolytic assay in order to reduce the method variability.

The timetable you submitted on December 12, 2018, states that you will conduct this study according to the following schedule:

Final Report Submission: 03/2019

3557-4 Qualify the (b)(4) sample for the bioburden method using samples from three (b)(4) lots. Provide the qualification data.

The timetable you submitted on December 12, 2018, states that you will conduct this study according to the following schedule:

Final Report Submission: 07/2019

Submit clinical protocols to your IND 128367 for this product. Submit nonclinical and chemistry, manufacturing, and controls protocols and all postmarketing final reports to this BLA. In addition, under 21 CFR 601.70 you should include a status summary of each commitment in your annual progress report of postmarketing studies to this BLA. The status summary should include expected summary completion and final report submission dates, any changes in plans since the last annual report, and, for clinical studies/trials, number of patients entered into each study/trial. All submissions, including supplements, relating to these postmarketing commitments should be prominently labeled "**Postmarketing Commitment Protocol**," "**Postmarketing Commitment Final Report**," or "**Postmarketing Commitment Correspondence**."

RISK EVALUATION AND MITIGATION STRATEGY REQUIREMENTS

Section 505-1 of the Food Drug Cosmetic Act (FDCA) authorizes FDA to require the submission of a risk evaluation and mitigation strategy (REMS), if FDA determines that such a strategy is necessary to ensure that the benefits of the drug outweigh the risks.

In accordance with section 505-1 of FDCA, we have determined that a REMS is necessary for ULTOMIRIS™ (ravulizumab-cwvz) to ensure the benefits of the drug outweigh the risk of meningococcal infection.

Your proposed REMS must also include the following:

Elements to assure safe use: Pursuant to 505-1(f)(1), we have also determined that ULTOMIRIS™ (ravulizumab-cwvz) can be approved only if elements necessary to assure safe use are required as part of the REMS to mitigate the risk of meningococcal infection. Your REMS includes the following elements to mitigate this risk:

- Healthcare providers have particular experience or training, or are specially certified

Your proposed REMS, submitted on June 18, 2018, amended and appended to this letter, is approved.

The REMS consists of elements to assure safe use and a timetable for submission of assessments of the REMS.

Your REMS must be fully operational before you introduce ULTOMIRIS™ (ravulizumab-cwvz) into interstate commerce.

The REMS assessment plan must include, but is not limited to, the following:

1. Prescriber Enrollment (per reporting period and cumulatively):
   a. Number enrolled: total and newly enrolled
      Number of non-enrolled prescribers with specific reasons why prescribers did not enroll
   b. Actions taken to ensure that all prescribers of ULTOMIRIS are enrolled and non-enrolled prescribers are not allowed to prescribe ULTOMIRIS
   c. Root causes analyses of instances where non-enrolled prescribers were distributed ULTOMIRIS

2. Patient statistics (per reporting period and cumulatively):
   a. The number of new patients treated with ULTOMIRIS
   b. Demographics of patients treated with ULTOMIRIS (gender, age, race, diagnosis)
   c. Number of new patients treated with ULTOMIRIS receiving meningococcal vaccinations according to current Advisory Committee on Immunization Practices (ACIP) recommendations for persons who have complement deficiency. Information regarding the vaccines administered is to include vaccine serotype, dosing, and timing of the vaccinations.

3. Summary of cases of U.S. meningococcal infections (per reporting period and cumulatively):
   a. For each case, provide the following information:
      i. MedWatch or other case report number
      ii. date of report and date of report to FDA
      iii. age, race, and gender
      iv. indication for ULTOMIRIS treatment

v. meningococcal vaccination status, including whether vaccinations were administered in compliance with the most current Advisory Committee on Immunization Practices (ACIP) recommendations with regards to vaccine product, dosage, and timing
vi. whether the patient was administered any prophylactic antibiotics and if so:
    1. the specific antibiotics, antibiotic regimen (dose/frequency), and routes of administration
    2. the duration of the antibiotic treatment
    3. the timing of the course of the antibiotics in relation to ULTOMIRIS treatment
vii. summary of the clinical course and the outcome
viii. causative meningococcal serogroup
ix. whether the Patient Safety Card was presented during the process of the patient seeking treatment
x. Whether the patient had received the Patient Safety Brochure

b. Provide a link to the most recent Periodic Safety Update Report (PSUR)

4. Rate (# cases/100,000 patient-years) of meningococcal infections (per reporting period and cumulatively) for U.S. cases, worldwide cases, and relevant age subgroups (ages 0-18 years, 18-55 years, and >55 years).

5. Starting with the 12-month reporting period, an assessment of prescribing healthcare professionals (HCPs) understanding regarding:
    - the increased risk of meningococcal infections with ULTOMIRIS
    - the early signs of invasive meningococcal infections
    - the need for immediate medical evaluation of signs and symptoms consistent with possible meningococcal infections

6. Starting with the 12-month reporting period, an assessment of patient understanding regarding:
    - the increased risk of meningococcal infections with ULTOMIRIS
    - the early signs of invasive meningococcal infections
    - the need for immediate medical evaluation of signs and symptoms consistent with possible meningococcal infections

7. The requirements for assessments of an approved REMS under section 505-1(g)(3) include with respect to each goal included in the strategy, an assessment of the extent to which the approved strategy, including each element of the strategy, is meeting the goal or whether one or more such goals or such elements should be modified.

We remind you that in addition to the REMS assessments submitted according to the timetable in the approved REMS, you must include an adequate rationale to support a proposed REMS modification for the addition, modification, or removal of any goal or element of the REMS, as described in section 505-1(g)(4) of the FDCA.

We also remind you that you must submit a REMS assessment when you submit a supplemental application for a new indication for use as described in section 505-1(g)(2)(A). This assessment should include:

a) An evaluation of how the benefit-risk profile will or will not change with the new indication;
b) A determination of the implications of a change in the benefit-risk profile for the current REMS;
c) *If the new, proposed indication for use introduces unexpected risks*: A description of those risks and an evaluation of whether those risks can be appropriately managed with the currently approved REMS.
d) *If a REMS assessment was submitted in the 18 months prior to submission of the supplemental application for a new indication for use*: A statement about whether the REMS was meeting its goals at the time of the last assessment and if any modifications of the REMS have been proposed since that assessment.
e) *If a REMS assessment has not been submitted in the 18 months prior to submission of the supplemental application for a new indication for use:* Provision of as many of the currently listed assessment plan items as is feasible.
f) *If you propose a REMS modification based on a change in the benefit-risk profile or because of the new indication of use, submit an adequate rationale to support the modification, including*: Provision of the reason(s) why the proposed REMS modification is necessary, the potential effect on the serious risk(s) for which the REMS was required, on patient access to the drug, and/or on the burden on the health care delivery system; and other appropriate evidence or data to support the proposed change. Additionally, include any changes to the assessment plan necessary to assess the proposed modified REMS. *If you are not proposing a REMS modification*, provide a rationale for why the REMS does not need to be modified.

If the assessment instruments and methodology for your REMS assessments are not included in the REMS supporting document, or if you propose changes to the submitted assessment instruments or methodology, you should update the REMS supporting document to include specific assessment instrument and methodology information at least 90 days before the assessments will be conducted. Updates to the REMS supporting document may be included in a new document that references previous REMS supporting document submission(s) for unchanged portions. Alternatively, updates may be made by modifying the complete previous REMS supporting document, with all changes marked and highlighted. Prominently identify the submission containing the assessment instruments and methodology with the following wording in bold capital letters at the top of the first page of the submission:

BLA 761108 REMS CORRESPONDENCE
(insert concise description of content in bold capital letters, e.g.,
UPDATE TO REMS SUPPORTING DOCUMENT - ASSESSMENT METHODOLOGY

Prominently identify any submission containing the REMS assessments or proposed modifications of the REMS with the following wording in bold capital letters at the top of the first page of the submission as appropriate:

BLA 761108 REMS ASSESSMENT

NEW SUPPLEMENT FOR BLA 761108/S-000
CHANGES BEING EFFECTED IN 30 DAYS
PROPOSED MINOR REMS MODIFICATION

or

NEW SUPPLEMENT FOR BLA 761108/S-000
PRIOR APPROVAL SUPPLEMENT
PROPOSED MAJOR REMS MODIFICATION

or

NEW SUPPLEMENT FOR BLA 761108/S-000
PRIOR APPROVAL SUPPLEMENT
PROPOSED REMS MODIFICATIONS DUE TO SAFETY LABELING CHANGES SUBMITTED IN SUPPLEMENT XXX

NEW SUPPLEMENT (NEW INDICATION FOR USE)
FOR BLA 761108/S-000
REMS ASSESSMENT
PROPOSED REMS MODIFICATION (if included)

Should you choose to submit a REMS revision, prominently identify the submission containing the REMS revisions with the following wording in bold capital letters at the top of the first page of the submission:

REMS REVISION FOR BLA 761108

To facilitate review of your submission, we request that you submit your proposed modified REMS and other REMS-related materials in Microsoft Word format. If certain documents, such as enrollment forms, are only in PDF format, they may be submitted as such, but the preference is to include as many as possible in Word format.

SUBMISSION OF REMS DOCUMENT IN SPL FORMAT

FDA can accept the REMS document in Structured Product Labeling (SPL) format. If you intend to submit the REMS document in SPL format, as soon as possible, but no later than 14 days from the date of this letter, submit the REMS document in SPL format using the FDA automated drug registration and listing system (eLIST).

For more information on submitting REMS in SPL format, please email FDAREMSwebsite@fda.hhs.gov.

PROMOTIONAL MATERIALS

You may request advisory comments on proposed introductory advertising and promotional labeling. To do so, submit, in triplicate, a cover letter requesting advisory comments, the proposed materials in draft or mock-up form with annotated references, and the Prescribing Information, Medication Guide, and Patient Package Insert (as applicable) to:

Food and Drug Administration
Center for Drug Evaluation and Research
Office of Prescription Drug Promotion
5901-B Ammendale Road
Beltsville, MD 20705-1266

As required under 21 CFR 601.12(f)(4), you must submit final promotional materials, and the package insert, at the time of initial dissemination or publication, accompanied by a Form FDA 2253. Form FDA 2253 is available at http://www.fda.gov/downloads/AboutFDA/ReportsManualsForms/Forms/UCM083570.pdf. Information and Instructions for completing the form can be found at http://www.fda.gov/downloads/AboutFDA/ReportsManualsForms/Forms/UCM375154.pdf. For more information about submission of promotional materials to the Office of Prescription Drug Promotion (OPDP), see http://www.fda.gov/AboutFDA/CentersOffices/CDER/ucm090142.htm.

REPORTING REQUIREMENTS

You must submit adverse experience reports under the adverse experience reporting requirements for licensed biological products (21 CFR 600.80).

Prominently identify all adverse experience reports as described in 21 CFR 600.80.

You must submit distribution reports under the distribution reporting requirements for licensed biological products (21 CFR 600.81).

You must submit reports of biological product deviations under 21 CFR 600.14. You should promptly identify and investigate all manufacturing deviations, including those associated with processing, testing, packing, labeling, storage, holding and distribution. If the deviation involves

a distributed product, may affect the safety, purity, or potency of the product, and meets the other criteria in the regulation, you must submit a report on Form FDA 3486 to:

Food and Drug Administration
Center for Drug Evaluation and Research
Division of Compliance Risk Management and Surveillance
5901-B Ammendale Road
Beltsville, MD 20705-1266

Biological product deviations, sent by courier or overnight mail, should be addressed to:

Food and Drug Administration
Center for Drug Evaluation and Research
Division of Compliance Risk Management and Surveillance
10903 New Hampshire Avenue, Bldg. 51, Room 4207
Silver Spring, MD 20903

MEDWATCH-TO-MANUFACTURER PROGRAM

The MedWatch-to-Manufacturer Program provides manufacturers with copies of serious adverse event reports that are received directly by the FDA. New molecular entities and important new biologics qualify for inclusion for three years after approval. Your firm is eligible to receive copies of reports for this product. To participate in the program, please see the enrollment instructions and program description details at http://www.fda.gov/Safety/MedWatch/HowToReport/ucm166910.htm.

POST APPROVAL FEEDBACK MEETING

New molecular entities and new biological products qualify for a post approval feedback meeting. Such meetings are used to discuss the quality of the application and to evaluate the communication process during drug development and marketing application review. The purpose is to learn from successful aspects of the review process and to identify areas that could benefit from improvement. If you would like to have such a meeting with us, call the Regulatory Project Manager for this application.

If you have any questions, call Natasha Kormanik, Regulatory Project Manager, at (240) 402-4227.

Sincerely,

{See appended electronic signature page}

Amy McKee, MD
Acting Associate Director
Office of Hematology and Oncology Products
Center for Drug Evaluation and Research

ENCLOSURES:
Content of Labeling
Prescribing Information
Medication Guide
REMS

This is a representation of an electronic record that was signed electronically. Following this are manifestations of any and all electronic signatures for this electronic record.

/s/

AMY E MCKEE
12/21/2018

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration
Silver Spring MD 20993

BLA 125561/0

BLA APPROVAL

Alexion Pharmaceuticals, Inc.
Attention: Sara Saltzman
Senior Director, Regulatory Affairs
352 Knotter Drive
Cheshire, CT 06410

Dear Ms. Saltzman:

Please refer to your Biologics License Application (BLA) received January 8, 2015, and your amendments, submitted under section 351(a) of the Public Health Service Act for Kanuma (sebelipase alfa).

We acknowledge receipt of your major amendment dated September 2, 2015, which extended the goal date by three months.

LICENSING

We have approved your BLA for Kanuma (sebelipase alfa) effective this date. You are hereby authorized to introduce or deliver for introduction into interstate commerce, Kanuma under your existing Department of Health and Human Services U.S. License No.1743. Kanuma is indicated for the treatment of patients with a diagnosis of Lysosomal Acid Lipase (LAL) deficiency.

MANUFACTURING LOCATIONS

Under this license, you are approved to manufacture sebelipase alfa drug substance at (b) (4). The final formulated product will be manufactured and filled at (b) (4) The final formulated product will be labeled, and packaged at (b) (4). You may label your product with the proprietary name, Kanuma, and will market it in 20 mg/10 mL single-use vials.

DATING PERIOD

The dating period for Kanuma shall be 24 months from the date of manufacture when stored at 5 ± 3°C. The date of manufacture shall be defined as the date of final sterile filtration of the formulated drug product. The dating period for your drug substance shall be (b) (4) months from the date of manufacture when stored at (b) (4) °C.

Results of ongoing stability should be submitted throughout the dating period, as they become available, including the results of stability studies from the first three production lots.

We have approved the stability protocols in your license application for the purpose of extending the expiration dating period of your drug substance and drug product under 21 CFR 601.12.

FDA LOT RELEASE

You are not currently required to submit samples of future lots of Kanuma to the Center for Drug Evaluation and Research (CDER) for release by the Director, CDER, under 21 CFR 610.2. We will continue to monitor compliance with 21 CFR 610.1, requiring completion of tests for conformity with standards applicable to each product prior to release of each lot.

Any changes in the manufacturing, testing, packaging, or labeling of Kanuma, or in the manufacturing facilities, will require the submission of information to your biologics license application for our review and written approval, consistent with 21 CFR 601.12.

APPROVAL & LABELING

We have completed our review of this application, as amended. It is approved, effective on the date of this letter, for use as recommended in the enclosed agreed-upon labeling text.

CONTENT OF LABELING

As soon as possible, but no later than 14 days from the date of this letter, submit, via the FDA automated drug registration and listing system (eLIST), the content of labeling [21 601.14(b)] in structured product labeling (SPL) format, as described at http://www.fda.gov/ForIndustry/DataStandards/StructuredProductLabeling/default.htm. Content of labeling must be identical to the enclosed labeling (text for the package insert) Information on submitting SPL files using eLIST may be found in the guidance for industry titled "SPL Standard for Content of Labeling Technical Qs and As" at http://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM072392.pdf.

The SPL will be accessible via publicly available labeling repositories.

CARTON AND IMMEDIATE CONTAINER LABELS

Submit final printed carton and container labels that are identical to the carton labeling and immediate container label submitted on September 3, 2015, as soon as they are available, but no more than 30 days after they are printed. Please submit these labels electronically according to the guidance for industry titled "Providing Regulatory Submissions in Electronic Format – Human Pharmaceutical Product Applications and Related Submissions Using the eCTD Specifications (June 2008)". Alternatively, you may submit 12 paper copies, with 6 of the copies individually mounted on heavy-weight paper or similar material. For administrative purposes,

designate this submission "**Final Printed Carton and Container Labels for approved BLA 125561.**" Approval of this submission by FDA is not required before the labeling is used.

Marketing the product with final printed labeling (FPL) that is not identical to the approved labeling text may render the product misbranded and an unapproved new drug.

RARE PEDIATRIC DISEASE PRIORITY REVIEW VOUCHER

We also inform you that you have been granted a rare pediatric disease priority review voucher, as provided under section 529 of the FDCA. This priority review voucher (PRV) has been assigned a tracking number, PRV BLA 125561. All correspondences related to this voucher should refer to this tracking number.

This voucher entitles you to designate a single human drug application submitted under section 505(b)(l) of the FDCA or a single biologic application submitted under section 351 of the Public Health Service Act as qualifying for a priority review. Such an application would not have to meet any other requirements for a priority review. The list below describes the sponsor responsibilities and the parameters for using and transferring a rare pediatric disease priority review voucher.

- The sponsor who redeems the priority review voucher must notify FDA of its intent to submit an application with a priority review voucher at least 90 days before submission of the application, and must include the date the sponsor intends to submit the application. This notification should be prominently marked, "Notification of Intent to Submit an Application with a Rare Pediatric Disease Priority Review Voucher."

- This priority review voucher may be transferred, including by sale, by you to another sponsor of a human drug or biologic application. There is no limit on the number of times that the priority review voucher may be transferred, but each person to whom the priority review voucher is transferred must notify FDA of the change in ownership of the voucher not later than 30 days after the transfer. If you retain and redeem this priority review voucher, you should refer to this letter as an official record of the voucher. If the priority review voucher is transferred, the sponsor to whom the priority review voucher has been transferred should include a copy of this letter (which will be posted on our Web site as are all approval letters) and proof that the priority review voucher was transferred.

- FDA may revoke the priority review voucher if the rare pediatric disease product for which the priority review voucher was awarded is not marketed in the U.S. within 1 year following the date of approval.

- The sponsor of an approved rare pediatric disease product application who is awarded a priority review voucher must submit a report to FDA no later than 5 years after approval that addresses, for each of the first 4 post-approval years:
  - the estimated population in the U.S. suffering from the rare pediatric disease for which the product was approved (both the entire population and the population

aged 0 through 18 years),
o the estimated demand in the U.S. for the product, and
o the actual amount of product distributed in the U.S.

- You may also review the requirements related to this program at http://www.gpo.gov/fdsys/pkg/PLAW-112publ144/pdf/PLAW-112publ144.pdf1 (see Section 908 of FDASIA on pages 1094-1098 which amends the FD&C Act by adding Section 529). Formal guidance about this program will be published in the future.

ADVISORY COMMITTEE

Your application for Kanuma was not referred to an FDA advisory committee because the safety profile is acceptable for the treatment of patients with a diagnosis of Lysosomal Acid Lipase (LAL) deficiency and the application did not raise significant safety or efficacy issues that were unexpected for a biologic of this class.

REQUIRED PEDIATRIC ASSESSMENTS

Under the Pediatric Research Equity Act (PREA) (21 U.S.C. 355c), all applications for new active ingredients, new indications, new dosage forms, new dosing regimens, or new routes of administration are required to contain an assessment of the safety and effectiveness of the product for the claimed indication(s) in pediatric patients unless this requirement is waived, deferred, or inapplicable.

Because this drug product for this indication has an orphan drug designation, you are exempt from this requirement.

POSTMARKETING COMMITMENTS SUBJECT TO REPORTING REQUIREMENTS UNDER SECTION 506B

We remind you of your postmarketing commitments:

2920-1 Evaluate the long-term, prospective clinical outcomes of treatment with sebelipase alfa in adult and pediatric patients with LAL deficiency, including but not limited to progression of liver and cardiovascular diseases and changes in anthropometric assessments (i.e., length/height z-scores, and weight z-scores). At a minimum, liver assessments will include results of liver biopsies and imaging studies, changes in liver synthetic function, evidence for clinical progression to end stage liver disease (e.g., assessed by the Model for End-Stage Liver Disease [MELD] score), receipt of liver transplantation, and fatal outcomes. Cardiovascular assessments will include incidence rates of non-fatal stroke, myocardial infarction, and cardiovascular death. Additional evaluations will include dosing regimens administered and reasons for any dose modifications. This trial will also collect data on the occurrence of any serious hypersensitivity reactions, such as anaphylaxis, as well as changes in antibody status (i.e., detection and titers of binding and neutralizing antibodies, and detection of IgE

antibodies). Eligible patients will be enrolled over an initial 3-year period and followed for a minimum of 10 years from the time of enrollment or until death, whichever comes first. This trial may be conducted as a separate study or as a sub-study within the Lysosomal Acid Lipase registry.

The timetable you submitted on December 3, 2015, states that you will conduct this trial according to the following schedule:

Final Protocol Submission: March 31, 2016
Trial Completion: September 30, 2029
Final Report Submission: April 30, 2030

POSTMARKETING COMMITMENTS NOT SUBJECT TO THE REPORTING REQUIREMENTS UNDER SECTION 506B

We also remind you of your additional postmarketing commitments:

Drug Substance Quality Microbiology

2920-2 Increase the bioburden test volume for (b)(4) samples to improve the sensitivity of the bioburden tests. In addition, provide bioburden qualification data for all in-process and drug substance samples from a total of three lots.

The timetable you submitted on December 3, 2015, states that you will conduct this study according to the following schedule:

Final Report Submission: January 31, 2016

2920-3 Provide endotoxin qualification data for the in-process drug substance samples from a total of three lots.

The timetable you submitted on December 3, 2015, states that you will conduct this study according to the following schedule:

Final Report Submission: January 31, 2016

2920-4 Improve the endotoxin method for the (b)(4) samples by optimizing the endotoxin test procedures.

The timetable you submitted on December 3, 2015, states that you will conduct this study according to the following schedule:

Final Report Submission: January 31, 2016

2920-5 Develop and validate a reliable endotoxin test for the unformulated drug substance sample. In addition, validate the (b)(4) and drug

substance endotoxin test using the modified endotoxin method involving the use of (b) (4) sample preparation system. Provide the validation information and data.

The timetable you submitted on December 3, 2015, states that you will conduct this study according to the following schedule:

Final Report Submission: April 30, 2016

Drug Product Quality Microbiology

2920-6 Validate the (b) (4) If the (b) (4) is revised based on the validation study, update the BLA file accordingly.

The timetable you submitted on December 3, 2015, states that you will conduct this study according to the following schedule:

Final Report Submission: January 31, 2016

2920-7 Perform a microbial retention study to support the proposed (b) (4) time limit for (b) (4) Limit the validated time for (b) (4) to (b) (4) until the (b) (4) time limit has been approved by the Agency.

The timetable you submitted on December 3, 2015, states that you will conduct this study according to the following schedule:

Final Report Submission: January 31, 2016

2920-8 Perform a study to confirm that the dye ingress test method used for drug product stability samples is capable of detecting small defects that could allow microbial ingress. The study should be performed with a range of small defect sizes (b) (4) Revise the positive control defect size used for stability testing based on the results of the study and update the BLA file accordingly.

The timetable you submitted on December 3, 2015, states that you will conduct this study according to the following schedule:

Final Report Submission: January 31, 2016

2920-9 Conduct a study to understand the mechanism of endotoxin masking and/or interference in the drug product. Explore alternative test methods and develop a more suitable *in vitro* test method for the drug product.

The timetable you submitted on December 3, 2015, states that you will conduct this study according to the following schedule:

Final Report Submission: April 30, 2016

Drug Substance Quality

2920-10 Characterize the potential levels of [redacted] (b) (4) in the drug substance.

The timetable you submitted on December 3, 2015, states that you will conduct this study according to the following schedule:

Final Report Submission: March 31, 2016

2920-11 Develop and implement a drug substance release test to quantify the percent compositions of the [redacted] (b) (4) variants.

The timetable you submitted on December 3, 2015, states that you will conduct this study according to the following schedule:

Final Report Submission: January 31, 2017

2920-12 To improve control of the [redacted] (b) (4) glycan profile, identify for the current HPAEC-PAD method peaks representative of [redacted] (b) (4) and establish drug substance release specifications for the critical peaks or groups of peaks. Alternatively, develop an alternative method with better resolution to control the glycan profile, such as (but not limited to) the [redacted] (b) (4) characterization tests.

The timetable you submitted on December 3, 2015, states that you will conduct this study according to the following schedule:

Final Report Submission: April 30, 2017

2920-13 Conduct a study to improve the formulation to reduce or eliminate the potential for formation of visible [redacted] (b) (4) particles and other [redacted] (b) (4) aggregates. If a significantly improved formulation is identified, develop the improved formulation for the commercial product.

The timetable you submitted on December 3, 2015, states that you will conduct this study according to the following schedule:

Final Report Submission: February 29, 2016

Final Drug Product Quality

2920-14 Develop and implement an improved SDS-PAGE test or another purity test to quantitate high molecular weight product-related species with greater sensitivity and precision than the current SDS-PAGE test.

The timetable you submitted on December 3, 2015, states that you will conduct this study according to the following schedule:

Final Report Submission: January 31, 2017

2920-15 Implement the [redacted] (b) (4) test method for drug product release specifications.

The timetable you submitted on December 3, 2015, states that you will conduct this study according to the following schedule:

Final Report Submission: April 30, 2016

2920-16 Implement an assay for uptake of sebelipase alfa into [redacted] (b) (4) for drug product release specifications.

The timetable you submitted on December 3, 2015, states that you will conduct this study according to the following schedule:

Final Report Submission: June 30, 2016

2920-17 Develop and implement a [redacted] (b) (4) receptor binding assay for drug product release specifications.

The timetable you submitted on December 3, 2015, states that you will conduct this study according to the following schedule:

Final Report Submission: January 31, 2017

2920-18 Conduct studies to determine whether the [redacted] (b) (4) receptor binding assays are stability-indicating. Implement the stability-indicating assays into the drug product stability specifications with acceptance criteria supported by stability data.

The timetable you submitted on December 3, 2015, states that you will conduct this study according to the following schedule:

Final Report Submission: January 31, 2018

2920-19 Improve the enzyme activity assay to increase the range of sebelipase alfa dilutions over which the assay will yield consistent values for specific activity.

The timetable you submitted on December 3, 2015, states that you will conduct this study according to the following schedule:

Final Report Submission: January 31, 2016

2920-20 Evaluate and revise as warranted all release and stability specifications after manufacture of sufficient commercial batches for meaningful statistical analyses.

The timetable you submitted on December 3, 2015, states that you will conduct this study according to the following schedule:

Final Report Submission: December 31, 2016

2920-21 Conduct worst-case simulated or worst-case real world shipping studies for both the drug substance and the drug product to assess the potential impact of shipping conditions on product quality.

The timetable you submitted on December 3, 2015, states that you will conduct this study according to the following schedule:

Final Report Submission: October 31, 2016

2920-22 Characterize the potential of rhLAL to form oxidized variants and deamidated variants and determine whether variants identified are stability-indicating. Implement changes to the drug substance and drug product control strategies as warranted by the data.

The timetable you submitted on December 3, 2015, states that you will conduct this study according to the following schedule:

Final Report Submission: July 31, 2016

Submit clinical protocols to your IND 108460 for this product. Submit nonclinical and chemistry, manufacturing, and controls protocols and all postmarketing final reports to this BLA. In addition, under 21 CFR 601.70 you should include a status summary of each commitment in your annual progress report of postmarketing studies to this BLA. The status summary should include expected summary completion and final report submission dates, any changes in plans since the last annual report, and, for clinical studies/trials, number of patients entered into each study/trial. All submissions, including supplements, relating to these postmarketing commitments should be prominently labeled "**Postmarketing Commitment Protocol**," "**Postmarketing Commitment Final Report**," or "**Postmarketing Commitment Correspondence**."

PROMOTIONAL MATERIALS

You may request advisory comments on proposed introductory advertising and promotional labeling. To do so, submit, in triplicate, a cover letter requesting advisory comments, the proposed materials in draft or mock-up form with annotated references, and the package insert to:

Food and Drug Administration
Center for Drug Evaluation and Research
Office of Prescription Drug Promotion
5901-B Ammendale Road
Beltsville, MD 20705-1266

As required under 21 CFR 601.12(f)(4), you must submit final promotional materials, and the package insert, at the time of initial dissemination or publication, accompanied by a Form FDA 2253. Form FDA 2253 is available at http://www.fda.gov/downloads/AboutFDA/ReportsManualsForms/Forms/UCM083570.pdf. Information and Instructions for completing the form can be found at http://www.fda.gov/downloads/AboutFDA/ReportsManualsForms/Forms/UCM375154.pdf. For more information about submission of promotional materials to the Office of Prescription Drug Promotion (OPDP), see http://www.fda.gov/AboutFDA/CentersOffices/CDER/ucm090142.htm.

REPORTING REQUIREMENTS

You must submit adverse experience reports under the adverse experience reporting requirements for licensed biological products (21 CFR 600.80). You should submit postmarketing adverse experience reports to:

Food and Drug Administration
Center for Drug Evaluation and Research
Central Document Room
5901-B Ammendale Road
Beltsville, MD 20705-1266

Prominently identify all adverse experience reports as described in 21 CFR 600.80.

You must submit distribution reports under the distribution reporting requirements for licensed biological products (21 CFR 600.81).

You must submit reports of biological product deviations under 21 CFR 600.14. You should promptly identify and investigate all manufacturing deviations, including those associated with processing, testing, packing, labeling, storage, holding and distribution. If the deviation involves a distributed product, may affect the safety, purity, or potency of the product, and meets the other criteria in the regulation, you must submit a report on Form FDA-3486 to:

Food and Drug Administration
Center for Drug Evaluation and Research
Division of Compliance Risk Management and Surveillance
5901-B Ammendale Road
Beltsville, MD 20705-1266

Biological product deviations, sent by courier or overnight mail, should be addressed to:

Food and Drug Administration
Center for Drug Evaluation and Research
Division of Compliance Risk Management and Surveillance
10903 New Hampshire Avenue, Bldg. 51, Room 4206
Silver Spring, MD 20903

MEDWATCH-TO-MANUFACTURER PROGRAM

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POST APPROVAL FEEDBACK MEETING

New molecular entities and new biologics qualify for a post approval feedback meeting. Such meetings are used to discuss the quality of the application and to evaluate the communication process during drug development and marketing application review. The purpose is to learn from successful aspects of the review process and to identify areas that could benefit from improvement. If you would like to have such a meeting with us, call the Regulatory Project Manager for this application.

PDUFA V APPLICANT INTERVIEW

FDA has contracted with Eastern Research Group, Inc. (ERG) to conduct an independent interim and final assessment of the Program for Enhanced Review Transparency and Communication for NME NDAs and Original BLAs under PDUFA V ('the Program'). The PDUFA V Commitment Letter states that these assessments will include interviews with applicants following FDA action on applications reviewed in the Program. For this purpose, first-cycle actions include approvals, complete responses, and withdrawals after filing. The purpose of the interview is to better understand applicant experiences with the Program and its ability to improve transparency and communication during FDA review.

ERG will contact you to schedule a PDUFA V applicant interview and provide specifics about the interview process. Your responses during the interview will be confidential with respect to the FDA review team. ERG has signed a non-disclosure agreement and will not disclose any

identifying information to anyone outside their project team. They will report only anonymized results and findings in the interim and final assessments. Members of the FDA review team will be interviewed by ERG separately. While your participation in the interview is voluntary, your feedback will be helpful to these assessments.

If you have any questions, call Kevin Bugin, Regulatory Project Manager, at (301) 796-2302.

Sincerely,

{See appended electronic signature page}

Julie Beitz, M.D.
Director
Office of Drug Evaluation III
Center for Drug Evaluation and Research

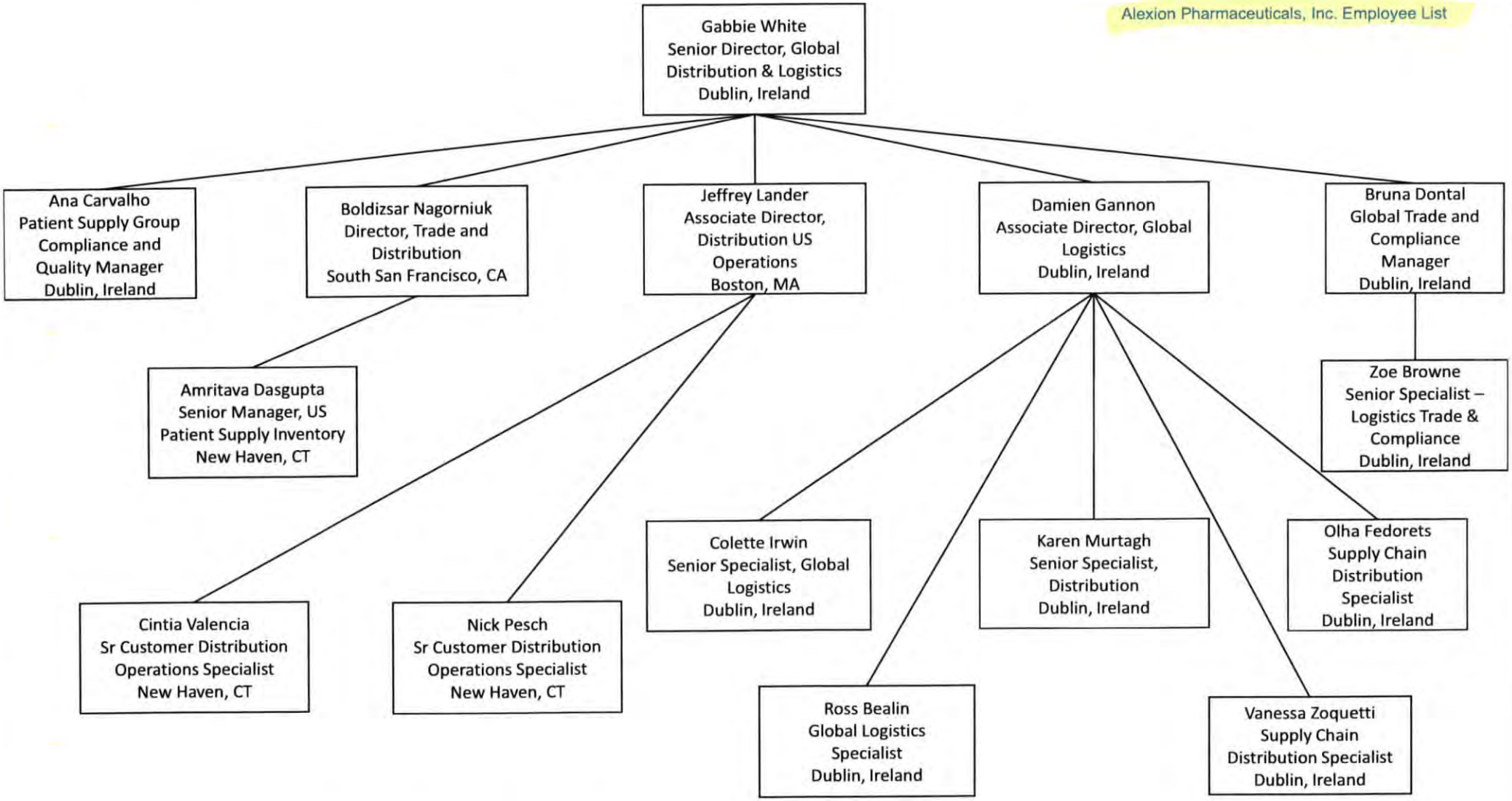
ENCLOSURES:
Content of Labeling
Carton and Container Labeling

This is a representation of an electronic record that was signed electronically and this page is the manifestation of the electronic signature.

/s/

JULIE G BEITZ
12/08/2015

Alexion Pharmaceuticals, Inc. Employee List



National Drug Code Directory

SHARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=NATIONAL DRUG CODE DIRECTORY&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

EMAIL (MAILTO:?SUBJECT=NATIONAL DRUG CODE DIRECTORY&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

Current through January 14, 2022

You have searched Finished drug products

Search Results: *'25682'*

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 Ty Name
KANUMA	25682-007-01	2 mg/mL	INJECTION, SOLUTION, CONCENTRATE	INTRAVENOUS	BLA125561	Alexion Pharmaceuticals, Inc.	25682-007	Sebelipase alfa	SEBELIPASE ALFA	HUMAN PRESCRIPTI DRUG
SOLIRIS	25682-001-01	300 mg/30mL	INJECTION, SOLUTION, CONCENTRATE	INTRAVENOUS	BLA125166	Alexion Pharmaceuticals Inc.	25682-001	ECULIZUMAB	ECULIZUMAB	HUMAN PRESCRIPTI DRUG
STRENSIQ	25682-010-12	18 mg/.45mL	SOLUTION	SUBCUTANEOUS	BLA125513	Alexion Pharmaceuticals, Inc.	25682-010	ASFOTASE ALFA	ASFOTASE ALFA	HUMAN PRESCRIPTI DRUG
STRENSIQ	25682-013-12	28 mg/.7mL	SOLUTION	SUBCUTANEOUS	BLA125513	Alexion Pharmaceuticals, Inc.	25682-013	ASFOTASE ALFA	ASFOTASE ALFA	HUMAN PRESCRIPTI DRUG
STRENSIQ	25682-016-12	40 mg/mL	SOLUTION	SUBCUTANEOUS	BLA125513	Alexion Pharmaceuticals, Inc.	25682-016	ASFOTASE ALFA	ASFOTASE ALFA	HUMAN PRESCRIPTI DRUG
STRENSIQ	25682-019-12	80 mg/.8mL	SOLUTION	SUBCUTANEOUS	BLA125513	Alexion Pharmaceuticals, Inc.	25682-019	ASFOTASE ALFA	ASFOTASE ALFA	HUMAN PRESCRIPTI DRUG
Ultomiris	25682-022-01	300 mg/30mL	SOLUTION, CONCENTRATE	INTRAVENOUS	BLA761108	Alexion Pharmaceuticals Inc.	25682-022	ravulizumab	RAVULIZUMAB	HUMAN PRESCRIPTI DRUG
Ultomiris	25682-025-01	300 mg/3mL	SOLUTION, CONCENTRATE	INTRAVENOUS	BLA761108	Alexion Pharmaceuticals Inc.	25682-025	ravulizumab	RAVULIZUMAB	HUMAN PRESCRIPTI DRUG
Ultomiris	25682-028-01	1100 mg/11mL	SOLUTION, CONCENTRATE	INTRAVENOUS	BLA761108	Alexion Pharmaceuticals Inc.	25682-028	ravulizumab	RAVULIZUMAB	HUMAN PRESCRIPTI DRUG

Showing 1 to 9 of 9 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)

Verified M.H 6/10/22

Company Information

Company Name: Alexion Pharmaceuticals, Inc.
Address: 100 College Street
City, State, Zip: New Haven, CT 06510
Phone: (475) 230-2596
Website: https://alexion.com/
E-mail: PharmaLicensing@alexion.onmicrosoft.com

FEIN: 85-4136092
State of Formation: Delaware
Date Incorporated:12/01/2020
File Number: 4291394

Ownership Information

Alexion Pharmaceuticals, Inc. is 100% owned by AstraZeneca PLC.

Parent Company Address: 1 Francis Crick Avenue, Cambridge Biomedical Campus, Cambridge, UK, CB2 0AA
Parent Company Phone: +44 (0)20 3749 5000
Parent Company FEIN: N/A (SEC Commission File No 001-11960).

Officers

Todd Spalding, Senior Vice President, Deputy General Counsel
Business Address: 121 Seaport Blvd, Boston, MA 02210
Ownership %: 0%

Daniel Bazarko, Senior Vice President, Controller
Business Address: 100 College Street, New Haven, CT 06510
Ownership %: 0%

David White, Treasurer
Business Address: AstraZeneca Pharmaceuticals LP, 1800 Concord Pike, Wilmington, DE 19850
Ownership %: 0%

Mariam Koohdary, Secretary
Business Address: AstraZeneca Pharmaceuticals LP, 1800 Concord Pike, Wilmington, DE 19850
Ownership %: 0%

Designated Representative

Cintia Valencia, Sr Customer Distribution Operations Specialist
Business Address:100 College Street, New Haven, CT 06510
Ownership %: 0%

Cintia Valencia

Distributive Operations Executive: ***Leveraging 22 years of Pharmaceutical Supply Chain Expertise***

Goal-oriented Supply Chain/Logistics professional with 22 years of experience in the pharmaceutical industry. Resourcefully and proactively lead teams to excellence, even in high-volume settings. Proven ability to analyze operations and recommend improvements, including IT system enhancements that improve logistics time and costs. Effective project manager who collaborates with internal and external stakeholders to meet corporate goals while remaining in compliance with current industry and governmental regulations. Fluent in English and Spanish. Six Sigma Yellow Belt.

CORE COMPETENCIES

Biotechnology	Project Management	Cross-Functional Teams
Pharmaceutical Sales	Business Process Improvement	Training
Hospital Sales	Supply Chain Operations	Customer Service

SOFTWARE SKILLS

SAP | EDI | Nice InContact | Salesforce | Biz Intel | Zoom | Microsoft Office (Word, Excel, PowerPoint, Outlook, Teams)

PROFESSIONAL EXPERIENCE

ALEXION PHARMACEUTICALS, Boston, MA **January 2007 – Present**

American pharmaceutical company specializing in autoimmune diseases and treatments; best known for producing Soliris, a drug used to treat the rare disorders of atypical hemolytic uremic syndrome and paroxysmal nocturnal hemoglobinuria.

Senior Customer Distribution Operations Specialist - Manager

Project manager for several key areas to ensure launch and delivery of pharmaceutical and ultra-rare REMS-regulated "orphan" biotech drugs. Subject Matter Expert (SME) for launching SAP and EDI for Specialty Distributors and inventory logistics. Oversee vendor onboarding for all SAP system enhancements and multiple integrations. Liaison for industry and government regulatory bodies for audits and pricing communications. Govern all telephony systems. Work closely with specialty distributors, medical facilities, customers, and internal teams to ensure regular and emergency shipments arrive on time during and after hours as needed. Utilize SAP, BI, MS Office, and industry applications to optimize operations.

Selected Achievements:

- Instrumental in providing technical enhancements affecting 80,000 annual cold chain shipments (a $5Billion U.S. market), resulting in improved gross to net for units shipped.
- Significantly reduced costs and time related to product returns and losses by customizing SAP and EDI Vendor enhancements, resulting in enhanced GDP compliance, trackability and order management.
- Spearhead AR management to mitigate overages and inaccuracies generated by Specialty Distributors, resulting in cost savings through identification of billing inaccuracies.
- Key staff member, as one of original hires during start-up phase, then continuing through eras of massive growth and downsizing, advancing to roles of increased responsibility in Patient Supply Group.
- Director's Award Honoree, 2020, for system enhancements that significantly reduced distribution times.
- Launch several pharmaceutical and ultra-rare orphan bio tech drugs.
- Play key role in continuing business operations during pandemic having previously launched new telephony systems, enabling remote and after-hours work.
- Technical project lead for new E-Commerce platform between Alexion Customer and Distribution Operations and 3PL Logistics Partner (Eversana).
- Dramatically improve efficiency by transferring operations to Electronic Data Interface (EDI) – 30% of systems on EDI in 2014, 99% by 2016; reducing shipping times and errors.
- Project lead in implementation of new Customer Operations Department in preparation for successful launch of new Ultra Orphan drugs upon FDA approval for several indications for distribution and logistics.

Cintia Valencia

PROFESSIONAL EXPERIENCE (CONTINUED)

ALEXION PHARMACEUTICALS (CONTINUED)
Senior Customer Distribution Operations Specialist – Manager (Continued)

- Ensure patients receive emergency treatments on time – including after hours -- by overseeing with on call personnel; 3PL warehouse, medical information personnel and customers.
- Keep current on medical issues by attending clinical sessions and reading articles, studies, and updates.
- Instrumental on several global initiatives, working with teams in Ireland, Australia, Italy; Spain; and India.
- Ensure just-in-time deliveries by working with current contracted Specialty Distributors to manage current order processes, credit and debits; and customer accounts. Resolve any errors on purchase orders and invoices.
- Partner with Nurse Case Managers, field personnel, Physician Offices and treatment sites to coordinate approvals of multiple case files and shipments, manage appointments and any issues they may have.
- EDI Coordinator for all system testing, trading partner set up, new or account modifications, ensure correct pricing applied on accounts, reporting and mapping requirements.
- Contact for all 340B quarterly audits, reporting and pricing notifications and primary point of contact for all internal audit and PWC records.
- Liaison between IT and project team, handing new hire SAP systems set up and training
- Work with Marketing; PV and senior management on a daily and quarterly basis or as needed running *ad hoc* sales or reports containing any data they need as it pertains to the business and their direct reports.

BAYER PHARMACEUTICALS, West Haven, CT **June 1999 – January 2007**
Well-known multinational pharmaceutical and life sciences company, among the world's largest pharmaceutical companies.
Senior Customer Service Representative
Directed all customer service functions for Bayer's top 3 national wholesaler customers. Primary liaison for return service vendor Capital Returns. Produced reports and processed bi-weekly payouts to the vendor for refund to customers. Processed all returns, check and credit authorizations for expired pharmaceutical products by validating quantities and dollars according to Bayer's return policies. Entered new account credit applications into SAP and processed updates.

Selected Achievements:

- Trained as back-up Supervisor to cover various functions including daily product allocation to all customers.
- Coordinated large stocking orders to a pharmaceutical company in which Bayer has a marketing and distribution alliance with.
- Instrumental in several marketing initiatives including the successful launch of new products.
- Supported field sales representatives by answering inquiries and resolving account, sales and product issues.
- Served as Allocation Team member, tracking and monitoring order quantities to observe trends during the Y2K period to avoid speculative buying by wholesalers.
- Managed accounts not covered by territory sales representatives.
- Improved emergency on-call process for quicker resolution to serious after-hours situations.
- Originally hired as Administrative Assistant, providing clerical support to Associate Director of Research Operations and Senior Vice President of Research.

PROFESSIONAL DEVELOPMENT

Six Sigma Yellow Belt, 2019

Alexion Coursework:
EDI; MS Office; Presentations; Communication; Writing

DocuSigned by:
Signer Name: Cintia Valencia
Signing Reason: I approve this document
Signing Time: 09-Aug-2021 | 12:10:14 EDT
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DocuSigned by:
Signer Name: Damian Burkemper
Signing Reason: I approve this document
Signing Time: 09-Aug-2021 | 13:05:53 EDT
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6-K 1 a7067n.htm ENHERTU EFFICACY RESULTS IN HER2-LOW BREAST CANCER

FORM 6-K

SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

Report of Foreign Issuer

Pursuant to Rule 13a-16 or 15d-16 of
the Securities Exchange Act of 1934

For the month of **June 2022**

Commission File Number: 001-11960

AstraZeneca PLC

1 Francis Crick Avenue
Cambridge Biomedical Campus
Cambridge CB2 0AA
United Kingdom

Indicate by check mark whether the registrant files or will file annual reports under cover of Form 20-F or Form 40-F.

Form 20-F X Form 40-F __

Indicate by check mark if the registrant is submitting the Form 6-K in paper as permitted by Regulation S-T Rule 101(b)(1):

Indicate by check mark if the registrant is submitting the Form 6-K in paper as permitted by Regulation S-T Rule 101(b)(7): _____

Indicate by check mark whether the registrant by furnishing the information contained in this Form is also thereby furnishing the information to the Commission pursuant to Rule 12g3-2(b) under the Securities Exchange Act of 1934.

Yes __ No X

If "Yes" is marked, indicate below the file number assigned to the Registrant in connection with Rule 12g3-2(b): 82-_____

AstraZeneca PLC

INDEX TO EXHIBITS

1. ***Enhertu efficacy results in HER2-low breast cancer***

06 June 2022 07:00 BST

***Enhertu* reduced the risk of disease progression or death by 50% vs. chemotherapy in patients with HER2-low metastatic breast cancer with HR-positive and HR-negative disease**

AstraZeneca and Daiichi Sankyo's Enhertu also improved median overall survival by more than 6 months vs. chemotherapy in all patients evaluated in DESTINY-Breast04

Enhertu met the primary endpoint of progression-free survival in patients with HR-positive disease, reducing the risk of disease progression or death by 49% vs. chemotherapy

Enhertu is the first HER2-directed therapy to demonstrate a survival benefit in this population, potentially redefining treatment for approximately half of all patients with breast cancer

Detailed positive results from the pivotal DESTINY-Breast04 Phase III trial showed that *Enhertu* (trastuzumab deruxtecan) demonstrated superior and clinically meaningful progression-free survival (PFS) and overall survival (OS) in previously treated patients with HER2-low (immunohistochemistry (IHC) 1+ or IHC 2+/in-situ hybridisation (ISH)-negative) unresectable and/or metastatic breast cancer with hormone receptor (HR) positive or HR-negative disease versus standard of care physician's choice of chemotherapy. Results will be presented during the Plenary Session today at the 2022 American Society of Clinical Oncology (ASCO) Annual Meeting, and have been simultaneously published in ***The*** *New England Journal of Medicine*.

Enhertu is a specifically engineered HER2-directed antibody drug conjugate (ADC) being jointly developed and commercialised by AstraZeneca and Daiichi Sankyo.

In the primary endpoint analysis for DESTINY-Breast04, *Enhertu* demonstrated a 49% reduction in the risk of disease progression or death versus physician's choice of chemotherapy in patients with HER2-low metastatic breast cancer with HR-positive disease (PFS hazard ratio [HR] 0.51; 95% confidence interval [CI]: 0.40-0.64; p<0.001). A median PFS of 10.1 months was seen in patients treated with *Enhertu* compared to 5.4 months with chemotherapy, as assessed by blinded independent central review (BICR).

Results also showed a 36% reduction in the risk of death with *Enhertu* compared to chemotherapy in patients with HR-positive disease (OS HR 0.64; 95% CI: 0.48-0.86; p=0.003) with a median OS of 23.9 months with *Enhertu* versus 17.5 months with chemotherapy, meeting a key secondary endpoint of the trial.

Additionally, data showed consistent efficacy for *Enhertu* in the overall trial population of patients with HER2-low metastatic breast cancer with HR-positive or HR-negative disease and across levels of HER2 expression (IHC 1+ and IHC 2+/ISH-). In the key secondary endpoint analysis of PFS by BICR in all patients, a similar 50% reduction in the risk of disease progression or death was observed between *Enhertu* and chemotherapy (PFS HR 0.50; 95% CI: 0.40-0.63; p<0.001). Results also showed a 36% reduction in the risk of death with *Enhertu* compared to chemotherapy (OS HR 0.64; 95% CI: 0.49-0.84; p=0.001) with a median OS of 23.4 months for *Enhertu* versus 16.8 months with chemotherapy.

Shanu Modi, MD, Medical Oncologist, Memorial Sloan Kettering Cancer Center, US and Principal Investigator for the trial, said: "The results of DESTINY-Breast04 show for the first time that a HER2-directed therapy can provide a survival benefit to patients with low HER2 expression, indicating we must reconsider the way we categorise patients with metastatic breast cancer. The efficacy seen with *Enhertu* also reinforces the potential to establish a new standard of care for more than half of all patients with breast cancer currently categorised as having HER2-negative disease, but who actually have tumours with low HER2 expression."

Susan Galbraith, Executive Vice President, Oncology R&D, AstraZeneca said: "Today's results represent a pivotal moment demonstrating the potential for *Enhertu* to redefine the treatment of HER2-targetable cancers. DESTINY-Breast04 validates targeting the lower end of the spectrum of HER2 expression, since *Enhertu* reduced the risk of disease progression or death across all types of patients in the trial by half, and reduced the risk of death by over a third. We must now evolve the way we classify and treat metastatic breast cancer to ensure these patients are effectively diagnosed and treated."

Ken Takeshita, Global Head, R&D, Daiichi Sankyo said: "As innovative research organisations, extending the survival for patients is one of our primary goals as we seek to identify potentially new treatment options for patients with metastatic breast cancer. These potentially practice-changing data show that DESTINY-Breast04 takes us one step closer to achieving this goal, as *Enhertu* is the first HER2-directed medicine to demonstrate a survival benefit in patients with HER2-low metastatic breast cancer. We are honoured by the recognition these important findings are receiving at one of the world's most prominent oncology meetings as well as in one of the leading medical journals."

Summary of results: DESTINY-Breast04

Efficacy Measure	**HR-Positive (n=494)[i]**		**All Patients (n=557)**		**HR-Negative (n=58)[i]**	
	***Enhertu* (5.4 mg/kg) (n=331)**	**Chemotherapy (n=163)**	***Enhertu* (5.4 mg/kg) (n=373)**	**Chemotherapy (n=184)**	***Enhertu* (5.4 mg/kg) (n=40)**	**Chemotherapy (n=18)**
PFS						
Median PFS (months)[ii]	10.1 (9.5-11.5)	5.4 (4.4-7.1)	9.9 (9.0-11.3)	5.1 (4.2-6.8)	8.5 (4.3-11.7)	2.9 (1.4-5.1)
Hazard Ratio (95% CI)	0.51 (0.40-0.64)		0.50 (0.40-0.63)		0.46 (0.24-0.89)	
p-value	p<0.001		p<0.001			

OS						
Median OS (months)	23.9 (20.8-24.8)	17.5 (15.2-22.4)	23.4 (20.0-24.8)	16.8 (14.5-20.0)	18.2 (13.6-NE)	8.3 (5.6-20.6)
Hazard Ratio (95% CI)	HR 0.64 (0.48-0.86)		HR 0.64 (0.49-0.84)		HR 0.48 (0.24-0.95)	
p-value	p=0.003		p=0.001			
Confirmed ORR (%) (95% CI)[ii,iii]	52.6% (47.0-58.0)	16.3% (11.0-22.8)	52.3% (47.1-57.4)	16.3% (11.3-22.5)	50.0% (33.8-66.2)	16.7% (3.6-41.4)
Complete Response (%)	3.6%	0.6%	3.5%	1.1%	2.5%	5.6%
Partial Response (%)	49.2%	15.7%	49.1%	15.2%	47.5%	11.1%
Stable Disease (%)	35.1%	50.0%	34.6%	49.5%	30.0%	44.4%
Progressive Disease (%) (95% CI)	7.8%	21.1%	8.3%	22.3%	12.5%	33.3%
Median DoR (months)[ii]	10.7	6.8	10.7	6.8	8.6	4.9
CBR (%)[ii,iv]	71.2%	34.3%	70.2%	33.7%	62.5%	27.8%
DCR (%)[iv,v]	88.0%	66.3%	87.1%	65.8%	80.0%	61.1%

CI, confidence interval; CBR, clinical benefit rate; DCR, disease control rate; DoR, Duration of Response; HR, hazard ratio; NE, not evaluable; ORR, overall response rate; OS, overall survival; PFS, progression-free survival

[i] For the primary end point (PFS in the HR-positive cohort) and key secondary end points (PFS among all patients and OS in the HR-positive cohort and among all patients), the HR status is based on data collected with the use of the interactive web-response and voice-response system at the time of randomisation, which includes patients who were mis-stratified. For the other end points, HR status is based on data from the electronic data capture that was corrected for mis-stratification

[ii] As assessed by BICR

[iii] ORR is (Complete Response + Partial Response)

[iv] CBR is Complete Response + Partial Response + Stable Disease (≥ 6 months)

[v] DCR is (Complete Response + Partial Response + Stable Disease)

In an exploratory analysis of patients with HR-negative disease (n=58), median PFS was 8.5 months with *Enhertu* versus 2.9 months with chemotherapy (PFS HR 0.46; 95% CI: 0.24-0.89) and median OS was 18.2 months with *Enhertu* versus 8.3 months with chemotherapy (OS HR 0.48; 95% CI: 0.24-0.95).

The safety profile of *Enhertu* was consistent with previous clinical trials with no new safety concerns identified. The most common Grade 3 or higher treatment-emergent adverse events were neutropenia (13.7%), anaemia (8.1%), fatigue (7.5%), leukopenia (6.5%), thrombocytopenia (5.1%), and nausea (4.6%).

Interstitial lung disease (ILD) or pneumonitis rates were consistent with that observed in late-line HER2-positive breast cancer trials of *Enhertu* with a lower rate of Grade 5 ILD observed, as determined by an independent adjudication committee. The majority (10%) were primarily low Grade (Grade 1 or 2) with five Grade 3 (1.3%), no Grade 4 and three Grade 5 (0.8%) events reported.

Notes

Breast cancer and HER2 expression

Breast cancer is the most common cancer and is one of the leading causes of cancer-related deaths worldwide.[1] More than two million cases of breast cancer were diagnosed in 2020 with nearly 685,000 deaths globally.[1]

HER2 is a tyrosine kinase receptor growth-promoting protein expressed on the surface of many types of tumours including breast, gastric, lung and colorectal cancers, and is one of many biomarkers expressed in breast cancer tumours.[2] HER2 expression is currently defined as either positive or negative, and is determined by an IHC test which measures the amount of HER2 protein on a cancer cell, and/or an ISH test which counts the copies of the HER2 gene in cancer cells.[2,3] HER2-positive cancers are defined as IHC 3+ or IHC 2+/ISH+, and HER2-negative cancers are currently defined as IHC 0, IHC 1+ or IHC 2+/ISH-.[2]

Approximately half of all patients with breast cancer have tumours with a HER2 IHC score of 1+, or 2+ in combination with a negative ISH test, a level of HER2 expression not currently eligible for HER2-targeted therapy.[4-7] Low HER2 expression occurs in both HR-

positive and HR-negative disease.[8]

HER2 testing is routinely used to determine appropriate treatment options for patients with metastatic breast cancer. Targeting the lower range of expression in the HER2 spectrum may offer another approach to delay disease progression and extend survival in patients with metastatic breast cancer.[9] Currently, patients with low HER2 expression with HR-positive tumours have limited treatment options following progression on endocrine (hormone) therapy.[10] Few targeted options are available for those who are HR-negative.[11]

DESTINY-Breast04

DESTINY-Breast04 is a global, randomised, open-label, registrational Phase III trial evaluating the efficacy and safety of *Enhertu* (5.4mg/kg) versus physician's choice of chemotherapy (capecitabine, eribulin, gemcitabine, paclitaxel or nab-paclitaxel) in patients with HR-positive or HR-negative HER2-low unresectable and/or metastatic breast cancer previously treated with one or two prior lines of chemotherapy. Patients were randomised 2:1 to receive either *Enhertu* or chemotherapy.

The primary endpoint of DESTINY-Breast04 is PFS in patients with HR-positive disease based on blinded independent central review (BICR). Key secondary endpoints include PFS based on BICR in all randomised patients (HR-positive and HR-negative disease), OS in patients with HR-positive disease and OS in all randomised patients (HR-positive and HR-negative disease). Other secondary endpoints include PFS based on investigator assessment, objective response rate based on BICR and on investigator assessment, duration of response based on BICR and safety.

DESTINY-Breast04 enrolled approximately 557 patients at multiple sites in Asia, Europe and North America. For more information about the trial, visit ClinicalTrials.gov.

Enhertu

Enhertu is a HER2-directed ADC. Designed using Daiichi Sankyo's proprietary DXd ADC technology, *Enhertu* is the lead ADC in the oncology portfolio of Daiichi Sankyo and the most advanced programme in AstraZeneca's ADC scientific platform. *Enhertu* consists of a HER2 monoclonal antibody attached to a topoisomerase I inhibitor payload, an exatecan derivative, via a stable tetrapeptide-based cleavable linker.

Enhertu (5.4mg/kg) is approved in the US and Israel for the treatment of adult patients with unresectable or metastatic HER2-positive breast cancer who have received a prior anti-HER2-based regimen either in the metastatic setting, or in the neoadjuvant or adjuvant setting and have developed disease recurrence during or within six months of completing therapy, based on results from the DESTINY-Breast03 trial.

Enhertu (5.4mg/kg) is also approved in approximately 40 countries for the treatment of adult patients with unresectable or metastatic HER2-positive breast cancer who have received two or more prior anti-HER2-based regimens based on the results from the DESTINY-Breast01 trial.

Enhertu (6.4mg/kg) is approved in several countries for the treatment of adult patients with locally advanced or metastatic HER2-positive gastric or gastroesophageal junction (GEJ) adenocarcinoma who have received a prior trastuzumab-based regimen based on the results from the DESTINY-Gastric01 trial.

***Enhertu* development programme**

A comprehensive development programme is underway globally, evaluating the efficacy and safety of *Enhertu* monotherapy across multiple HER2-targetable cancers, including breast, gastric, lung and colorectal cancers. Trials in combination with other anticancer treatments, such as immunotherapy, are also underway.

Regulatory applications for *Enhertu* are currently under review in China, Europe, Japan and several other countries for the treatment of adult patients with unresectable or metastatic HER2-positive breast cancer who have received a prior anti-HER2 based regimen based on the results from the DESTINY-Breast03 trial.

Enhertu was granted Breakthrough Therapy Designation in the US for the treatment of adult patients with unresectable or metastatic HER2-low (IHC 1+ or IHC 2+/ISH-negative) breast cancer who have received a prior systemic therapy in the metastatic setting or developed disease recurrence during or within six months of completing adjuvant chemotherapy, based on the results of the DESTINY-Breast04 trial. Patients with hormone receptor (HR) positive breast cancer should additionally have received or be ineligible for endocrine therapy.

Enhertu is also currently under review in the US for the treatment of adult patients with unresectable or metastatic non-small cell lung cancer (NSCLC) whose tumours have a HER2 (ERBB2) mutation and who have received a prior systemic therapy, based on the DESTINY-Lung01 trial, and in Europe for the treatment of adult patients with locally advanced or metastatic HER2-positive gastric or GEJ adenocarcinoma who have received a prior anti-HER2-based regimen based on the DESTINY-Gastric01 and DESTINY-Gastric02 trials.

Daiichi Sankyo collaboration

Daiichi Sankyo Company, Limited (TSE: 4568) [referred to as Daiichi Sankyo] and AstraZeneca entered into a global collaboration to jointly develop and commercialise *Enhertu* (a HER2-directed ADC) in March 2019, and datopotamab deruxtecan (DS-1062; a TROP2-directed ADC) in July 2020, except in Japan where Daiichi Sankyo maintains exclusive rights. Daiichi Sankyo is responsible for the manufacturing and supply of *Enhertu* and datopotamab deruxtecan.

AstraZeneca in breast cancer

Driven by a growing understanding of breast cancer biology, AstraZeneca is starting to challenge, and redefine, the current clinical paradigm for how breast cancer is classified and treated to deliver even more effective treatments to patients in need - with the bold ambition to one day eliminate breast cancer as a cause of death.

AstraZeneca has a comprehensive portfolio of approved and promising compounds in development that leverage different mechanisms of action to address the biologically diverse breast cancer tumour environment.

AstraZeneca aims to continue to transform outcomes for HR-positive breast cancer with foundational medicines *Faslodex* (fulvestrant) and *Zoladex* (goserelin) and the next-generation oral selective oestrogen receptor degrader (SERD) and potential new medicine camizestrant.

PARP inhibitor *Lynparza* (olaparib) is a targeted treatment option that has been studied in HER2-negative early and metastatic breast cancer patients with an inherited BRCA mutation. AstraZeneca with MSD (Merck & Co., Inc. in the US and Canada) continue to research *Lynparza* in metastatic breast cancer patients with an inherited BRCA mutation and are exploring new opportunities to treat these patients earlier in their disease.

Building on the initial approvals of *Enhertu*, a HER2-directed ADC, in previously treated HER2-positive metastatic breast cancer, AstraZeneca and Daiichi Sankyo are exploring its potential in earlier lines of treatment and in new breast cancer settings.

To bring much-needed treatment options to patients with triple-negative breast cancer, an aggressive form of breast cancer, AstraZeneca is testing immunotherapy *Imfinzi* (durvalumab) in combination with other oncology medicines, including *Lynparza* and *Enhertu*, evaluating the potential of AKT kinase inhibitor, capivasertib, in combination with chemotherapy, and collaborating with Daiichi Sankyo to explore the potential of TROP2-directed ADC, datopotamab deruxtecan.

AstraZeneca in oncology

AstraZeneca is leading a revolution in oncology with the ambition to provide cures for cancer in every form, following the science to understand cancer and all its complexities to discover, develop and deliver life-changing medicines to patients.

The Company's focus is on some of the most challenging cancers. It is through persistent innovation that AstraZeneca has built one of the most diverse portfolios and pipelines in the industry, with the potential to catalyse changes in the practice of medicine and transform the patient experience.

AstraZeneca has the vision to redefine cancer care and, one day, eliminate cancer as a cause of death.

AstraZeneca

AstraZeneca (LSE/STO/Nasdaq: AZN) is a global, science-led biopharmaceutical company that focuses on the discovery, development, and commercialisation of prescription medicines in Oncology, Rare Diseases, and BioPharmaceuticals, including Cardiovascular, Renal & Metabolism, and Respiratory & Immunology. Based in Cambridge, UK, AstraZeneca operates in over 100 countries and its innovative medicines are used by millions of patients worldwide. Please visit astrazeneca.com and follow the Company on Twitter @AstraZeneca.

Contacts

For details on how to contact the Investor Relations Team, please click here. For Media contacts, click here.

References

1. Sung H, et al. Global Cancer Statistics 2020: GLOBOCAN Estimates of Incidence and Mortality Worldwide for 36 Cancers in 185 Countries. *CA Cancer J Clin*. 2021; 10.3322/caac.21660.
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Dr. Modi has financial interests related to AstraZeneca and Daiichi Sankyo.

Adrian Kemp
Company Secretary
AstraZeneca PLC

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.

AstraZeneca PLC

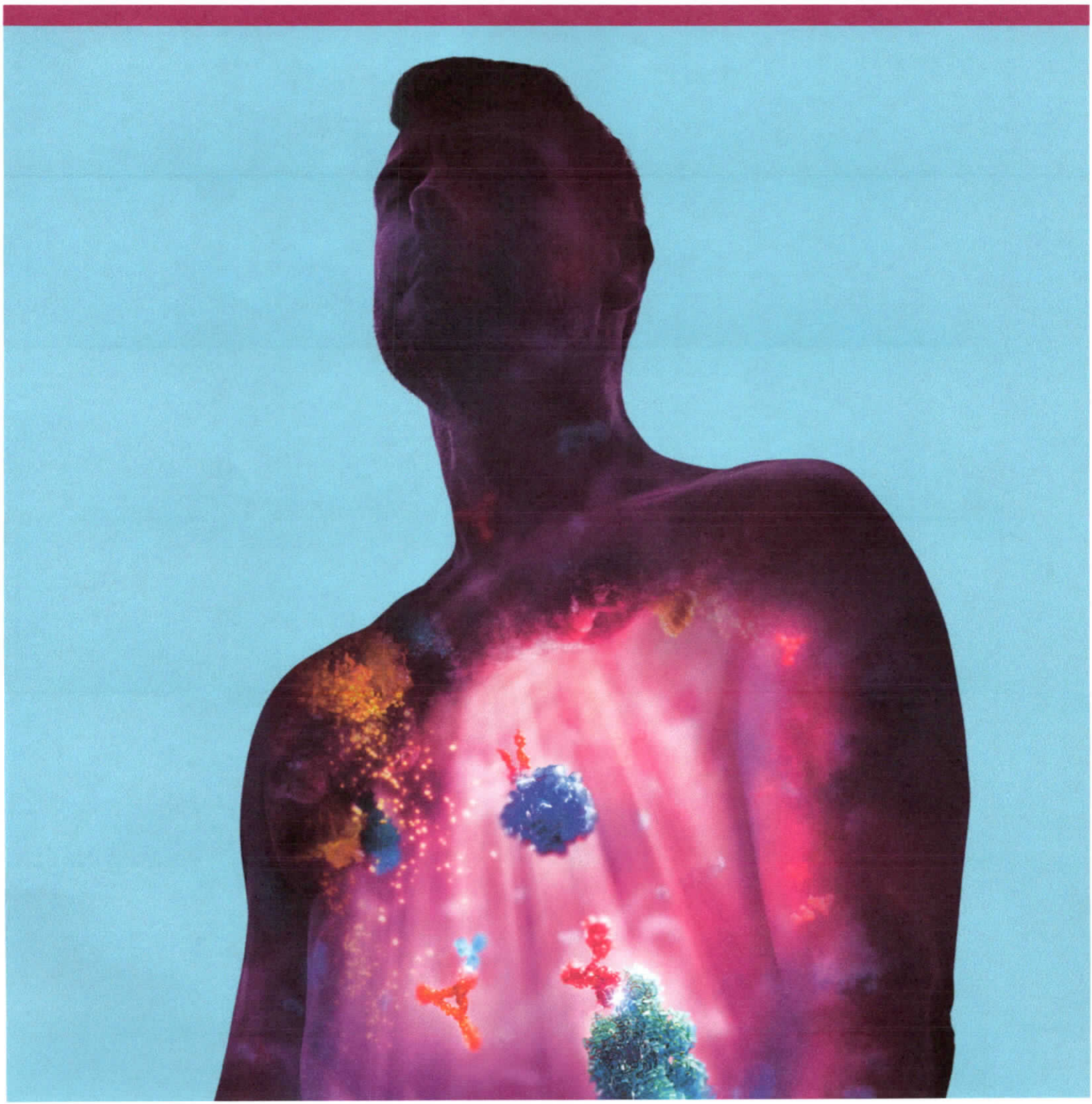
Date: **06 June 2022**

By: /s/ Adrian Kemp
Name: Adrian Kemp
Title: Company Secretary

AstraZeneca

What science can do

AstraZeneca Annual Report and Form 20-F Information 2021



Welcome

We are a global, science-led, patient-focused pharmaceutical company. We are tireless in seeking to realise the potential of...

...what science can do.



In this Annual Report we report on the progress we made in 2021 in pushing the boundaries of science to deliver life-changing medicines.

Our Strategic Report
How our disease areas, also known as therapy areas, and business performed in delivering our strategic priorities in 2021.

See our Strategic Report from page 2.

Our Corporate Governance Report
How we are managed and take decisions, including our report on Directors' remuneration.

See our Corporate Governance Report from page 71.

Our Financial Statements and Additional Information
Detailed information on our finances, as well as information for shareholders and readers of this Annual Report.

See our Financial Statements from page 125 and Additional Information from page 210.

Our Supplements
Detailed information on our Development Pipeline, Patent Expiries and Key Marketed Products and Risk.

Front cover and inside front cover images: Unlocking the potential of the complement system.

The dysregulation of the complement system, an essential part of the immune system, is a key driver of many devastating diseases. Targeting and inhibiting the complement system before it can trigger

We are committed to continue unlocking the potential of the complement system, to discover new life-changing therapies for even more patients.

Use of terms:
In this Annual Report, unless the context otherwise requires, 'AstraZeneca', 'the Group', 'we', 'us' and 'our' refer

Contents

Financial highlights

Total Revenue*

Up 41% at actual rate of exchange to $37,417 million (up 38% at CER), comprising Product Sales of $36,541 million (up 41%; 38% at CER) and Collaboration Revenue of $876 million (up 20%; 20% at CER)



$37.4bn

Net cash flow from operating activities

Up 24% at actual rate of exchange to $5,963 million



$6.0bn

Reported operating profit

Down 80% at actual rate of exchange to $1,056 million (down 70% at CER)



$1.1bn

Core operating profit

Up 35% at actual rate of exchange to $9,928 million (up 41% at CER)



$9.9bn

Reported EPS

Down 97% at actual rate of exchange to $0.08 (down 84% at CER)



$0.08

Core EPS

Up 32% at actual rate of exchange to $5.29 (up 37% at CER)



$5.29

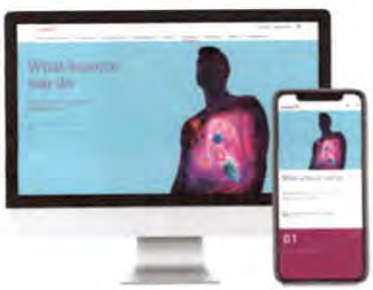
// Denotes a scale break. Throughout this Annual Report, all bar chart scales start from zero. We use a scale break where charts of a different magnitude, but the same unit of measurement, are presented alongside each other.

For more information in relation to the inclusion of Reported performance, Core financial measures and constant exchange rate (CER) growth rates as used in this Annual Report, see the Financial Review from page 52 and for more information on the reconciliation between Reported and Core performance, see the Reconciliation of Reported to Core results in the Financial Review on page 56.

* As detailed from page 139, Total Revenue consists of Product Sales and Collaboration Revenue.

Key

- For more information within this Annual Report
- For more information, see www.astrazeneca.com
- BV Denotes sustainability information independently assured by Bureau Veritas



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AstraZeneca at a Glance

Inspired by our Values and what science can do, we are focused on accelerating the delivery of life-changing medicines that create enduring value for patients and society.

Our strategic priorities

Our Strategy and Key Performance Indicators, see from page 12.

Our priorities reflect how we are working to deliver our growth through innovation strategy and achieve our Purpose of pushing the boundaries of science to deliver life-changing medicines.

1. Accelerate Innovative Science
2. Deliver Growth and Therapy Area Leadership
3. Be a Great Place to Work

Science and innovation-led

Research & Development, see from page 32.

Development Pipeline Supplement, see www.astrazeneca.com/annualreport2021.

Distinctive R&D capabilities

We use our distinctive scientific capabilities to deliver a pipeline of life-changing medicines.

177
projects in our development pipeline



Phase I · Phase II · Late-stage development · Life-cycle management

[1] Includes Alexion.

Global R&D centres



Cambridge, UK



Gaithersburg, MD, US



Gothenburg, Sweden

Other R&D centres and offices
South San Francisco, CA, US
New York, NY, US
New Haven, CT, US
Boston, MA, US
Alderley Park and Macclesfield, UK
Shanghai, China
Osaka, Japan

A diversified portfolio with broad coverage across primary, specialty care and rare disease (Product Sales)

Disease Area Review, see from page 16 and Research & Development, see from page 32.

Oncology

We are leading a revolution in oncology to redefine cancer care.

$13,048m
36% of total
2020: $10,850m
2019: $8,667m
Sales growth of 20% (18% at CER)

BioPharmaceuticals

Creating a life without limits for billions of people living with chronic diseases.

Cardiovascular, Renal & Metabolism
$8,020m
22% of total
2020: $7,096m
2019: $6,906m
Sales growth of 13% (10% at CER)

Respiratory & Immunology
$6,034m
17% of total
2020: $5,357m
2019: $5,391m
Sales growth of 12%

Rare Disease

Transforming the lives of people affected by rare diseases and devastating conditions.

$3,070m
8% of total
Revenue includes Alexion sales from 21 July 2021

Other Medicines

We have medicines and vaccines in other disease areas that have an important impact for patients.

$2,367m
6% of total
2020: $2,585m
2019: $2,601m
Sales decline of 8% (10% at CER)

COVID-19

Helping to change the course of the pandemic with our vaccine and a long-acting antibody.

$4,002m
11% of total
2020: $2m



Oncology. See from page 16.



BioPharmaceuticals. See from page 19.



Rare Disease. See from page 24.

Global strength, with balanced presence across regions (Product Sales)

Our Commercial Regions, see from page 36.

Product Sales by Disease Area



- Oncology **36%**
- BioPharmaceuticals **38%**
- Rare Disease **8%**
- Other Medicines and COVID-19 **17%**

Product Sales by reporting region



- Emerging Markets **33%**
- US **33%**
- Europe **21%**
- Established Rest of World **13%**

Commitment to our people

A focus on inclusion and diversity, as well as lifelong learning and development.

People, see from page 41.

83,100
employees
2020: 76,100
2019: 70,600

48.1%
of our senior roles are filled by women

87%
of employees believe strongly in AstraZeneca's future direction and key priorities

78%
of employees believe there is effective collaboration between teams

Commitment to society

We recognise the interconnection between our business, the needs of society and the limitations of our planet. We are harnessing the power of science and innovation to deliver a positive impact to society, healthcare systems and the environment through actions for the long term.

Sustainability, see from page 44.

Priority **1**
Access to healthcare
Increasing access to life-saving treatments, promoting prevention, and strengthening global healthcare resilience and sustainability.

Priority **2**
Environmental protection
Accelerating the delivery of net-zero healthcare, managing our environmental impact, and investing in nature and biodiversity.

Priority **3**
Ethics and transparency
Ensuring ethical, open and inclusive behaviour across our organisation and value chain.

84%
of employees say they understand their contributions to our sustainability priorities.

access to medicine index
7th overall

CDP
A List for Climate Change and Water Security

Member of Dow Jones Sustainability Indices in Collaboration with RobecoSAM
World and Europe constituent

GLOBAL 100
Global 100 Most Sustainable Corporations in the World 2021

Capital allocation priorities

After providing for reinvestment in the business, supporting the progressive dividend policy and maintaining a strong, investment-grade credit rating, we keep under review potential investment in value-enhancing opportunities.

Financial Review, see from page 52.

Dividends

$3,856m
2020: $3,572m
2019: $3,592m

R&D expenditure (Reported)

$9,736m
2020: $5,991m
2019: $6,059m

Credit rating (Standard & Poor's)

A-
Long term:
Stable outlook

Credit rating (Moody's)

A3
Long term:
Negative outlook

Chair's Statement

We continued on our strong growth trajectory in 2021 and have confidence in our prospects for future growth and cash generation.

"Reflecting this increased confidence, the Board has approved an increase in the annualised dividend."



$2.87

Full-year dividend of $2.87 per share (2020: $2.80)

Continuing the successful implementation of AstraZeneca's 'growth through innovation' strategy in 2021 ensured we were able to deliver for patients around the world and, thereby, our shareholders. More broadly, I am proud of the role we are playing in contributing to the health of society and the planet. I am grateful to Pascal, Senior Executive Team members and everyone in AstraZeneca, whose efforts made this all possible.

A landmark year

2021 was a landmark year for the Company as we continued on our strong growth trajectory, with industry-leading R&D productivity, thirteen blockbuster medicines and the acquisition of Alexion. We also delivered on our promise of broad and equitable access to our COVID-19 vaccine. The positive news from our pipeline, including FDA emergency use authorisation of *Evusheld* and the approval of *Tezspire*, support the outlook for 2022.

Reflecting increased confidence in future growth and cash generation, the Board intends to increase the annualised dividend by $0.10 to $2.90, and has approved a second interim dividend for 2021 of $1.97, payable in March 2022. This results in a total dividend declared for 2021 of $2.87.

Alexion acquisition

Our positive outlook also stems, in part, from our transformative acquisition of Alexion which completed in July. We are already seeing the benefits across AstraZeneca in terms of scientific collaboration and expanding our Rare Disease business which is accelerating delivery of our strategy.

Our new Chief Financial Officer, Aradhana Sarin joined the Board in August from Alexion. Aradhana is a talented successor to Marc Dunoyer who stood down from the Board to become Chief Executive Officer, Alexion and Chief Strategy Officer, AstraZeneca. I am grateful to Marc for his significant contribution and the Board is pleased he is staying on as a member of the Senior Executive Team (SET).

Also in August and following the Alexion acquisition, we welcomed Andreas Rummelt to the Board as a Non-Executive Director. As a former member of the Board of Alexion, he has deep knowledge of its rare diseases business and extensive experience of the pharmaceutical industry including technical R&D, manufacturing and quality assurance expertise.

Meeting global challenges

With the efforts that many, including AstraZeneca, are making to overcome COVID-19, it's time to plan for a world beyond the pandemic. I believe there are lessons we can learn about how business, academia and government, by working together, can overcome major global challenges such as the climate crisis and the provision of sustainable healthcare.

The pandemic is also reinforcing the fact that companies succeed best when they are truly part of society, when they are driven by their purpose; a purpose that is sustained by the profit we make and our returns to you, our shareholders. This is at the heart of how AstraZeneca operates and why I am so proud of our relentless pursuit of the delivery of life-saving medicines and our wider contribution to society and the planet.

Succession planning

I will have served as a Director for ten years by April 2022. Typically, non-executive directors would step down after nine years' tenure, in line with UK corporate governance best practice. Last year, the Board asked me to seek re-election at the AGM to lead the Board's oversight of completion of the acquisition of Alexion. Again this year, your Board believes it would be in the best interests of shareholders for me to serve as Chair for one further year, to facilitate succession planning and the transition to a new Chair, and has asked me to seek re-election at the AGM in April 2022. I am honoured and happy to accept the Board's request again, mindful of my intention to retire from the Board at the end of the AGM in 2023.

Succession planning for the role of Chair has continued to be a focus of the Nomination and Governance Committee's work during 2021, with a search that is proceeding well led by Philip Broadley, senior independent Non-Executive Director, as noted in the Committee's report from page 86.

Meeting again

In November, it was a pleasure to be able to meet in person to celebrate the unveiling of our Discovery Centre in Cambridge, UK with HRH The Prince of Wales and guests from across business, academia and government. While much can be achieved by working and meeting virtually, there is also value in being able to meet in person. For the first time in two years, we are planning to hold this year's AGM in person and I look forward to meeting as many of you there as possible.



Leif Johansson
Chair

Chief Executive Officer's Review

2021 was another remarkable year for AstraZeneca in delivering for patients and one in which we played a leading role in changing the course of the pandemic.

"In July, we completed our landmark acquisition of Alexion which established our rare disease capability."



$37.4bn
Total Revenue[1] (2020: $26.6bn)

22
Regulatory approvals and authorisations in major markets

In 2021, despite the ongoing challenge of the COVID-19 pandemic, AstraZeneca continued to advance delivery of our strategy – supplying our medicines to patients, as well as launching new ones and expanding into new indications. It was also an outstanding year for our pipeline in progressing the next wave of science and delivering trial results that have the potential to redefine care.

During the year, we welcomed our colleagues from Alexion to the Group. With their expertise in rare diseases, not only is our science base and drive for growth strengthened, but also, more importantly, our ability to make a difference to patients around the world. At the same time, we contributed to the health of society and the planet, notably in our efforts to tackle the biggest public health crisis of our lifetime and reduce our carbon footprint. All of this was underpinned by an organisation living our Values, leading change and transforming the way we work.

I can only touch on a few of our achievements in this Review but, taken together, our efforts ensured we continued to deliver for shareholders in 2021. Total Revenue grew by 41% (38% at CER) to $37,417 million, including COVID-19 vaccine revenues. Excluding COVID-19 revenue, growth was 26% (23% at CER) and was well balanced across our disease areas. We saw double-digit growth in all major regions, including Emerging Markets despite some headwinds in China. We also achieved 14 positive Phase III readouts across nine medicines during the year, and 22 regulatory approvals and authorisations in major markets including five new molecular entities (NME).

José Baselga: a visionary leader

2021 began, however, on a very sad note with the untimely death of José Baselga, my colleague and friend. José was a brilliant scientist, legendary oncologist and visionary leader. He had a passion for what he did and was always chasing the next and best therapies. He transformed AstraZeneca's Oncology R&D and accelerated our innovative science – one of the drivers behind our success.

During his brilliant career, José changed the landscape of cancer treatment and thousands of patients have benefited. It was José's passion and determination when he was at AstraZeneca that drove the development of our pipeline and the recruitment of many incredibly talented scientists.

One of the medicines José championed is *Enhertu*. Unprecedented results from our DESTINY trials during 2021 more than justify his passion for this unique medicine. The trials both confirm *Enhertu*'s potential as a new treatment for HER2-positive breast cancer and open the door to its potential use in earlier lines of treatment and other HER2 expressing tumours.

Together with patients around the world, all of us at AstraZeneca owe José a debt of gratitude and we will continue to build on his legacy.



José Baselga
1959-2021,
Executive Vice-President,
Oncology R&D

Chief Executive Officer's Review *continued*

A vaccine for the world

Patients have also benefited from *Vaxzevria*, our COVID-19 vaccine, which was first approved for emergency supply in the UK at the end of 2020. Together with our global partners, we supplied about 2.5 billion vaccine doses to more than 180 countries during the year. Of these, approximately two-thirds went to low- and lower-middle-income countries, and more than 247 million were delivered to 130 countries through the COVAX Facility in 2021. It is estimated that *Vaxzevria* has so far helped prevent 50 million cases of COVID-19, five million hospitalisations, and helped save more than one million lives. It was an honour to have this achievement recognised when we jointly received the 2021 Roy Vagelos Pro Bono Humanum Award for Global Health Equity at the Prix Galien USA Awards Ceremony.

Vaccines are not easy to manufacture and scaling up supply brought challenges. Nevertheless, I am proud of the speed with which we were able to build twelve regional supply chains around the world, relying on our own manufacturing capacity, and sharing our know-how with more than 20 collaborators.

For the future, we remain committed to providing broad and equitable global access to our vaccine.

In addition to delivering our vaccine to the world, our teams rapidly progressed the development of *Evusheld*, a long-acting antibody (LAAB) combination against COVID-19. It was the first LAAB combination to demonstrate benefit in both preventing and treating COVID-19 and received Emergency Use Authorization from the FDA in December 2021. This authorisation, which has been followed by similar authorisations in other countries, underlines the potential of *Evusheld* to make a significant difference for people most in need.

Alexion: AstraZeneca Rare Disease

In July, we completed our landmark acquisition of Alexion which established our rare disease capability. Rare diseases represent a significant unmet medical need and we believe Alexion's innovative complement-biology platform and robust pipeline will continue to pioneer the discovery and development of medicines for these often devastating conditions. It represents a high-growth opportunity and we are already starting to see the delivery of this potential with *Ultomiris* and the other medicines in the Alexion portfolio, supported by developments such as the acquisition of Caelum Biosciences and their potentially first-in-class mAb for the treatment of amyloid light-chain (AL) amyloidosis.

Moreover, the rest of AstraZeneca can benefit from applying Alexion's complement-biology platform across our broader early stage pipeline and Alexion's R&D team can take advantage of the research capabilities available at AstraZeneca to discover new treatments for rare diseases. Patients will also benefit from the opportunity to make existing and future rare disease medicines available in many countries where AstraZeneca already has a strong presence, such as China, where we have established a Rare Disease Unit.

Bridges are already being built between Alexion and the rest of AstraZeneca as we deliver on the full potential of this exciting addition to our range of capabilities.

Addressing the challenge of climate change

In addition to understanding what science can do for patients, AstraZeneca's team understands the part we need to play in securing the future of the planet. We recognise that the climate crisis is a public health emergency for which there is no vaccine, and no one is immune. As part of our efforts, we are a founding partner of HRH The Prince of Wales' Sustainable Markets Initiative (SMI), a global 'coalition of the willing' who share the vision around the need to accelerate global progress towards a sustainable future. As part of that coalition, we called for coordinated, accelerated action to tackle climate change ahead of the G7 Leaders' Summit in Cornwall, UK in June.

Those efforts continued in November at the 26th UN Climate Change Conference in Glasgow, UK, when I was proud to launch the SMI Health Systems Taskforce as its Champion. Our ambition is to accelerate the delivery of net-zero, patient-centric healthcare.

Unveiling our Discovery Centre

Also in November, it was a privilege to host HRH The Prince of Wales to unveil our Discovery Centre (DISC) in Cambridge, UK. A state-of-the-art R&D facility, DISC can accommodate more than 2,200 research scientists and is built to the world's highest environmental standards.

DISC is designed to foster collaboration and develop the next generation of science leaders. By accelerating AstraZeneca's industry-leading levels of productivity, it can drive the next wave of scientific innovation and power the next stage of our growth.

Working for inclusion and diversity

The next wave of innovation will only come from organisations that are both diverse and inclusive. While there is always room for improvement, I am proud of the progress we have made, particularly in ensuring gender balance in our leadership teams.

I was therefore delighted when Susan Galbraith and Aradhana Sarin joined the Senior Executive Team during the year. Susan was appointed in June to lead Oncology R&D in succession to José. She is an outstanding oncologist and leader with a track record of delivering breakthrough science and medicines that have transformed care and improved the lives of patients.

Aradhana assumed the role of Chief Financial Officer in August following the completion of the Alexion acquisition. She has more than 20 years of professional experience spanning operating roles at Alexion and advisory roles at global financial institutions. Marc Dunoyer, our previous CFO, has taken over as Alexion's CEO and I'd like to pay tribute to him for his tremendous achievements since he joined AstraZeneca, and thank him personally for his outstanding support, which continues in his role as Chief Strategy Officer.

Indeed, I would like to close by thanking everyone at AstraZeneca. Without their continuing and tireless contributions, none of our many achievements in 2021 would have been possible and, with them, I have every confidence in delivering the next chapter in our success.



Pascal Soriot
Chief Executive Officer

The Terra Carta Seal recognises global corporations that are demonstrating their commitment to, and momentum towards, the creation of genuinely sustainable markets.



Healthcare in a Changing World

Healthcare systems are having to meet increasing demand, a task made more challenging by the ongoing impact of COVID-19.

The continued growth of the healthcare sector presents us with both challenges and opportunities that require us to adapt, innovate and build trust.

Our sector's traditional focus on treatment is shifting towards prevention and early intervention. Meanwhile, social, economic and political challenges remain in meeting unmet medical need.

Impact of global trends

Global trends continue to increase the demand for healthcare. The COVID-19 pandemic has highlighted challenges and accelerated healthcare innovation and change.

Global economic recovery followed by slowdown

Following a strong rebound in 2021, the global economy is entering a pronounced slowdown amid fresh threats from COVID-19 variants and a rise in inflation, debt, and income inequality that could endanger the recovery in emerging and developing economies. Global growth is expected to decelerate markedly from 5.5% in 2021 as pent-up demand dissipates and as fiscal and monetary support is unwound across the world. This will coincide with a widening divergence in growth rates between advanced economies and emerging and developing economies.
(Source: World Bank)

4.1%
Global GDP is forecast to grow by 4.1% in 2022, slowing further to 3.2% in 2023.
(Source: World Bank)

-4%
By 2023, output in emerging and developing economies will remain 4% below its pre-pandemic trend.
(Source: World Bank)

Growing and ageing populations

People worldwide are living longer. By 2030, one in six people will be aged 60 years or over. Between 2015 and 2050, the world's population of people aged above 60 will nearly double to 2.1 billion. While this shift in distribution towards older ages started in high-income countries, it is now low- and middle-income countries that are experiencing the greatest change. By 2050, two thirds of the world's population over 60 years will live in low- and middle-income countries.
(Source: WHO)

1bn
There are now more than one billion people worldwide aged 60 and over. Most of them live in low- and middle-income countries.
(Source: WHO)

426m
The number of people aged 80 or older is expected to triple between 2020 and 2050 to reach 426 million.
(Source: WHO)

Increasing burden of chronic disease

Non-communicable diseases (NCDs) kill 41 million people each year, equivalent to 71% of all deaths globally. NCDs disproportionately affect people in low- and middle-income countries where more than three quarters of global NCD deaths occur.

People of all age groups, regions and countries are affected by NCDs. The risk factors contributing to NCDs include diet, smoking and lack of exercise.
(Source: WHO)

77%
77% of all NCD deaths are in low- and middle-income countries.
(Source: WHO)

15m
More than 15 million people aged 30–69 years die from NCDs every year. 85% of these 'premature' deaths occur in low- and middle-income countries. This compares with some 5.7 million people who have died from COVID-19 since the start of the pandemic.

Healthcare in a Changing World *continued*

Growing importance of digital in healthcare

Data management in healthcare is moving beyond storing data, to focusing on extracting insights on population health management and value-based care to improve health outcomes and personalised healthcare.

Innovations in technology are allowing people to monitor their own health and become active participants in managing their healthcare. For example, Internet of Things (IoT) applications and technologies are influencing patient engagement strategies and improving patient interactions with healthcare systems.

$427bn

The digital health market exceeded $141.8 billion in 2020 and is estimated to grow to more than $426.8 billion by 2027.

(Source: Global Market Insights)

38x

The use of telehealth has increased 38 times from pre-COVID-19 levels.

(Source: McKinsey)

The health impact of climate change

Climate change affects many determinants of health: clean air, safe drinking water, sufficient food and secure shelter. For example, extreme high air temperatures raise the levels of pollutants in the air that exacerbate cardiovascular and respiratory diseases.

Increasingly variable rainfall patterns are likely to affect the supply of fresh water. This can compromise hygiene and increase the risk of diarrhoeal disease, which kills over 500,000 children below the age of five every year.

(Source: WHO)

250,000

Between 2030 and 2050, climate change is expected to cause approximately 250,000 additional deaths per year from malnutrition, malaria, diarrhoea and heat stress.

(Source: WHO)

Up to $4bn

The direct damage costs to health (excluding costs in health-determining sectors such as agriculture, water and sanitation), is estimated to be between $2-4 billion per year by 2030.

(Source: WHO)

Continued impact of COVID-19

The COVID-19 pandemic has driven changes in health system spending that impact access to medicines. For example, where hospital beds were scarce, payers reallocated resources and prioritised treatments that could help keep patients out of hospital.

The pandemic also demonstrated that when needed, healthcare systems can move quickly to grant rapid access to innovative new medicines, such as the COVID-19 vaccines.

94%

94% of countries reported one or more disruptions to essential healthcare services one year into the pandemic.

(Source: WHO)

While demographic and other changes are driving an increased demand for healthcare, continued advances in science and digital technologies are driving innovation and improvements in healthcare. One example of this is the speed of vaccines development in response to the COVID-19 pandemic. At the same time, risks remain. For instance, increasing demand is putting pressure on healthcare budgets, exacerbated by the impact of the pandemic, leading to downward pressure on pricing. We also face regulatory challenges and the loss of exclusivity and genericisation.

These risks are explored further in the Risk Overview from page 48 and Pricing and value of our medicines from page 35.

AstraZeneca's response to the trends we face is explored further in Strategy and Key Performance Indicators from page 12.

The pharmaceutical industry has historically faced challenges in building and maintaining its reputation and the trust of its stakeholders, as a result of improper sales and marketing practices by some companies. However, the sector has the opportunity to increase public confidence by delivering on transparent commitments to ethical practices and good governance. Initially, the rapid response and mobilisation of resources to develop a vaccine in response to COVID-19 contributed to an increase in trust in scientific and medical institutions, including the pharmaceutical industry. However, the widespread sharing of inaccurate or selective information has undermined confidence in scientific data, and trust has, in part, fallen away.

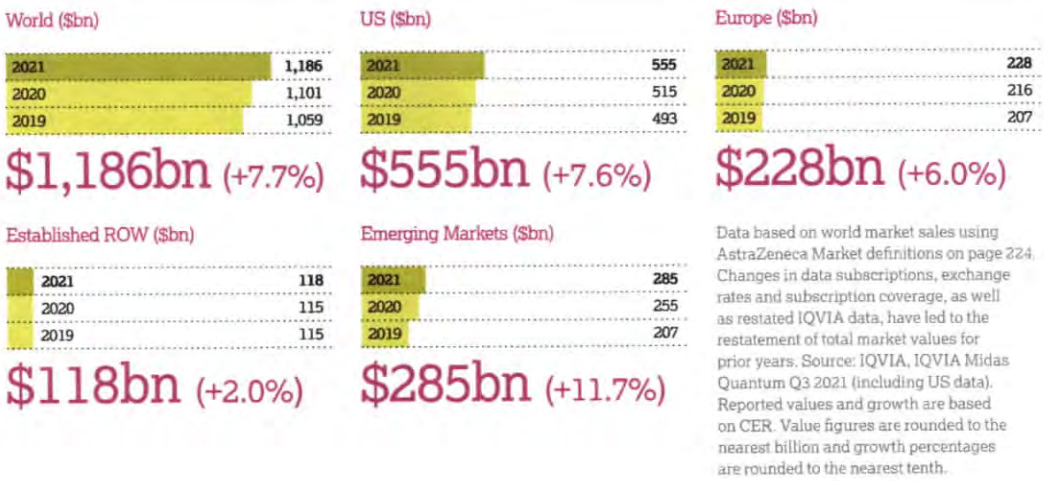
More generally, to be successful, pharmaceutical companies will need to be able to respond to the pressures and demands made on them by patients and caregivers, health authorities, payers, policymakers and others.

A growing pharmaceutical sector

As a result of increased demand for healthcare, the pharmaceutical sector continues to grow. Global pharmaceutical sales grew by 7.7% in 2021. Global healthcare spending is projected to increase at an annual rate of 4.8% from 2020 to 2025.

Global pharmaceutical sales

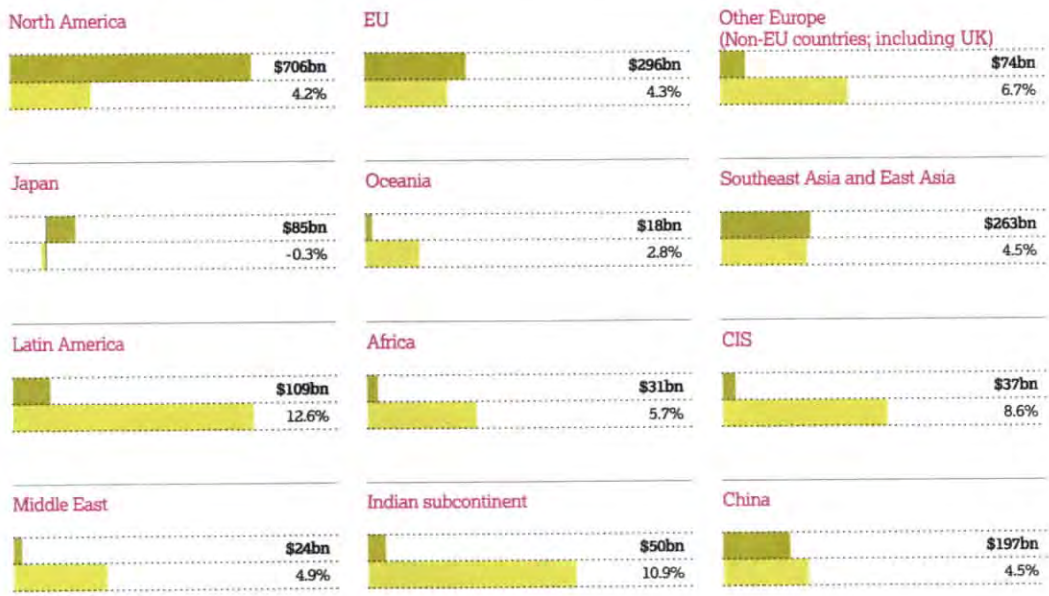
In 2021, Established Markets saw an average revenue increase of 6.4% and Emerging Markets revenue grew at 11.9%. The US, Japan, China, Germany and France are the world's top five pharmaceutical markets by 2021 sales. In 2021, the US had 46.8% of global sales (2020: 46.8%; 2019: 46.5%).



Data based on world market sales using AstraZeneca Market definitions on page 224. Changes in data subscriptions, exchange rates and subscription coverage, as well as restated IQVIA data, have led to the restatement of total market values for prior years. Source: IQVIA, IQVIA Midas Quantum Q3 2021 (including US data). Reported values and growth are based on CER. Value figures are rounded to the nearest billion and growth percentages are rounded to the nearest tenth.

Estimated pharmaceutical sales and market growth to 2025

We expect developing markets, including Africa, the Commonwealth of Independent States (CIS), the Indian subcontinent and Latin America, to fuel pharmaceutical growth. Market growth in China is expected to remain below historical levels at a compound annual growth rate of 4.5%. This is due to the continued slowdown of the major hospital sector.



- Estimated pharmaceutical sales – 2025. Data is based on ex-manufacturer prices at CER. Source: IQVIA
- Estimated pharmaceutical market growth. Data is based on the compound annual growth rate from 2020 to 2025. Source: IQVIA Market Prognosis Global 2021 to 2025

Business Model and Life-cycle of a Medicine

We invest resources to create financial and non-financial value, bringing benefits to our patients, our world and our business.

Why AstraZeneca?

We are a global pharmaceutical business with a science-led and patient-focused value proposition committed to excellence in the research, development and commercialisation of prescription medicines.

Who we are

Inspired by our Values and what science can do, we are focused on accelerating the delivery of life-changing medicines that create enduring value for patients and society.

We are committed to operating in a way that recognises the interconnection between business growth, the needs of society and the limitations of our planet.

Our Purpose

We push the boundaries of science to deliver life-changing medicines.

Our Purpose underpins everything we do. It gives us a reason to come to work every day. It reminds us why we exist as a company. It helps us deliver benefits to patients and create value for shareholders.

Our Values

Our Values determine how we work together and the behaviours that drive our success. They guide our decision making and define our beliefs.

We follow the science.
Pushing the boundaries of science and working creatively with partners and collaborators.

We put patients first.
Striving to understand patients' needs and considering them in every decision we take.

We play to win.
Building high-performing, inclusive and diverse teams and making the right choices to win.

We do the right thing.
Employing high ethical standards when carrying out all aspects of our business globally.

We are entrepreneurial.
Acting with urgency, bravery, resilience and taking smart risks.

Our Culture

Our Culture is defined by our shared Values and Purpose. Accompanying this, our commitment to sustainability, performing as an enterprise team, lifelong learning, and inclusion and diversity makes us a great place to work.

Business Review, see from page 30.

What we do to create financial value

Our business activities span the entire life-cycle of a medicine.

Investment

We invest in the discovery, development, manufacturing and commercialisation of our pipeline of innovative prescription medicines.

Revenue generation

We generate revenue from Product Sales of our existing medicines and new medicine launches, as well as from our collaboration activities. Our focus is on creating medicines that facilitate profitable future revenue generation, while bringing benefits to patients.

Reinvestment

We reinvest in developing the next generation of innovative medicines and in our business to provide the platform for future sources of revenue in the face of losses of key patents.

We also assess opportunities to invest in



Life-cycle of a medicine

Research and development phases – duration: 5–15 years

1. Undertake scientific research to identify potential new medicines.
2. Pre-clinical studies in laboratory and animals to understand if the potential medicine is safe to introduce into humans.
3. Phase I trials with small groups of healthy human volunteers (small molecules) or patients (biologics) to understand how the potential medicine is absorbed into the body, distributed and excreted.
4. Phase II trials on small- to medium-sized groups of patients to test effectiveness and tolerability of the medicine and determine optimal dose.
5. Phase III trials in a larger group of patients to gather information about effectiveness and safety of the medicine and evaluate the overall benefit/risk profile.
6. Seek regulatory approvals for manufacturing, marketing and selling the medicine.

Launch phase – duration: 5–15 years

7. Launch new medicine while continuously monitoring, recording and analysing reported side effects.
8. Post-launch research and development to further understand the benefit/risk profile of the medicine and life-cycle management activities to understand its full potential.

Post-exclusivity – duration: 20+ years

9. Patent expiry and generic medicine entry.

What does our business model require to be successful?

A talented and diverse workforce
We need to acquire, retain and develop a talented and diverse workforce.

48.1%
of our senior roles are filled by women

A leadership position in science
We need to achieve scientific leadership if we are to deliver life-changing medicines.

$9.7bn
invested in our science in 2021

Understand our stakeholders
We need to understand the factors and issues that are most important to the many different groups of stakeholders with whom we interact.

>118,000
healthcare practitioner enquiries responded to

Effective collaborations
Business development, specifically partnering, supplements and strengthens our pipeline and our efforts to achieve scientific leadership.

>1,000
collaborations worldwide

Commercialisation skills
We need a strong global commercial presence and skilled people to ensure that our medicines are available when needed and that patients have access to them.

>130
countries where we sell our products

Intellectual property
For our investments to be viable, we seek to protect new medicines from being copied for a reasonable period of time through patent protection.

>90
countries where we obtained patent protection

A robust supply chain
We need a supply of high-quality medicines, whether from our own operations or our spend on the purchase of goods, services and active pharmaceutical ingredients.

$22.2bn
spent with suppliers

Financial strength
We need to be financially strong, including having access to equity and debt financing, to bear the financial risk of investing in the life-cycle of a medicine both internally and through acquisitions.

$6.0bn

>100m

Our main Disease Area medicines impact more than 100 million patient lives annually. In addition, AstraZeneca and our global partners released for supply some 2.5 billion *Vaxzevria/Covishield* vaccine doses in 2021.

How we add value

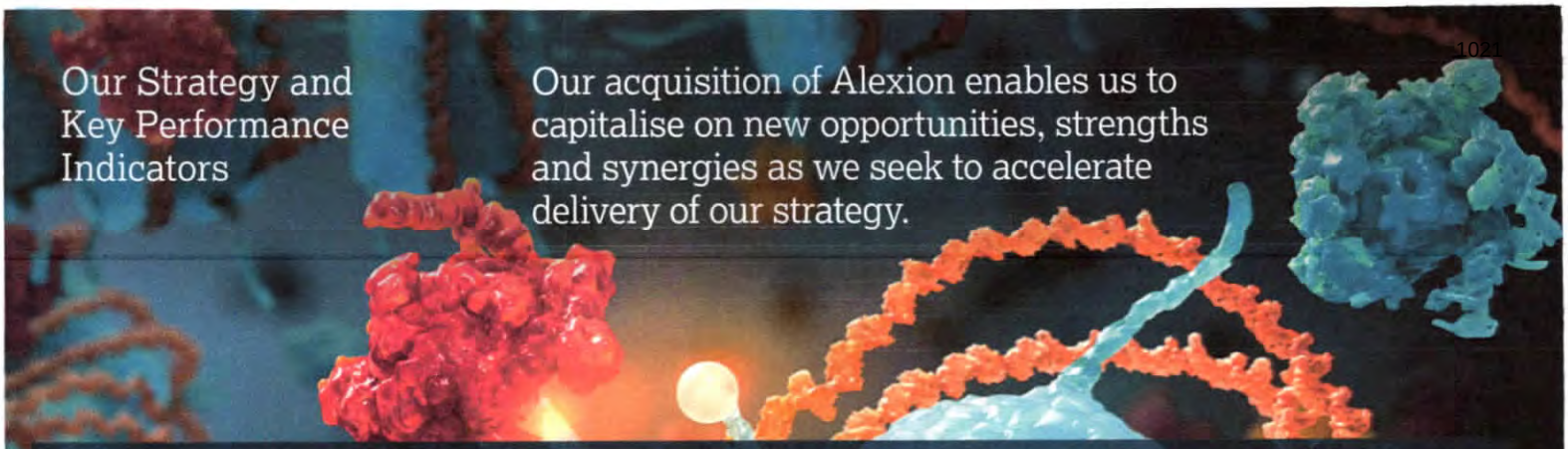
Improved health
Continuous scientific innovation is vital to achieving sustainable healthcare, which creates value by:

- Improving health outcomes and transforming the lives of patients who use our medicines.
- Enabling healthcare systems to reduce costs and increase efficiency.
- Improving access to healthcare and healthcare infrastructure.
- Helping develop the communities in which we operate through local employment and partnering.

Financial value
Revenue from our Product Sales and collaboration activities generates cash flow, which helps us:

- Fund our investment in science and the business to drive long-term value.
- Follow our progressive dividend policy.
- Meet our debt service obligations.

Our Strategy and Key Performance Indicators



Our acquisition of Alexion enables us to capitalise on new opportunities, strengths and synergies as we seek to accelerate delivery of our strategy.

Our strategy is straightforward. We:

- Are science and innovation led
- Are focused on our chosen disease areas: Oncology; BioPharmaceuticals (comprising Cardiovascular, Renal & Metabolism (CVRM) and Respiratory & Immunology (R&I)); and Rare Disease
- Have a diversified portfolio with broad coverage across primary, specialty care and rare disease
- Have global strength with balanced presence across regions
- Have a commitment to people and society

We have three priorities designed to deliver our strategy:

1. Accelerate Innovative Science
2. Deliver Growth and Therapy Area Leadership
3. Be a Great Place to Work

Achieve Group Financial Targets

Effective delivery of our strategic priorities will help us achieve our financial targets. Our capital allocation priorities include investing in the business and pipeline, maintaining a strong, investment-grade credit rating, potential value-enhancing business development opportunities, and supporting the progressive dividend policy, balancing opportunities for growth with an appropriate level of cover.

For more information, see Financial Review from page 52.

Our KPIs and remuneration

Our KPIs are aligned to our strategic priorities and are the indicators against which we measure our productivity and success.

A number of the KPIs used in this section are used to measure the remuneration of Executive Directors and allow us to disclose aggregated targets without disclosing sensitive commercial information at the individual KPI level. Any variances between the KPI and values used in determining remuneration are explained in the Directors' Remuneration Report from page 98. Other indicators used are now included in the Business Review from page 30.

From 2021, a metric focusing on the delivery of our Ambition Zero Carbon commitments is included in our executive incentive arrangements, which underlines the importance we place on eliminating our Scope 1 and Scope 2 greenhouse gas emissions by 2025.

For more information, see the Directors' Remuneration Report from page 98.

KPI key

● Used for remuneration of Executive Directors

Achieve Group Financial Targets

Key Performance Indicators

Cash generation is a key driver of long-term shareholder returns and facilitates reinvestment in our pipeline, which is critical for delivering new medicines and future value.

Earnings per share (EPS) is an important profitability metric and a key driver of shareholder value.

For more information on our Core measures, see the Financial Review from page 52.

For details of how Achieve Group Financial Targets are considered when calculating the annual bonus, see page 108.

Net cash flow from operating activities ●

$5,963m

2021	$5,963m
2020	$4,799m
2019	$2,969m

Actual growth
2021 +24%
2020 +62%
2019 +13%

Reported EPS

$0.08

2021	$0.08
2020	$2.44
2019	$1.03

Actual growth
2021 -97%
2020 +137%
2019 -40%

CER growth
2021 -84%
2020 +142%
2019 -44%

Core EPS ●

$5.29

2021	$5.29
2020	$4.02
2019	$3.50

Actual growth
2021 +32%
2020 +15%
2019 +1%

CER growth
2021 +37%
2020 +18%
2019 0%

Accelerate Innovative Science

Our prioritised initiatives

Accelerating the next wave of new molecular entities (NMEs) and building our capabilities in immunology and rare diseases.

Pursuing the next wave of disruptive R&D platforms with new scientific modalities, such as ProTACs epigenetics, oligonucleotides, antibody drug conjugates and cell therapies, as well as new technologies such as OMICs and knowledge graphs.

Driving R&D productivity through clinical trial excellence and the use of digital health, artificial intelligence (AI), data-enabled R&D that provide new insights, accelerated processes and an improved patient experience.

How our strategy responds to global trends

To ensure we are able to respond to the increasing burden of chronic disease and incorporate advances in science and digital technologies, we are:

> Developing an R&D culture of inspiring people with curious minds, harnessing data and technology, working seamlessly and inclusively, and always learning from patients.
> Focusing on innovative science, a range of drug modalities, emerging drug platforms and new technologies in our chosen disease areas.
> Driving R&D productivity by focusing on quality rather than quantity at all stages of drug discovery and development, and strengthening our ability to match targeted medicines to patients who need them most.
> Transforming our science and leveraging technology, including the provision of enhanced data and clinical insights, as well as digital and AI approaches.
> Collaborating with academia, governments, industry, and scientific and patient organisations to access the best science and patient insights.
> Seeking to attract the brightest minds and creating an environment where science can thrive.

How we progressed in 2021

Our science

> Achieved 49 regulatory events: 27 NME and major life-cycle management (LCM) submissions and 22 approvals in major markets (US, EU, China and Japan)
> Secured 32 pipeline progression events: 9 NME Phase II starts/progressions and 23 NME and major LCM Phase III investment decision
> Our pipeline includes 177 projects, of which 161 are in the clinical phase of development.
> At the end of the year, we had 16 NME projects in pivotal trials or under regulatory review covering 16 indications (2020: 10).
> 18 projects were discontinued.

Our sustainability

> We embed practices into the product portfolio to drive equitable access to healthcare, including digital health, clinical trial diversity, patient centricity, investing in rare diseases, open innovation and intellectual property sharing.

Focus for 2022

> Strengthen R&D bridges between AstraZeneca and Alexion.
> Drive innovation opportunities in China and beyond.
> Leverage and embed digital advances across the pipeline.

For more information, see Disease Area Review from page 16 and Business Review from page 30.

"We seek to attract the brightest minds and create an environment where science can thrive."

Key Performance Indicators

Our science measures incentivise the development of NMEs and the maximisation of the potential of existing medicines. Pipeline progression events (Phase II NME starts/progressions and Phase III investment decisions) measure innovation and sustainability. Regulatory events (regulatory submissions and approvals) demonstrate the advancement of this innovation to patients and the value to the Group.

For more information on performance against the Group scorecard, see page 108.

Pipeline progression events

32[1]



[1] 26 against our Group scorecard for determining annual bonus. 2021 total includes Alexion.
[2] 25 against our Group scorecard for determining annual bonus.
[3] 17 against our Group scorecard for determining annual bonus.

Regulatory events

49[1]



[1] 37 against our Group scorecard for determining annual bonus. 2021 total includes Alexion.
[2] 43 against our Group scorecard for determining annual bonus.
[3] 37 against our Group scorecard for determining annual bonus.

4EE

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (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: AtriCure, Inc.

Physical Address: 7555 Innovation Way

City: Mason State: Ohio Zip: 45040

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (513) 755-4100 Website: www.atricure.com

Name of Designated Representative (DR): Margaret Price

Licensing Company Email: Compliance@atricure.com DR Email: Mprice@Atricure.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☐ Dangerous Drugs	■ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
■ Hospitals	■ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: n/a (we are a medical device manufacturer only, we do not deal in pharmaceutical products)

Address: _____ City: _____ State: _____ Zip: _____

Name: n/a

Address: _____ City: _____ State: _____ Zip: _____

Name: n/a

Address: _____ City: _____ State: _____ Zip: _____

Name: n/a

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: Delaware

Parent Company (if any): _____

Corporation Name: AtriCure, Inc.

Mailing Address: 7555 Innovation Way

City: Mason State: Ohio Zip: 45050

Telephone: (513) 755-4100 Email: Legal@atricure.com

Contact Person Name: Margaret Price

Date of SEC Registration: 08/01/2005 | SEC Registration Number: #0001323885 | Stock Exchange Symbol: ATRC

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: _____

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.

AtriCure, Inc.

Facility Name

Jennifer Cloyd-Caldwell

Print Name of Authorized Person Submitting Application

Jennifer Cloyd-Caldwell

Original signature of Authorized Person (copies or stamps not accepted)

Jun 20, 2022

Date

Board Use Only	Date Received: _____	Amount: 1,000 CC

AtriCure

Nevada State Board of Pharmacy
985 Damonte Ranch Parkway
Suite 206
Reno, NV 89521
(755) 850-1440

July 14, 2022

RE: AtriCure, Inc. Medical Device Wholesaler Application – Additional Information

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To Whom It May Concern,

This letter is provided by AtriCure, Inc. ("AtriCure") to the Nevada State Board of Pharmacy ("NVSBP") in connection with AtriCure's 2022 Wholesaler Application submission ("the Wholesaler Application"). Upon submission of AtriCure's initial Wholesaler Application, the NVSBP notified AtriCure that further information was necessary. Specifically, the NVSBP asked AtriCure to provide the following supplementary information:

(1) Proof of home-state (Ohio) licensure, or proof that home-state licensure is inapplicable;

Please find attached a screenshot of the Ohio State Board of Pharmacy Licensing/CE Homepage, a description of the definitions relating to each subcategory, and Ohio Revised Code definitions for each, distinctly, "Drug" and "Device", attached hereto as **Attachment 1.**

Please also find attached an email from the State of Ohio Board of Pharmacy, which explains the two categories of drug manufacturing or distributing that require licensure: Dangerous Drugs (ORC 4729.01) and Home Medical Equipment (ORC 4751), attached hereto as **Attachment 2.**

Pursuant to the Ohio Revised Code, the State of Ohio Board of Pharmacy, and AtriCure's correspondence with the Board of Pharmacy, AtriCure's products do not fit within the category of products sought to be licensed, as AtriCure's products do not fit the definition of Dangerous Drugs (ORC 4729.01) or Home Medical Equipment (ORC 4751). In its initial application, AtriCure did provide a copy of its license under the Federal Food and Drug Administration, its most applicable licensure.

(2) A list of each employee, pursuant to NRS 639.500 (2).

Please find attached, too, the list of each employee and their title, as it relates to their managerial position in manufacturing and production (as clarified by Maria Herrara, Licensing Specialist, NVSBP), attached hereto as **Attachment 3**.

Best Regards,

Jennifer Cloyd-Caldwell

Jennifer Cloyd-Caldwell
Deputy General Counsel
AtriCure, Inc.

7555 Innovation Way
Mason, Ohio 45040
www.atricure.com

AtriCure

Attachment 1

State of Ohio, Board of Pharmacy - Licensing/CE Homepage



I. Terminal Distributor (Terminal Distributor of Dangerous Drugs, TDDD)
   - "A Terminal Distributor of Dangerous Drugs (TDDD) is a person (individual, partnership, association, limited liability company, corporation or government agency) who is engaged in the sale of dangerous drugs at retail, or any person, other than a wholesale distributor or a pharmacist, who has possession, custody, or control of dangerous drugs for any purpose other than for that person's own use and consumption."
   - "Sites licensed as TDDDs include, but are not limited to, pharmacies, hospitals, nursing homes, emergency medical service organizations, laboratories and all other locations that procure dangerous drugs for sale or other distribution by or under the supervision of a pharmacist or licensed health professional authorized to prescribe drugs."

II. Drug Distributor

Applies to the following License Types:
   - Wholesale Distributors of Dangerous Drugs
     - ORC 4729.01 (O) – ""Wholesale distributor of dangerous drugs" or "wholesale distributor" means a person engaged in the sale of dangerous drugs at wholesale and includes any agent or employee of such a person authorized by the person to engage in the sale of dangerous drugs at wholesale.
   - Manufacturers of Dangerous Drugs
     - ORC 4729.01 (P) – "Manufacturer of dangerous drugs" or "manufacturer" means a person, other than a pharmacist or prescriber, who manufactures dangerous drugs and who is engaged in the sale of those dangerous drugs.
   - Outsourcing Facilities

7555 Innovation Way
Mason, Ohio 45040
www.atricure.com

AtriCure

- ORC 4729.01 (AA) – "Outsourcing facility" means a facility that is engaged in the compounding and sale of sterile drugs and is registered as an outsourcing facility with the United States food and drug administration.

- Repackers of Dangerous Drugs
  - ORC 4729.01 (Z) – "Repackager of dangerous drugs" or "repackager" means a person that repacks and relabels dangerous drugs for sale or distribution.
- Third-Party Logistics Providers
  - ORC 4729.01 (Y) – "Third-party logistics provider" means a person that provides or coordinates warehousing or other logistics services pertaining to dangerous drugs including distribution, on behalf of a manufacturer, wholesale distributor, or terminal distributor of dangerous drugs, but does not take ownership of the drugs or have responsibility to direct the sale or disposition of the drugs.

For the avoidance of doubt, the Ohio Revised Code defines "Drug" and "Device" separately, as:

Section 4729.01(E), **"Drug"** means:

(1) Any article recognized in the United States pharmacopoeia and national formulary, or any supplement to them, intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in humans or animals;
(2) Any other article intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in humans or animals;
(3) Any article, other than food, intended to affect the structure or any function of the body of humans or animals;
(4) Any article intended for use as a component of any article specified in division (E)(1), (2), or (3) of this section; **but does not include devices or their components, parts, or accessories.**

Section 3715.01(4), **"Device"** means, any instrument, apparatus, implement, machine, contrivance, implant, in vitro reagent, or other similar or related article, including any component, part, or accessory, that is any of the following:

(a) Recognized in the United States pharmacopoeia and national formulary, or any supplement to them;
(b) Intended for use in the diagnosis of disease or other conditions, or in the cure, mitigation, treatment, or prevention of disease in humans or animals;
(c) Intended to affect the structure or any function of the body of humans or animals, and that does not achieve any of its principal intended purposes through chemical action within or on the body of humans or animals and is not dependent upon being metabolized for the achievement of any of its principal intended purposes.

7555 Innovation Way
Mason, Ohio 45040
www.atricure.com

AtriCure

Attachment 2

Jake Ottaway

From: LAKISHA.SCRUGGS@pharmacy.ohio.gov
Sent: Monday, July 11, 2022 7:53 AM
To: Jake Ottaway
Subject: [External Sender]: FW: Licensing Question - Medical Device

Importance: High

Hello,

The State of Ohio Board of Pharmacy issues drug distributor licenses to entities for the manufacturing, distribution, etc. of dangerous drugs as defined in ORC 4729.01 (F) - http://codes.ohio.gov/orc/4729.01v1. We also issue licenses for entities that provide home medical equipment services directly to the public as defined in ORC 4752 (B) and (C) - http://codes.ohio.gov/orc/4752.01v1.
If the prescription medical device(s) does not contain a dangerous drug or meet the definition of home medical equipment, then a license is not required for the manufacturing, sale, or distribution of that device.

Please let us know if you have any additional questions or concerns.
Thank you,

STATE OF OHIO BOARD OF PHARMACY

Lakisha Scruggs
Licensing Coordinator
77 South High Street, 17th Floor, Columbus, Ohio 43215
Columbus Office – T: (614) 466-4143 | F: (614) 752.4836
Lakisha.Scruggs@pharmacy.ohio.gov
www.pharmacy.ohio.gov

ORC 4729.01(F) – "Dangerous drug" means any of the following:

(1) Any drug to which either of the following applies:
   a. Under the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301, as amended, the drug is required to bear a label containing the legend "Caution: Federal law prohibits dispensing without prescription" or "Caution: Federal law restricts this drug to use by or on the order of a licensed veterinarian" or any similar restrictive statement, or the drug may be dispensed only upon a prescription;
   b. Under Chapter 3715. or 3719. of the Revised Code, the drug may be dispensed only upon a prescription.
(2) Any drug that contains a schedule V controlled substance and that is exempt from Chapter 3719. of the Revised Code or to which that chapter does not apply;
(3) Any drug intended for administration by injection into the human body other than through a natural orifice of the human body;
(4) Any drug that is a biological product, as defined in section 3715.01 of the Revised Code.

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ATRICURE, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF DECEMBER, 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

3304415 8300

SR# 20214107302

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204990038

Date: 12-15-21

FDA

FDA Home[3] Medical Devices[4] Databases[5]

Establishment Registration & Device Listing

New Search Back To Search Results

Establishment:
ATRICURE, INC.
7555 Innovation Way
Mason, OH 45040
Registration Number: 3011706110
FEI Number*: 3011706110
Status: Active
Date Of Registration Status: 2022

Owner/Operator:
ATRICURE, INC.[6]
7555 Innovation Way
Mason, OH US 45040
Owner/Operator Number: 9045049[7]

Official Correspondent:
John S Ehlert
7555 Innovation Way
Mason, OH 45040
Phone: 513-6448220

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

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Links on this page:

1. http://www.addthis.com/bookmark.php?u508=true&v=152&username=fdamain
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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=9045049&OwnerOperator
7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=9045049&OwnerOperator

Page Last Updated: 06/06/2022

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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

Combination Products Advisory Committees Science & Research Regulatory Information Safety Emergency Preparedness International Programs News & Events Training and Continuing Education Inspections/Compliance State & Local Officials Consumers Industry Health Professionals FDA Archive

U.S. Department of **Health & Human Services**

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6. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=9045049&OwnerOperator
7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=9045049&OwnerOperator

AtriCure

Directors:

Michael H. Carrel

Mark A. Collar

Daniel P. Florin

Regina Groves

B. Kristine Johnson

Karen N. Prange

Deborah H. Telman

Sven A. Wehrwein

Robert S. White

Maggie S. Yuen

Officers

Michael H. Carrel – President and Chief Executive Officer

Angela L. Wirick, CPA – Chief Financial Officer

Deborah Yount – Chief Human Resources Officer

Douglas J. Seith – Chief Operating Officer

Justin Noznesky – Chief Marketing and Strategy Officer

Karl Dahlquist – Chief Legal Officer

Salvatore (Sam) Privitera, JD – Chief Technical Officer

Vinayak (Vini) Doraiswamy, PhD – Chief Scientific Officer

7555 Innovation Way
Mason, Ohio 45040
www.atricure.com

AtriCure

Attachment 3

Name	Title
Sam Privitera (Referenced in the Officers and Directors Chart)	Chief Technical Officer, Operations and Product
Mike Perez	VP, Manufacturing Operations
Rajesh Acharya	Sr. Director Demand Planning and Inventory Management
Vanessa Parker	Senior Manager, Production
David Gibson	Senior Manager, Production
Jim Mudek	Production Supervisor
Leeaan Baker	Production Supervisor
Crystal Cook	Team Leader, Production
Katelyn Wright	Associate Operations Trainer
Lori Patton	Production Administrator
Cristy Shepherd	Team Leader, Production
Karen Sweeney	Production Supervisor
Bruce Stone	Manufacturing Technician Supervisor
Joshua Barnes	Team Leader, Production
Rodney Everson	Production Supervisor
Calvin Campbell	Production Manager
Scott Gundrum	Manager, Material Control
Amanda Smallwood	Production Planner

7555 Innovation Way
Mason, Ohio 45040
www.atricure.com

AtriCure

ATRICURE INSTITUTIONAL OWNERSHIP HISTORY

EXPORT TO EXCEL

Reporting Date	Hedge Fund	Shares Held	Market Value	% of Portfolio	Quarterly Change in Shares	Ownership in Company	Details
5/13/2022	Vanguard Group Inc	4,259,364	$279.71M	0.0%	+0.6%	9.201%	
5/12/2022	BlackRock Inc	3,645,696	$239.41M	0.0%	-1.9%	7.876%	
5/16/2022	Invesco Ltd	2,865,409	$188.17M	0.0%	+17.5%	6.190%	
5/13/2022	First Light Asset Management LLC	1,364,812	$89.63M	7.9%	+35.8%	2.949%	

7555 Innovation Way
Mason, Ohio 45040
www.atricure.com

CERTIFICATE OF LIABILITY INSURANCE

1038

DATE (MM/DD/YYYY)
03/10/2022

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: Taylor Strang	
Britton Gallagher & Associates Inc One Cleveland Center, Floor 30 1375 East 9th Street Cleveland OH 44114	PHONE (A/C, No, Ext): (216) 658-7100	FAX (A/C, No): (216) 658-7101
	E-MAIL ADDRESS: taylor.strang@brittongallagher.com	

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
AtriCure, Inc. 7555 Innovation Way Mason OH 45040	INSURER A: Gemini Insurance Company	10833
	INSURER B: Berkley National Insurance Company	38911
	INSURER C: StarNet Insurance Company	
	INSURER D: Berkley Regional Insurance Company	29580
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 21-22 Liab/Excess liab **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:			GL_12288-9	12/31/2021	12/31/2022	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG [ ]	$ 1,000,000 $ 1,000,000 $ 10,000 $ 1,000,000 $ 2,000,000 $ Excluded $
B	AUTOMOBILE LIABILITY [X] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY			LCA 5035485-15	12/31/2021	12/31/2022	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) Medical payments	$ 1,000,000 $ $ $ $ 5,000
C	[X] UMBRELLA LIAB [X] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $			LNP 5008307-19	12/31/2021	12/31/2022	EACH OCCURRENCE AGGREGATE [ ]	$ 15,000,000 $ 15,000,000 $
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N [ ] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		LWC 5036419-15	12/31/2021	12/31/2022	[ ] PER STATUTE [X] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000
A	Products/Professional Liability Errors & Ommissions			GL_12288-9	12/31/2021	12/31/2022	Each Occ/Aggregate Each Occ/Aggregate	$10,000,000 $1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Excess Product Liability 3/10/2022-12/31/2022
SOMPO International
Each Occurrence-Aggregate - $5,000,000
Retro date 12/31/2021

CERTIFICATE HOLDER

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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Additional Named Insureds

Other Named Insureds	
AtriCure UK Limited	
Atricure (Bejing) Medicine Information Consulting	Additional Named Insured
AtriCure Europe B.V.	
AtriCure Germany, GMBH	Additional Named Insured
AtriCure Hong Kong Limited	Additional Named Insured
AtriCure LLC	
AtriCure Spain, S.L.	Additional Named Insured
Endoscopic Technologies LLC FKA Niner's Mergers Sub	Additional Named Insured
nContact Surgical, LLC FKA Niner's Mergers Sub LLC	Limited Liability Company, Additional Named Insured
SentreHEART LLC (fka Second Stetson Merger Sub LLC)	Additional Named Insured

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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 AtriCure, Inc. MDEG License # (if applicable) _____

Physical Address 7555 Innovation Way

City Mason State Ohio Zip 45040

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone (513) 755-4100 Website AtriCure.com

Licensing Company Email Legal@atricure.com

Section 2: Personal Information

First Salvatore Middle – Last Privitera

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address 7555 Innovation Way

City Mason State OH Zip 45040

Telephone [redacted] Email Sprivitera@atricure.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)
Canisius High School			08/80-05/84
Address	**City**	**State**	**Zip**
1180 Delaware Ave	Buffalo	NY	14209
Diploma/Degree obtained, if any			
Diploma			

School Name			From - To (MM/YY – MM/YY)
University of Buffalo			08/84-06/88
Address	**City**	**State**	**Zip**
12 Capen Hall	Buffalo	NY	14260
Diploma/Degree obtained, if any			
BS Mechanical Engineer (BSME)			

School Name			From - To (MM/YY – MM/YY)
Xavier University			08/93-05/96
Address	**City**	**State**	**Zip**
3800 Victory Parkway	Cincinnati	OH	45207
Diploma/Degree obtained, if any			
Masters in Business Administration (MBA)			

School Name			From - To (MM/YY – MM/YY)
Northern Kentucky University			08/10-5/13
Address	**City**	**State**	**Zip**
400 Louie B Nunn Drive	Highland Heights	KY	41099
Diploma/Degree obtained, if any			
Doctorate in Jurisprudence (JD)			

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
10/01-Current	[redacted] Edgebrook Ct	Mason	OH	45040
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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)	
AtriCure, Inc.			07/2017 - Present	
Business Address		**City**	**State**	**Zip**
7555 Innovation Way		Mason	OH	45040
Phone	**Title**		**Number of Employed Hours**	
513-755-4100	Chief Technical Officer		9,000	
Description of Duties				
Responsible for the full product life cycle including research, product development, operations, and quality assurance.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description 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)

6/20/2022
Date

I, SALVATORE PRIVITERA, **certify that as the MDEG Administrator for** ATRICURE, INC., **that I (initial that you have read and meet the following requirements):**

1. SP Have a high school diploma or its equivalent;
2. N 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. N 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. N 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.

SALVATORE PRIVITERA
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

6/20/2022
Date

Board Use Only	Date Received: _____

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM 10-K

☒ **ANNUAL REPORT UNDER SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the fiscal year ended December 31, 2021

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

Commission File Number 000-51470

AtriCure, Inc.

(Exact name of registrant as specified in its charter)

Delaware	**34-1940305**
State or other jurisdiction of incorporation or organization	(I.R.S. Employer Identification Number)
7555 Innovation Way, Mason, OH	**45040**
(Address of principal executive offices)	(Zip Code)

Registrant's telephone number including area code: (513) 755-4100

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, $.001 par value	ATRC	NASDAQ

Securities Registered Pursuant to Section 12(g) of the Act:
None

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes ☒ No ☐

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or 15(d) of the Act. Yes ☐ No ☒

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes ☒ No ☐

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files). Yes ☒ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See 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 the voting Common Stock held by non-affiliates of the registrant, based upon the closing sale price of the Common Stock on June 30, 2021, the last business day of the registrant's most recently completed second fiscal quarter as reported on the NASDAQ Global Market, was $3,556.1 million.

Class	Outstanding February 14, 2022
Common Stock, $.001 par value	46,026,734

DOCUMENTS INCORPORATED BY REFERENCE

Items 10, 11, 12, 13 and 14 of Part III of this Form 10-K incorporate information by reference from the registrant's definitive proxy statement to be filed with the Securities and Exchange Commission within 120 days after the end of the fiscal year covered by this Form 10-K.

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This Form 10-K, including the sections titled "Management's Discussion and Analysis of Financial Condition and Results of Operations", "Risk Factors" and "Quantitative and Qualitative Disclosures about Market Risk" contains forward-looking statements regarding our future performance. All forward-looking information is inherently uncertain and actual results may differ materially from assumptions, estimates or expectations reflected or contained in the forward-looking statements as a result of various factors, including those set forth under "Risk Factors" and elsewhere in this Form 10-K. Forward-looking statements address our expected future business, financial performance, financial condition and results of operations, and often contain words such as "intends," "estimates," "anticipates," "hopes," "projects," "plans," "expects," "seek," "believes," "see," "should," "will," "would," "could," "can," "may," "future," "predicts," "target" and similar expressions and the negative versions thereof. Such statements are based only upon current expectations of AtriCure. Any forward-looking statement speaks only as of the date made. Reliance should not be placed on forward-looking statements because they involve known and unknown risks, uncertainties and other factors which may cause actual results, performance or achievements to differ materially from those expressed or implied. Forward-looking statements include statements that address activities, events, circumstances or developments that AtriCure expects, believes or anticipates will or may occur in the future. Forward-looking statements are based on AtriCure's experience and perception of current conditions, trends, expected future developments and other factors it believes are appropriate under the circumstances and are subject to numerous risks and uncertainties, many of which are beyond AtriCure's control. With respect to the forward-looking statements, we claim the protection of the safe harbor for forward-looking statements contained in the Private Securities Litigation Reform Act of 1995. These forward-looking statements speak only as of the date of this Form 10-K. We undertake no, and hereby disclaim any and all, obligation to publicly update or revise any forward-looking statements to reflect new information or future events or otherwise unless required by law.

WEBSITE AND SOCIAL MEDIA DISCLOSURE

We use our website (www.atricure.com) and our corporate Facebook, YouTube, LinkedIn and Twitter accounts as channels of distribution of company information. The information we post through these channels may be deemed material. Accordingly, investors should monitor these channels, in addition to following our press releases, Securities and Exchange Commission, or SEC, filings and public conference calls and webcasts. The contents of our website and social media channels are not, however, a part of this report.

TRADEMARKS

We own or have the rights to use various trademarks referred to in this Annual Report on Form 10-K, including Isolator® Synergy ™ clamp, EPi-Sense® coagulation device, AtriClip® Flex·V®, and cryoSPHERE® probe, among others, and their respective logos. Solely for convenience, we may refer to trademarks in this Annual Report on Form 10-K without the ™ and ® symbols. Such references are not intended to indicate, in any way, that we will not assert, to the fullest extent permitted by law, our rights to our trademarks.

MARKET AND INDUSTRY INFORMATION

Market data used throughout this Annual Report on Form 10-K is based on management's knowledge of the industry and good faith estimates of management. All of management's estimates presented herein are based on industry sources, including analyst reports and management's knowledge. We also relied, to the extent available, upon management's review of independent industry surveys and publications prepared by a number of sources and other publicly available information. We are responsible for all of the disclosures in this Annual Report on Form 10-K, and while we believe that each of the publications, studies and surveys used throughout this Annual Report on Form 10-K are prepared by reputable sources, we have not independently verified market and industry data from third-party sources.

All of the market data used in this Annual Report on Form 10-K involves a number of assumptions and limitations, and you are cautioned not to give undue weight to such estimates. While we believe the estimated market position, market opportunity and market size information included in this Annual Report on Form 10-K is generally reliable, such information, which in part is derived from management's estimates and beliefs, is inherently uncertain and imprecise and has not been verified by any independent source. Projections, assumptions and estimates of our future performance and the future performance of the industry in which we operate are subject to a high degree of uncertainty and risk due to a variety of factors, including those described in "Item 1A. Risk Factors" of Part I of this Annual Report on Form 10-K and elsewhere in this Annual Report on Form 10-K. These and other factors could cause results to differ materially from those expressed in our estimates and beliefs and in the estimates prepared by independent parties.

PART I

(Dollar and share amounts referenced in this Part I are in thousands.)

ITEM 1. BUSINESS

Overview

We are a leading innovator in treatments for atrial fibrillation (Afib), left atrial appendage (LAA) management and post-operative pain. According to the American Heart Association, Afib affects 1-2% of the population in the United States. It is the most common cardiac arrhythmia, or irregular heartbeat, encountered in clinical practice and results in high utilization of healthcare services by Afib patients. Symptoms of Afib may include heart palpitations, dizziness, fatigue and shortness of breath, and these symptoms may be debilitating and life threatening in some cases. When a patient is in Afib, abnormal electrical impulses cause the atria, or upper chambers of the heart, to fibrillate, or beat rapidly, irregularly and in an uncoordinated fashion. As a result, blood in the atria may be in stasis, increasing the risk that a blood clot will form and cause a stroke or other serious complications. In patients with Afib, a significant percentage of those clots can form inside of the LAA. Patients often progress from being in Afib intermittently (paroxysmal) to being in Afib continuously. The continuous Afib patient population includes persistent Afib, which lasts seven days to one year, and long-standing persistent Afib, which lasts longer than one year. Afib often occurs in conjunction with other cardiovascular diseases, including hypertension, congestive heart failure, left ventricular dysfunction, coronary artery disease and valvular disease.

Our ablation and left atrial appendage management (LAAM) products are used by physicians during both open-heart and minimally invasive procedures. In open-heart procedures, the physician is performing heart surgery for other conditions, and our products are used in conjunction with ("concomitant" to) such a procedure. Minimally invasive procedures are performed on a standalone basis, and often include multi-disciplinary or "hybrid" approaches, combining both surgical procedures using AtriCure ablation and LAAM products and catheter ablation.

Recovery from cardiothoracic and thoracic surgery can be complicated and painful. Many surgeons use multi-modal pain management strategies that include global and local pain management techniques or oral delivery of opioid and non-opioid pain medications. In an effort to improve patient recovery for those undergoing Afib surgery, we pursued an analgesia indication for our cryo ablation devices in 2015. Upon seeing the impact on patients and potential applications in a wide variety of surgical procedures, we developed our cryoICE cryoSPHERE® probe for pain management (Cryo Nerve Block). Our pain management solutions are used by physicians to freeze nerves during cardiothoracic or thoracic surgical procedures. This technique provides a long-lasting analgesic, allowing the patient's body to heal after surgery while the nerves regenerate and sensation is regained.

We believe that we are currently the market leader in the surgical treatment of Afib. Our Isolator® Synergy™ Ablation System is approved by the United States Food and Drug Administration (FDA) for the treatment of persistent and long-standing persistent Afib concomitant to other open-heart surgical procedures. The EPi-Sense® system is approved by FDA to treat patients with long-standing persistent Afib. All of our other ablation devices are cleared for sale in the United States under FDA 510(k) clearances, including our other radio frequency (RF) and cryoablation products, which are indicated for the ablation of cardiac tissue and/or the treatment of cardiac arrhythmias. In addition, certain of our cryoablation probes are cleared for managing pain by temporarily ablating peripheral nerves, or Cryo Nerve Block therapy. Further, certain cryoablation probes are approved for the ablation of the intercostal nerves to temporarily block pain in adolescents aged 12 or older. Our AtriClip® LAA Exclusion System products are 510(k)-cleared with an indication for the exclusion of the LAA, performed under direct visualization and in conjunction with other cardiac surgical procedures. Direct visualization, in this context, requires that the surgeon is able to see the heart directly, with or without assistance from a camera, endoscope or other appropriate viewing technologies. In July 2021, we received 510(k) clearance for the new ENCOMPASS® clamp to ablate cardiac tissue during surgery. The LARIAT® system is cleared under the 510(k) process for soft tissue ligation. Several of our products are currently being studied to expand labeling claims or to support indications specifically for the treatment of Afib. Our Isolator Synergy clamps, Isolator Synergy pens, Coolrail® linear pen, cryoablation devices, cryoSPHERE® probe, certain products of the AtriClip LAA Exclusion System, COBRA Fusion® Ablation System, the EPi-Sense® system and LARIAT Suture Delivery Device bear the CE mark and may be commercially distributed throughout the member states of the European Union and other countries that comply with or mirror the Medical Device Directive. Our Isolator Synergy clamps, Isolator Synergy pens, Coolrail linear pen, cryoablation devices and certain products of the AtriClip LAA Exclusion System are available in select Asia-Pacific countries. We anticipate that substantially all of our revenue for the foreseeable future will relate to products we currently sell or are in the process of developing.

We sell our products to medical centers through our direct sales force in the United States and in certain international markets, such as Germany, France, the United Kingdom and the Benelux region. We also sell our products to distributors who in turn sell our products to medical centers in other international markets. Our business is primarily transacted in U.S. Dollars with the exception of transactions with our European and United Kingdom customers, which are transacted primarily in the Euro or the British Pound.

Market Overview

Afib is the most commonly diagnosed sustained cardiac arrhythmia with approximately 1.2 million diagnoses annually in the United States, and affects approximately 33 million people worldwide. It is estimated that the incidence of Afib doubles with each decade of an adult's life. At age 40, remaining lifetime risk for Afib is 26% for men and 23% for women. Afib is an under-diagnosed condition due in large part to the fact that patients with Afib often have mild or no symptoms, and their Afib is often only diagnosed when they seek treatment for an associated condition, such as a structural heart disease or stroke. We believe that increasing awareness of Afib and improved diagnostic screening will result in an increased number of patients diagnosed with Afib over time. Also, since the prevalence of Afib increases with age, there will likely be an increase in the number of diagnosed Afib patients in the United States as the population ages. We believe that these trends in the United States also apply globally.

Afib is a condition that doctors often find difficult to treat and, historically, there has been no widely accepted long-term cure for Afib. This difficulty is exacerbated with more serious forms of Afib, or persistent and long-standing persistent Afib. Over the past two decades, technology advancements have made surgical ablation more effective, repeatable and available to cardiac surgeons and electrophysiologists around the world. Societal guideline changes from the Society of Thoracic Surgeons (STS), Heart Rhythm Society (HRS) and American Association of Thoracic Surgery (AATS) now have Class I recommendations for surgical ablation, meaning that it is a "recommended" treatment, no longer just "reasonable", for patients who have structural heart disease and Afib. In addition, guidelines for the treatment of more serious forms of Afib for patients without structural heart disease have also been introduced in the past several years. These societal guidelines are reflective of the scientific evidence suggesting that surgical and hybrid ablation is safe and effective for patients who have Afib.

Of the patients undergoing open-heart surgery globally on an annual basis, we estimate that over 250,000 are potential candidates for surgical ablation using our products. Today, we estimate that approximately 25% to 35% of those candidates are being treated, but we believe many are not treated properly or fully. Of the population diagnosed with Afib, a large percentage of patients are symptomatic and do not respond to pharmacological therapy.

In addition, Afib is thought to be responsible for approximately 15% to 20% of the estimated 800,000 strokes that occur annually in the United States. According to the American Heart Association, the risk of stroke is five times higher in people with Afib. Studies have also suggested that 90% of clots that cause strokes in patients who have Afib originate from within the LAA. Recently, a very large independent international randomized trial, Left Atrial Appendage Occlusion Study (LAAOS) III, demonstrated a significant reduction in strokes when the LAA was managed during cardiac surgery. Afib accounts for billions of dollars in hospitalization-related and office visit costs in the United States each year. Indirect costs, such as the management of Afib-related strokes, are believed to be significant. Because of the risk of stroke and the significant cost burden on the healthcare system, more and more surgeons are routinely addressing the LAA, both in patients who have Afib, but also in those who do not have Afib but may be at increased risk of developing the disease in the future. We believe that our AtriClip system is safer, more effective and easier to use than other products and techniques for excluding the LAA during cardiac surgery. Therefore, we believe that the market for the AtriClip system represents a significant growth opportunity.

Many Afib patients seek relief solely from the symptoms of their Afib, including palpitations, breathlessness and drowsiness, without underlying structural heart disease. These patients are typically treated by an electrophysiologist using catheter ablation. Catheter ablation is considered a percutaneous procedure that does not require the opening of the chest and involves catheters inserted through a small puncture in the groin. It is estimated that after failing pharmacological therapy, 150,000 - 200,000 Afib patients are treated by catheter ablation every year in the U.S., a number that is expected to grow 10-15% annually. While the majority of paroxysmal Afib patients treated by catheter ablation tend to experience freedom from Afib, less than a third of long-standing persistent Afib patients treated by catheter ablation become free of Afib. Recent randomized, prospective, multi-center data shows that these long-standing persistent Afib patients can experience double the success rate by adding an ablation on the outside surface of the heart using AtriCure's EPi-Sense ablation system. Thus, we believe the EPi-Sense ablation system used as a minimally invasive or Hybrid AF™ therapy represents a significant growth opportunity for the Company.

Additionally, cardiothoracic and thoracic surgery involving an incision through the ribcage, typically referred to as thoracotomy access, can often times result in significant post-operative pain and longer hospital recovery times as patients refrain from mobilizing their chest near the incision site. Most surgeons will employ a multi-modal pain management protocol that includes global and local pain management techniques, including epidural delivery of medication directly around the spinal cord, intravenous or oral delivery of opioid and non-opioid pain medications. More focused, local techniques include syringe injections between vertebrates and Cryo Nerve Block, the use of cryo-energy to temporarily ablate peripheral nerves. Cryo Nerve Block can be delivered using our cryoICE cryoSPHERE® probe, which is specifically designed for Cryo Nerve Block, as well as our cryoICE CRYO2 probe, one of the same probes used to treat cardiac arrhythmias. Depending on the degree of invasiveness, physicians and their nursing staff will take advantage of multiple modes of pain management. It is estimated that each year roughly 140,000 cardiac and thoracic procedures are performed in the United States through thoracotomy access. Hospital recovery times can vary from two to eight days depending on the procedure, operative complications associated with the procedure, pain management protocol and other factors. In recent years, opioids have come under heavy scrutiny due to their potential for long-term dependency, overdose and possible death. The Center for Disease Control has reported over 49,000 deaths involving opioids in the United States in a single year, and both federal and local governments in the United States have proposed and implemented new regulations to curb the opioid overdose epidemic. It is also estimated that one in seven cardiothoracic surgical patients develops an unhealthy post-procedural addiction to prescription narcotics, making alternative, non-opioid pain management modalities, such as Cryo Nerve Block, increasingly important.

AtriCure Solutions and Products

Our products enable cardiothoracic surgeons to mimic all or portions of the cut and sew Maze procedure with faster, less invasive and less technically challenging approaches. We have completed, and continue to invest in, clinical studies for the use of our ablation and left atrial appendage management products to treat Afib. Leading cardiothoracic surgeons and electrophysiologists, including those who serve or who have served as consultants to us, have published results of preclinical and clinical studies utilizing our devices. The results of these studies have assessed efficacy, ease of use and safety endpoints.

Products for cardiac tissue ablation include those that heat tissue using radio frequency (RF) energy to create the tissue effects or those that cool tissue using cryo-thermal heat transfer to create the tissue effects. Our ablation products are part of platforms each consisting of disposable hand pieces which connect to compact RF power generation sources or the cryoICE BOX generator. We generally place this equipment with our direct customers and sell to our distributors.

Products for open and minimally invasive ablation:

- **Isolator Synergy Clamps.** Our Isolator Synergy System historically represented our primary product line and currently generates the majority of our ablation-related revenue. All of our clamps are single-use disposable RF products with jaws that close in a parallel fashion. We sell multiple configurations of our Isolator Synergy clamps with the primary difference being the form of the clamping jaws. The parallel closure compresses tissue and evacuates the blood and fluids from the energy pathway in order to make the ablation more effective. The Isolator Synergy System is currently being evaluated under the DEEP AF IDE pivotal trial and was previously studied under the ABLATE clinical trial supporting a pre-market approval (PMA) in 2011.
- **Multifunctional Pens and Linear Ablation Devices.** These devices are single-use disposable RF products that come in multiple configurations which have different contact lengths. The MAX Pen devices enable surgeons to evaluate cardiac arrhythmias, perform temporary cardiac pacing, sensing and stimulation and ablate cardiac tissue with the same device. Surgeons are able to readily toggle back and forth between these functions. The Coolrail device enables the user to make longer linear lines of ablation. Surgeons generally use one or more of our pen and linear devices in combination with Isolator Synergy clamps.

Products for open ablation:

- **cryoICE Cryoablation System.** The cryoICE cryoablation system is used in open ablation procedures and consists of the cryoICE BOX generator along with a single-use disposable probe. The primary differences between these cryoablation probes is the form of the distal end. The cryoICE devices enables the user to make linear ablations of varied lengths. Surgeons may utilize the cryoICE devices in combination with Isolator Synergy clamps or independently. The ICE-AFIB clinical trial is studying the safety and efficacy

of the cryoICE system for persistent and long-standing persistent Afib treatment during concomitant on-pump cardiac surgery. The cryoSPHERE probe and certain cryoICE devices are used to apply cryo-energy to targeted intercostal peripheral nerves in the ribcage in order to provide temporary pain relief. This technique, called Cryo Nerve Block, is applied intraoperatively by cardiothoracic or thoracic surgeons and results in temporary pain relief for up to 90 days after the procedure. Sensation typically returns to the affected region of the chest after this period. Studies are ongoing to characterize the effects of Cryo Nerve Block and further refine the procedure.

Products for minimally invasive ablation:

- **EPi-Sense Guided Coagulation System with VisiTrax Technology.** The EPi-Sense Guided Coagulation System with VisiTrax technology utilizes monopolar RF energy for the coagulation of tissue. The EPi-Sense device is a single-use disposable which is also capable of intraoperative cardiac signal sensing and recording when connected to an external recording device. In April 2021, we announced the PMA approval of the EPi-Sense System for treatment of symptomatic, drug-refractory, long-standing persistent atrial fibrillation, when augmented with an endocardial ablation catheter. The Convergent procedure, or Hybrid AF Therapy, is the only FDA-approved minimally invasive procedure to treat patients with long-standing persistent Afib.

Products for appendage management:

- **AtriClip System**. The AtriClip System includes an implantable device (AtriClip) coupled to a single-use disposable applier. The AtriClip is designed to exclude the left atrial appendage by mechanically clamping the appendage from the outside of the heart, eliminating blood flow between the left atrial appendage and the atrium while avoiding contact with circulating blood. We believe that the AtriClip system is potentially safer, more effective and easier to use than other available products and techniques for permanently excluding the left atrial appendage. These benefits compared to other techniques include permanent exclusion and electrical isolation of the appendage. The AtriClip device comes in a variety of lengths allowing the user to select a configuration specific to the patient and in two geometries (a rectangular configuration which encircles the targeted tissue and "V" shape which allows lateral access for improved usability). The appliers come in multiple forms tailored to specific procedural needs and with different deployment mechanisms. The AtriClip System includes various combinations of AtriClips and appliers.
- **LARIAT System**. The LARIAT System is a suture-based solution for soft-tissue closure and is compatible with a wide range of anatomical shapes. The LARIAT System includes a suture loop coupled to a single-use disposable applier. The loop is designed to exclude the left atrial appendage by mechanically cinching the appendage from the outside of the heart, eliminating blood flow between the left atrial appendage and the atrium while avoiding contact with circulating blood. The LARIAT System is currently being evaluated under the aMAZE™ IDE clinical trial.

In addition to the above product lines we also sell enabling technologies including our Lumitip™ dissectors, Glidepath™ guides for placement of our clamps, Subtle™ Cannula's to support access for our EPi-Sense catheters and a line of reusable cardiac surgery (valve) instruments. The Lumitip dissector is used by surgeons to separate tissues to provide access to key anatomical structures that are targeted for ablation. Cardiac surgery instruments are used during certain surgical procedures for repair or replacement of heart valves.

Current Afib Treatment Alternatives

Physicians usually begin treating Afib patients with a variety of drugs intended to prevent blood clots, control heart rate or restore the heart to normal sinus rhythm. If a patient's Afib cannot be adequately controlled with drug therapy, doctors may perform one of several open-heart or minimally-invasive procedures that vary depending on the severity of the Afib symptoms and whether or not the patient suffers from other forms of heart disease. Often, Afib procedures are performed concomitantly with other cardiac treatments.

Alternative treatments to open-heart and minimally invasive procedures include:

- *Drug Therapy.* Pharmaceutical options called anti-arrhythmics are available to treat Afib. Depending on a patient's severity of the disease and heart condition, physicians typically administer these medications in a hospital setting with continuous monitoring. If the patient goes back into a normal rhythm, the physician will often prescribe a similar anti-arrhythmic drug to try to prevent a recurrence of Afib. The effectiveness of drug therapy varies based on the patient population and the drug being prescribed, among other factors. Often, pharmaceuticals to thin the blood (anti-coagulants) are prescribed due to the increased risk of stroke for patients who also have Afib.
- *Implantable Devices.* Implantable devices, such as defibrillators and pacemakers, can be effective in reducing the symptoms of Afib episodes, but neither device is intended to treat Afib. Patients may continue to experience the adverse effects of Afib as well as some of the symptoms and complications, including dizziness, fatigue, palpitations and stroke because the Afib continues.
- *Catheter Ablation.* Catheter ablation is a procedure that is typically performed by an electrophysiologist. The ablations are made from the inside of the heart using a flexible catheter. The heart is reached via a blood vessel, most commonly through the femoral vein. In proportion to the prevalence of Afib, less than 6% of patients receive catheter-based Afib treatments each year in the United States. The rate of treatment is even lower for long-standing persistent patients in which less than 1% receive catheter-based Afib treatments.

We do not promote our products specifically for Afib treatment in the United States, except for the Isolator Synergy System and the EPi-Sense System. The Isolator Synergy System may be promoted according to its FDA-approved indication for patients with persistent and long-standing persistent Afib undergoing certain open concomitant procedures, and the EPi-Sense System may be promoted according to its FDA-approved indication to treat patients with long-standing persistent Afib. During elective open-heart surgical procedures, such as bypass or valve surgery, cardiothoracic surgeons use our ablation systems to treat patients with a pre-existing history of Afib. Surgeons use our products to perform cardiac procedures that may vary depending on the length of time a patient has been diagnosed with Afib and whether the patient's Afib is intermittent (paroxysmal), or continuous (non-paroxysmal), which is typically further classified as persistent or long-standing persistent. Patients who have been diagnosed with Afib for a longer duration and have persistent or long-standing persistent forms of Afib generally receive more extensive ablation procedures than patients who have been diagnosed with Afib for a shorter duration or who have paroxysmal Afib. Additionally, during an open-concomitant procedure, physicians may use our AtriClip system to exclude the LAA.

For those patients with Afib who do not require an open-concomitant surgical procedure, surgeons have used our products for minimally invasive or hybrid Afib treatment procedures. These procedures have generally been performed through small incisions without the need to place patients on a heart-lung bypass machine. Additionally, during a minimally invasive surgical procedure, physicians may use our AtriClip system to exclude the LAA.

Certain physicians are combining various minimally invasive stand-alone epicardial ablation procedures (surgical ablation on the outside of the heart) with endocardial ablation and mapping techniques (catheter ablation from the inside of the heart). The combination of procedures are often referred to as "hybrid" or "multi-disciplinary" approaches, in that both surgical ablation and catheter ablations are performed. Sometimes, both procedures are performed on the same day or in the same hospital stay, where other times they are performed weeks or months apart. Patient health condition, physician preference, hospital logistics and procedural room availability influence the decision whether to perform hybrid ablations in a single or a staged setting. Physicians are reporting that they are performing these procedures utilizing certain of our products to primarily treat patients who have non-paroxysmal forms of Afib. The success of the hybrid procedure for long-standing persistent Afib patients was established with the results of the CONVERGE clinical study, the first trial of its kind for the sickest, most difficult to treat patients. We believe that the potential for hybrid Afib procedure adoption is our largest market opportunity.

Business Strategy

We are passionately focused on reducing the global Afib epidemic and healing the lives of those affected. Our strategy is to expand the treatment options for patients who suffer from Afib or have a high risk of stroke, or who suffer

from post-operative pain through the continued development of our technologies and expansion of our product offerings, global commercial expansion and clinical science investments. The key elements of our strategy include:

New Product Innovation. Our product development pipeline includes projects which extend and improve our existing products, as well as research and development projects for new technologies. We plan to continue to develop new and innovative products, including those that allow us to enter new market opportunities or expand our growth in existing markets.

Invest in Clinical Science. We continue to invest in landmark clinical trials to validate the long-term results of procedures using our products and to support applications to regulatory agencies for expanded indications. We also make clinical research grants to support our product development efforts and expand the body of clinical evidence.

Build Physician and Societal Relationships. We have formed consulting relationships with cardiothoracic surgeons, cardiologists, electrophysiologists and thoracic surgeons who work with us to develop and evaluate our products. Additionally, we have formed advisory boards made up of key opinion leaders in multiple specialties to oversee our training and clinical programs. We are building these relationships to provide insight regarding treatment trends, input on future product direction and education for providers involved in treating the disease.

We are partnering with leading surgical and cardiology societies to increase the awareness of Afib treatment options. In the past four years, both the Society for Thoracic Surgeons and the Heart Rhythm Society have released new guidelines on the surgical treatment of Afib in both open-heart and minimally-invasive settings.

Provide Training and Education. We have recruited and trained sales and physician education professionals to effectively communicate to our customers the unique features and benefits of our technologies as they relate to their indications for use. Our highly trained professionals meet with physicians at institutions around the world to provide education and technical training on the features, benefits and safe-and-effective use of our products. With the approval of our Isolator Synergy System, we instituted a program to train providers on the use of the Isolator Synergy System to treat persistent and long-standing persistent Afib in patients undergoing open-heart surgery. More recently, with the approval of the EPi-Sense System, we began programs to train physicians on the use of the EPi-Sense Hybrid Coagulation system in a hybrid approach to treating patients with long-standing persistent Afib. We believe these training and education programs have increased awareness about the surgical treatment of Afib, and we will continue to make investments to serve our physician customers. As a result of the educational process, we believe that awareness of our technologies is growing and will result in the increased use of our products.

Expand Adoption of Our Minimally Invasive Products. We believe that the catalysts for expanded adoption of our minimally invasive products include procedural advancements, such as the hybrid or multi-disciplinary procedure, continued innovation and product development and the publication of additional scientific evidence supporting the safety and efficacy of hybrid treatments for persistent and long-standing persistent Afib. We believe these efforts will help validate the successful, long-term use of our products for patients with persistent and long-standing persistent Afib. We believe that ongoing research activities, including prospective clinical trials, new procedural techniques and anticipated presentations and publications will create an increased demand for our minimally invasive products.

Evaluate Acquisition Opportunities. We expect to continue to be opportunistic with respect to acquisitions. We evaluate acquisition opportunities on a variety of factors, including investment in clinical science, product innovation and strategic and financial considerations.

Clinical Trials

In the United States, a significant risk device requires the prior submission of an application for an Investigational Device Exemption (IDE) to FDA for approval before initiating a clinical trial. Clinical trials are required to support a pre-market approval (PMA) and are sometimes required for 510(k) clearance. Some trials require a feasibility study followed by a pivotal trial. We are conducting several clinical trials to validate the long-term results of procedures using our products and to support applications to regulatory agencies for expanded indications. In addition, we also conduct various studies to gather clinical data regarding our products. Key trials and studies are:

CONVERGE. We conducted the CONVERGE IDE clinical trial to evaluate the safety and efficacy of the EPi-Sense Guided Coagulation System with VisiTrax technology to treat symptomatic persistent and long-standing persistent Afib patients who are refractory or intolerant to at least one Class I and/or III anti-arrhythmic drug. In April 2021, we announced the PMA approval of the EPi-Sense System for treatment of symptomatic, drug-refractory, long-standing persistent atrial fibrillation, when augmented with an endocardial ablation catheter. We believe the Convergent procedure, or Hybrid AF

therapy, provides the only compelling treatment option for a large and vastly underpenetrated population of Afib patients. The CONVERGE trial demonstrated superiority in the hybrid therapy arm compared to endocardial catheter ablation alone. In patients diagnosed with long-standing persistent Afib, the therapy arm showed a 29% absolute difference in efficacy at 12 months (78% relative improvement) and an absolute difference of 35% at 18 months (110% relative improvement). There was also a 33% absolute difference in Afib burden reduction in favor of the Hybrid AF therapy at 12 months, which increased to 37% at 18 months. In April 2021, we also received approval from FDA to conduct the CONVERGE Post Approval Study (PAS). This study allows for 325 patients to be enrolled at up to 50 sites.

aMAZE. In connection with our acquisition of SentreHEART in August 2019, we are conducting the aMAZE IDE clinical trial. aMAZE is an FDA-approved, prospective, multicenter, randomized controlled trial evaluating the LARIAT system for LAA exclusion adjunctive to pulmonary vein isolation (PVI) catheter ablation for the treatment of persistent and long-standing persistent Afib. The objective of the aMAZE IDE trial is to demonstrate that using the LARIAT system for LAA exclusion, plus a PVI catheter ablation, will lead to a reduced incidence of recurrent Afib compared to PVI alone, with a favorable safety profile. The aMAZE IDE trial provides enrollment of up to 600 patients at 65 sites with one-year follow up. Enrollment was completed in December 2019, and **patient follow-up for twelve months post PVI catheter ablation required by the study protocol was completed in April 2021.** In January 2020, we received approval under a continued access protocol (CAP) for additional patient enrollment of up to 85 patients at existing aMAZE IDE trial sites. In July 2021, the Company was informed that data from the aMAZE clinical trial did not achieve statistical superiority for the primary effectiveness endpoint. Specifically, while the trial met the safety endpoint, the trial did not meet the primary effectiveness endpoint. The Company has stopped enrollment in the aMAZE CAP, and is in the process of further analyzing aMAZE trial data and determining the next steps for the trial, PMA application and any future development activities.

ICE-AFIB. The ICE-AFIB clinical trial is designed to study the safety and efficacy of the cryoICE® system for persistent and long-standing persistent Afib treatment during concomitant on-pump cardiac surgery. The trial provides for enrollment of up to 150 patients at up to 20 sites in the United States. Enrollment began in January 2019 and remains ongoing.

DEEP AF Pivotal Study. The DEEP AF IDE pivotal trial evaluates the safety and efficacy of the AtriCure Bipolar System when used in a staged approach where a minimally invasive surgical ablation procedure is first performed. The patient undergoes the endocardial catheter procedure approximately 91-120 days later. The study began in 2014 and was paused during 2016-2017 due to our work to mitigate the risk related to esophageal injury during the procedure. We are committed to patient safety, and we worked collaboratively with FDA and obtained approval to resume enrollment in the trial in 2018 starting with 40 patients. All 40 patients have been enrolled and treated, and in July 2021, we received FDA approval to enroll the full cohort of 220 patients. We are evaluating next steps to resume enrollment.

CEASE AF. We are also pursuing a non-IDE trial in Europe to compare staged hybrid ablation treatment (minimally invasive surgical ablation procedure is first performed and the patient undergoes the intracardiac catheter procedure approximately 91-180 days later) versus catheter ablation alone. Enrollment began in November 2015. However, we have temporarily suspended enrollment to perform an interim data analysis.

Sales, Marketing and Medical Education

Our global sales and marketing efforts focus on educating physicians about our unique technologies and their technical benefits. We only promote our products for uses described in their labeling as cleared or approved by the relevant regulatory agencies. We train our sales force on the use of our products to the extent the products are cleared or approved.

Our sales team in the United States has approximately 220 employees supporting approximately 57 sales territories. We select our sales personnel based on their expertise, sales experience and reputation in the medical device industry, and their knowledge of cardiac and thoracic surgery procedures and technologies.

We market and sell our products in selected countries outside of the United States through a combination of independent distributors and direct sales personnel. Our international sales team includes sales representatives focused on our direct markets, such as Germany, France, the United Kingdom and the Benelux region. We also maintain a network of distributors in Asia, South America and Canada, as well as certain countries in Europe, who market and sell our products. We continue to evaluate opportunities for further expansion into markets outside of the United States.

Competition

Our industry is competitive, subject to change and significantly affected by new product introductions and other activities of industry participants. Most of our competitors have greater financial and human resources than we do and have relationships with our target customers, as well as worldwide distribution channels that are more established and developed than ours. Our primary competitor in the cardiac surgery market is Medtronic, plc, who provides similar surgical ablation products to ours that have been adopted by physicians for the treatment of Afib and related conditions. AtriCure has the only medical devices that are approved by FDA for treating long-standing persistent Afib: the Isolator Synergy Ablation, the first medical device to receive FDA approval for the treatment of persistent Afib in a concomitant setting, and the EPi-Sense System, which recently received FDA PMA approval for Hybrid AF Therapy. Several other companies offer intracardiac catheter devices that are commonly used by electrophysiologists to treat Afib. These catheter devices are FDA-approved to treat the paroxysmal and persistent forms of Afib, but they are not FDA indicated to treat long-standing persistent Afib. AtriCure is monitoring other companies who are conducting clinical trials that may support FDA approval of their devices to treat persistent and long-standing persistent Afib, although we are not aware of any ongoing FDA trials by other companies to study ablation of long-standing persistent Afib patients. We believe that our products compare favorably against competing products during both open-heart and minimally invasive procedures, and that our products improve treatment outcomes for patients with non-paroxysmal forms of Afib when combined with intracardiac catheter devices. In addition to the cardiac surgery market, we also consider competition within the post-operative pain market. At this time, we are not aware of other companies in the United States who are pursuing cryothermic nerve block therapies for thoracic surgery. There are other companies outside of the United States who market their devices for a similar therapy.

To compete effectively, we strive to demonstrate that our products are an attractive alternative or addition to other treatments by differentiating our products on the basis of safety, efficacy, performance, ease of use, reputation, service and impact on healthcare economics. In addition, we invest heavily in training and education to ensure that our customers understand available devices, techniques and approaches for optimal treatment. We have encountered and expect to continue to encounter potential customers who prefer products offered by our competitors.

Third-Party Reimbursement

Payment for patient care in the United States is generally made by third-party payors. These payors include private insurers and government insurance programs, such as Medicare and Medicaid. The Medicare program, the largest single payor in the United States, is a federal health benefit program administered by the Centers for Medicare and Medicaid Services (CMS) and covers certain medical care items and services for eligible beneficiaries, such as individuals over 65 years old, as well as chronically disabled individuals. Because Medicare beneficiaries comprise a large percentage of the populations for which our products are used, and private insurers may follow the coverage and payment policies for Medicare, Medicare's coding, coverage and payment policies for cardiothoracic surgical procedures are significant to our business.

Medicare's Part A program pays hospitals for inpatient services, such as cardiothoracic surgery, under the Inpatient Prospective Payment System, which provides a predetermined payment based on the patient's discharge diagnoses and surgical procedure(s). Discharge diagnoses are grouped into Medicare Severity Diagnosis Related Groupings (MS-DRG). There are several cardiac surgery MS-DRGs associated with the surgical treatment of Afib, with and without a concomitant open-heart procedure. When an ablation device and/or LAA exclusion device (LAAM) is used during a concomitant open-heart procedure, Medicare's hospital reimbursement is based upon the patient's primary structural heart surgical procedure. In contrast, sole therapy minimally invasive ablation or surgical LAAM procedures typically are reimbursed under a general cardiac surgery MS-DRG. We believe hospital reimbursement rates for sole therapy and concomitant therapy cardiac surgical ablation or LAAM are adequate to cover the cost of our products even when multiple procedures are performed.

Physicians are reimbursed for their services separately under the Medicare Part B physician fee schedule. When performing a surgical cardiac ablation with and without a concomitant open-heart procedure, surgeons report Current Procedural Terminology (CPT) codes to receive a professional fee payment. Multiple CPT codes may be reported by a physician during a procedure if multiple procedures are performed. There are category one CPT codes for both concomitant and standalone surgical Afib treatment, as well as surgical LAAM. However, some providers utilize unlisted CPT codes to obtain reimbursement in these situations.

In addition to the Medicare program, many private payors look to CMS policies as a guideline in setting their coverage policies and payment amounts. The current coverage policies of these private payors may differ from the Medicare program, and payment rates may be higher, lower, or the same as the Medicare program. In some cases, certain

private payors adopt negative coverage policies with respect to therapies involving our products. We engage third-party reimbursement consultants that provide support to our customers in the event of a coverage denial.

Outside of the United States, third-party reimbursement varies widely by geography and by the type of therapy in which our devices are used. For example, even though a new medical device may have been approved for commercial distribution, we may find limited demand for the device until coverage and sufficient reimbursement levels have been obtained from governmental and private third-party payors. In addition, some private third-party payors require that certain procedures or the use of certain products be authorized in advance as a condition of reimbursement. In some countries, cost containment initiatives and health care reforms include initiatives like governmental reviews of reimbursement rate benchmarks, which may significantly reduce reimbursement for procedures using our medical devices or deny coverage for those procedures altogether. We are actively working to pursue market access in certain geographies, which includes applying for new reimbursement for therapies in which our devices are being used or pursuing specific reimbursement for utilization of our devices.

Government Regulation

Our products are medical devices and are subject to regulation in the United States by FDA and other federal agencies, and by comparable authorities in the European Union (EU) and other countries worldwide.

US Regulation:

FDA regulations govern nearly all of the activities that we perform, or that are performed on our behalf, to ensure that medical products distributed domestically or exported internationally are safe and effective for their intended uses. FDA regulates the total product lifecycle from early design, development and testing, to manufacturing and commercialization activities, as well as post-market surveillance and reporting, including corrective actions, removals and recalls. Unless an exemption applies, most medical devices distributed in the United States require either 510(k) clearance or PMA from FDA.

510(k) Clearance Pathway. To obtain 510(k) clearance, we must submit a notification to FDA demonstrating that our proposed device is substantially equivalent to a predicate device, i.e., a previously cleared and legally marketed 510(k) device or a device that was in commercial distribution before May 28, 1976, for which FDA has not yet called for the submission of a PMA. Any modification to a 510(k)-cleared device that would constitute a major change in its intended use, or a change in its design or manufacture that could significantly affect the safety or effectiveness of the device, requires a new 510(k) clearance.

Premarket Approval Pathway. A PMA must be submitted to FDA if the device cannot be cleared through the 510(k) process and is not otherwise exempt. A PMA must be supported by extensive data, including but not limited to technical, preclinical, clinical, real world data, manufacturing and labeling, to demonstrate the safety and effectiveness of the device for its intended use. A PMA supplement is required for changes affecting the safety or effectiveness of a PMA-approved device, including but not limited to new indications for use, a different manufacturing facility, or changes in the manufacturing process, labeling, or design specifications or components of the device.

Clinical Trials. Clinical trials are required to support a PMA and are sometimes required for 510(k) clearance. Clinical trials are subject to extensive recordkeeping and reporting requirements. Our clinical trials must be conducted under the oversight of an Institutional Review Board (IRB) for the relevant clinical trial sites and must comply with FDA regulations, including, but not limited to, those relating to current good clinical practices. We are also required to obtain the written informed consent of patients in form and substance that complies with both FDA requirements and other human subject protection regulations established by FDA. We must conduct our clinical studies in compliance with state and federal privacy laws, including the Health Insurance Portability and Accountability Act (HIPAA).

Educational Grants. FDA regulates the promotion of medical devices by manufacturers and prohibits the promotion by manufacturers of uses that are not within the approved or cleared labeling of the device. FDA does not regulate the practice of medicine or the conduct or content of medical education conducted by third parties, which may include uses that are not within approved or cleared device labeling. Manufacturers may provide unrestricted financial support for independent third-party medical education programs in the form of educational grants intended to offset the cost of such programs. If the manufacturer controls or unduly influences the content of such programs, FDA considers those programs to be promotional activities by the manufacturer and thus subject to FDA regulation including promotional restrictions. We seek to ensure that our educational grants program is conducted in accordance with FDA criteria for independent educational activities. However, we cannot provide an assurance that FDA or other government authorities would view the third-party programs we have supported as being independent.

Pervasive and Continuing Regulation. There are numerous regulatory requirements that apply after a product is cleared or approved by FDA, including, but not limited to: annual establishment registration and product listing; current good manufacturing practice for devices, referred to as the Quality System Regulation (QSR); labeling requirements and advertising and promotion guidelines; assessing the significance of any changes to a device; monitoring and reporting serious and adverse events and certain device malfunctions; and reporting certain device corrections and removals. Our manufacturing facilities and processes are also subject to FDA inspections to ensure compliance with QSR.

In addition to FDA regulation, the advertising and promotion of certain medical devices are also regulated by the Federal Trade Commission and by state regulatory and enforcement authorities. On occasion, promotional activities for FDA-regulated products can be the subject of enforcement action brought under healthcare reimbursement laws and consumer protection statutes. In addition, under the Federal Lanham Act and similar state laws, competitors and others can initiate litigation relating to advertising claims.

Fraud, Abuse and False Claims. We are directly and indirectly subject to various federal and state laws governing our relationship with healthcare providers. In particular, the Anti-Kickback Statute is a federal criminal law that applies broadly and prohibits the knowing and willful offer or payment of remuneration to induce or reward patient referrals or the generation of business involving any item or service payable by a federal health care program. The federal False Claims Act (FCA) imposes civil liability on any person or entity that submits, or causes the submission of, a false or fraudulent claim to the United States government. Damages under the FCA consist of the imposition of fines and penalties and can be significant. The FCA also allows a private individual or entity with knowledge of past or present fraud against the federal government to sue on behalf of the government to recover the civil penalties and treble damages.

AtriCure is a member of the Advanced Medical Technology Association (AdvaMed), a voluntary United States trade association for medical device manufacturers. This association has established guidelines and protocols for medical device manufacturers in their relationships with healthcare professionals on matters including research and development, product training and education, grants and charitable contributions, support of third-party educational conferences and consulting arrangements. Adoption of the AdvaMed Code of Ethics for Interactions with Healthcare Professionals (the "AdvaMed Code") by a medical device manufacturer is voluntary, and while the Office of the Inspector General and other federal and state healthcare regulatory agencies encourage its adoption and may look to the AdvaMed Code, they do not view adoption of the AdvaMed Code as proof of compliance with applicable laws. We have adopted the AdvaMed Code and incorporated its principles in our standard operating procedures, employee training programs and relationships with medical professionals.

AtriCure is a member of MedTech Europe, a voluntary trade association for the medical technology industry including diagnostics, medical devices and digital health. MedTech Europe and its members are committed to a high level of ethical business practices and have put in place strict guidelines to advise medical technology manufacturers on how to collaborate ethically with healthcare professionals (HCPs). These guidelines are set out in the MedTech Europe Code of Ethical Business Practice (MedTech Code), which regulates all aspects of the industry's relationships with HCPs and healthcare organizations (HCOs). It covers medical education and research and development. It also introduces an independent enforcement mechanism and transparency obligations. The Code sets clear and transparent rules for the industry's relationships with HCPs and HCOs, including company events, third party organized events, arrangements with consultants, gifts, research and financial support to medical education. We have adopted the MedTech Code and incorporated its principles in our standard operating procedures, employee training programs and relationships with medical professionals.

Regulation Outside of the United States:

Sales of medical devices outside of the United States are subject to foreign governmental regulations which vary substantially from country to country. The time required to obtain certification or approval by a foreign country may be longer or shorter than that required for FDA clearance or approval and the requirements may be different, but the general trend is toward increasing regulation and greater requirements for the manufacturer to provide more bench testing and clinical evidence.

While some harmonization of global regulations has occurred, requirements continue to differ significantly. In China, for example, the product must first have approval in the country of origin. In China, successful results from local product safety testing precedes submission of documentation to obtain approval. In addition, regulatory agencies and authorities can halt distribution within the country or otherwise take action in accordance with local laws.

Conformity Assessment Pathway. In the European Union, various directives regulate the design, manufacture and labeling of medical devices, and more stringent conformity assessment requirements have been put in place with the 2017

Medical Device Regulation, effective May 26, 2021. The method for assessing conformity varies depending on the type and class of the product, but typically involves a combination of quality system assessment and product conformity assessment by a third-party notified body, an independent and neutral institution appointed by a country to conduct the conformity assessment. This third-party assessment includes a review of documentation related to the device that may be as extensive as the documentation requirements that the United States FDA requires for higher risk products. The notified body also audits the manufacturer's quality system and performs a detailed review of the testing of the manufacturer's device. Successful completion of a conformity assessment procedure allows a manufacturer to issue a declaration of conformity with the requirements of the relevant directive and affix the CE mark to the device. Devices that bear the CE mark may be commercially distributed throughout the member states of the European Union and other countries that comply with or mirror the medical device directives or medical device regulations.

Pervasive and Continuing Regulation. There are numerous regulatory requirements that apply after a product has been approved by the notified body for CE marking, including, but not limited to: labeling, advertising and promotion, reporting of device modifications, monitoring the safety of the product and performing corrections and removals when necessary, maintaining "state of the art" requirements for the devices through compliance with standards, and obtaining recertification of the quality system and individual device certificates on a periodic basis.

Intellectual Property

Protection of our intellectual property is a priority for our business, and we rely on a combination of patent, copyright, trademark and trade secret laws to protect our interests. Our ability to protect and use our intellectual property rights in the continued development and commercialization of our technologies and products, operate without infringing the proprietary rights of others, and prevent others from infringing our proprietary rights is important to our continued success. We will be able to protect our products and technologies from unauthorized use by third parties only to the extent that they are covered by valid and enforceable patents, trademarks or copyrights, or are effectively maintained as trade secrets, know-how or other proprietary information.

We hold numerous issued United States and international patents. We also have multiple pending United States and international patent applications. We seek patent protection relating to technologies and products we develop in both the United States and in selected foreign countries. While we own much of our intellectual property, including patents, patent applications, trademarks, trade secrets, know-how and proprietary information, we also license patents and related technology of importance to the commercialization of our products. To continue developing and commercializing our current and future products, we may license intellectual property from commercial or academic entities to obtain the rights to technology that is required for our research, development and commercialization activities.

All of our employees and technical consultants are required to execute confidentiality agreements in connection with their employment and consulting relationships with us. We also generally require them to agree to disclose and assign to us all inventions conceived in connection with their relationship with us. We devote significant resources to obtaining patents and other intellectual property and protecting our other proprietary information. If valid and enforceable, these patents may give us a means of blocking competitors from using infringing technology to compete directly with our products. We also have proprietary information that may not be patentable. With respect to proprietary information that is not patentable, we have chosen to rely on trade secret protection and confidentiality agreements to protect our interests.

Manufacturing

We assemble, inspect, test and package the majority of our products at our facilities in Ohio, and our products are sterilized by third parties. Purchased components are generally sourced from a single supplier, but alternatives to these suppliers are available in the event this would be needed.

To minimize supply chain risks, we maintain inventory levels of components and raw materials specific to the respective part or device. We assess tooling and equipment on an ongoing basis. Order quantities and lead times for components purchased from outside suppliers are based on our forecasts derived from historical demand and anticipated future demand. Lead times may vary significantly depending on the size of the order, time required to fabricate and test the components, specific supplier requirements and current market demand for the components and subassemblies. To date, we have not experienced significant delays in obtaining any of our components.

We regularly audit our suppliers for compliance with our quality system requirements, the QSR and/or applicable ISO standards. We are an FDA-registered medical device manufacturer and certified to ISO 13485:2016. In addition, we have successfully participated in the Medical Device Single Audit Program (MDSAP) and have been certified accordingly. The MDSAP program is recognized in Australia, Brazil, Canada, Europe, Japan and the United States.

We are subject to numerous federal, state and local laws relating to such matters as laboratory practices, the experimental use of animals, the use and disposal of hazardous or potentially hazardous substances, safe working conditions, manufacturing practices, environmental protection and fire hazard control.

Consulting Relationships

We have developed consulting relationships with scientists and physicians throughout the world to support our research and development, clinical and training and education programs. We work closely with these thought leaders to understand unmet needs and emerging applications for the treatment of Afib and other diseases and conditions.

Our physician consulting agreements are intended to satisfy the requirements of the personal services "Safe Harbor" regulation as well as the AdvaMed Code and the MedTech Europe Code of Ethical Business Practice. As such, they provide for payment of a fair market value fee only for legitimate services rendered to us. We do not expect or require the consultant to utilize or promote our products, and consultants are required to disclose their relationship with us as appropriate, such as when publishing an article in which one of our products is discussed. Amounts paid to physicians in the United States are disclosed by us in annual reports submitted to CMS under the federal "Open Payments" law. Amounts paid to physicians in certain other countries are also disclosed by us in reports submitted to various governmental agencies in those countries, in accordance with the laws of the jurisdictions where those physicians reside or practice, or where the payments are made.

Human Capital Management

Successful execution of our strategy is dependent on attracting, developing and retaining key employees and members of our management team. The skills, experience and industry knowledge of our employees significantly benefit our operations and performance. We continuously evaluate, modify and enhance our internal processes to increase employee engagement, productivity and efficiency.

We had approximately 875 employees as of January 31, 2022. None of the employees were represented by a labor union, and we have never experienced any employment-related work stoppages. We consider our employee relations to be in good standing. At AtriCure, the employee experience is crucial to the ongoing success of the company. We work to provide a culture that augments the intrinsic rewards of our mission – one where employees feel valued and supported every day. We strive to engage with our employees across every level of the organization, celebrate their personal milestones and cultivate a sense of trust and transparency. Our culture provides opportunities for employees to feel a part of a community through paid leave for volunteering and individual recognition with "Heart of AtriCure" awards. Our employees have voted us as a Top Workplace six times in the past seven years, and our culture is regularly cited in our internal engagement surveys as a leading positive attribute of the Company. Our culture is a central asset to our Company.

Employee Compensation and Benefits

Competitive compensation and benefits are an integral part of our efforts to attract and retain world-class talent. We are committed to regularly analyzing and evaluating the effectiveness of our compensation and benefit programs and benchmarking our programs against the market and our industry peers. Annual pay increases and other forms of incentive compensation are based on performance and market evaluation. Performance expectations are communicated to employees at the time of hiring, as well as upon internal transfer or promotion, and documented through our performance management process as part of our annual review procedures.

Benefits for eligible U.S.-based employees include medical, dental and vision insurance; paid leave for both vacation and illness; a 401(k) plan that includes a company matching contribution; a stock purchase plan enabling employees to purchase AtriCure stock at a reduced price; and life and disability insurance. Our international employee benefits vary due to local regulations and offerings. We ensure compliance with all statutory and mandatory benefits which vary by country, such as medical, disability, retirement/pension, workers compensation, accident, social benefits and paid leave.

Diversity, Equity, and Inclusion

We have an ongoing commitment to advancing Diversity, Equity, and Inclusion (DE&I) throughout our workplace and the communities in which we operate. By honoring the dignity of each person, we foster a culture of inclusion where everyone is welcome. We do this by embracing diverse voices and experiences, supporting programs and resources that build an authentic and respectful workplace and providing fair and equitable opportunities for each person to contribute meaningfully in both their work and their personal lives.

ATRICURE, INC. AND SUBSIDIARIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS—(Continued)
(In Thousands, Except Per Share Amounts)

4. INVESTMENTS

Investments as of December 31, 2021 consisted of the following:

	Cost Basis	Unrealized Gains (Losses)	Fair Value
Corporate bonds	$ 96,408	$ (563)	$ 95,845
Government and agency obligations	32,953	(263)	32,690
Commercial paper	22,978	—	22,978
Asset-backed securities	28,322	(61)	28,261
Total	$ 180,661	$ (887)	$ 179,774

Investments as of December 31, 2020 consisted of the following:

	Cost Basis	Unrealized Gains (Losses)	Fair Value
Corporate bonds	$ 73,702	$ 28	$ 73,730
Government and agency obligations	45,385	14	45,399
Commercial paper	76,914	—	76,914
Asset-backed securities	20,397	12	20,409
Total	$ 216,398	$ 54	$ 216,452

The Company has not experienced any significant realized gains or losses on its investments in the years ended December 31, 2021, 2020 and 2019.

5. INTANGIBLE ASSETS AND GOODWILL

The following table provides a summary of the Company's intangible assets at December 31:

		2021		2020	
	Estimated Useful Life	Cost	Accumulated Amortization	Cost	Accumulated Amortization
Technology	5-15 years	$ 55,712	$ 12,720	$ 11,691	$ 9,813
IPR&D		—	—	126,321	—
Total		$ 55,712	$ 12,720	$ 138,012	$ 9,813

Following PMA approval of the EPi-Sense® System in the second quarter 2021, the related IPR&D asset with a value of $44,021 was determined to have a finite useful life. The intangible asset is now included in technology assets and amortized over an estimated fifteen year life.

As a result of data from the aMAZE clinical trial not achieving statistical superiority, the Company identified indicators of impairment for the IPR&D asset that represents an estimate of the fair value of the PMA that could result from the aMAZE clinical trial. During the third quarter 2021, an impairment test was performed using estimates based on reasonable and supportable assumptions and projections of expected future cash flows, and the Company recorded an impairment charge of $82,300, reducing the carrying value of the aMAZE IPR&D asset to $0 as of December 31, 2021. This impairment charge is reflected as a component of operating expenses.

Amortization expense of intangible assets with definite lives, which excludes IPR&D assets, was $2,907, $1,682 and $1,943 for the years ended December 31, 2021, 2020 and 2019.

Future amortization expense is projected as follows:

2022	$ 3,653
2023	2,953
2024	2,953
2025	2,953
2026	2,953
2027 and thereafter	27,527
Total	$ 42,992

The following table provides a summary of the Company's goodwill, which is not amortized, but rather tested annually for impairment:

Net carrying amount as of December 31, 2019	$ 234,781
Additions	—
Net carrying amount as of December 31, 2020	234,781
Additions	—
Net carrying amount as of December 31, 2021	$ 234,781

6. INVENTORIES

Inventories consisted of the following at December 31:

	2021	2020
Raw materials	$ 12,653	$ 11,966
Work in process	2,064	2,424
Finished goods	24,247	20,636
Inventories	$ 38,964	$ 35,026

7. PROPERTY AND EQUIPMENT

Property and equipment consisted of the following at December 31:

	Estimated Useful Life	2021	2020
Generators and related equipment	1 - 3 years	$ 20,175	$ 18,669
Building under finance lease	15 years	14,250	14,250
Computer, software and office equipment	3 - 5 years	7,762	8,045
Machinery and equipment	3 - 7 years	8,501	6,697
Furniture and fixtures	3 - 7 years	5,877	5,849
Leasehold improvements	5 - 15 years	8,727	8,645
Construction in progress	N/A	5,999	2,067
Land	N/A	1,006	502
Equipment under finance leases	3 - 5 years	380	409
Total		72,677	65,133
Less accumulated depreciation		(41,268)	(36,843)
Property and equipment, net		$ 31,409	$ 28,290

Property and equipment depreciation expense was $7,534, $7,866 and $7,423 for the years ended December 31, 2021, 2020 and 2019. Depreciation related to generators and other capital equipment was $2,327, $2,503 and $2,910 for

fiscal years 2021, 2020 and 2019. As of December 31, 2021 and 2020, the net carrying value of generators and other capital equipment was $3,637 and $3,410.

8. ACCRUED LIABILITIES

Accrued liabilities consisted of the following at December 31:

	2021	2020
Accrued compensation and employee-related expenses	$ 30,990	$ 17,730
Sales returns and allowances	2,416	1,889
Accrued taxes and value-added taxes payable	1,452	1,256
Accrued royalties	754	703
Other accrued liabilities	470	406
Accrued legal settlement	10	6,000
Total	$ 36,092	$ 27,984

9. INDEBTEDNESS

Credit Facility. The Company has a Loan and Security Agreement, as amended and modified effective February 8, 2021 and as further amended November 1, 2021 (Loan Agreement) with Silicon Valley Bank (SVB). The Loan Agreement includes a $60,000 term loan, with an option to make available an additional $30,000 in term loan borrowings, and a $30,000 revolving line of credit. The Loan Agreement has a five year term, expiring November 2026.

Principal payments under the Loan Agreement are to be made ratably commencing 24 months after inception through the loan's maturity date. At the option of the Company, the commencement of term loan principal payments may be extended an additional twelve months. The term loan accrues interest at the Prime Rate plus 1.25% and is subject to an additional 3.00% fee on the term loan principal amount at maturity. The Company is accruing the 3.00% fee over the term of the Loan Agreement, with $60 included in the outstanding loan balance as of December 31, 2021. Additionally, the unamortized original financing costs related to the term loan of $319 are netted against the outstanding loan balance in the Consolidated Balance Sheets and are amortized ratably over the term of the Loan Agreement.

The revolving line of credit is subject to an annual facility fee of 0.20% of the revolving line of credit, and any borrowings thereunder bear interest at the Prime Rate. Borrowing availability under the revolving credit facility is based on the lesser of $30,000 or a borrowing base calculation as defined by the Loan Agreement. As of December 31, 2021, the Company had no borrowings under the revolving credit facility and had borrowing availability of approximately $28,750. Financing costs related to the revolving line of credit are included in other assets in the Consolidated Balance Sheets and amortized ratably over the twelve-month period of the annual fee.

The Loan Agreement also provides for certain prepayment and early termination fees, as well as establishes a minimum liquidity covenant and dividend restrictions, along with other customary terms and conditions. Specified assets have been pledged as collateral.

Future maturities of long-term debt, excluding the term loan final fee, are projected as follows:

2022	$ —
2023	3,333
2024	20,000
2025	20,000
2026	16,667
Total long-term debt, of which $60,000 is noncurrent	$ 60,000

10. LEASES

The Company has operating and finance leases for offices, manufacturing and warehouse facilities and computer equipment. The Company's leases have remaining lease terms of one to nine years. Options to renew or extend leases

beyond their initial term have been excluded from measurement of the ROU assets and lease liabilities for the majority of leases as exercise is not reasonably certain.

The weighted average remaining lease term and the discount rate for the reporting periods are as follows:

	As of December 31, 2021	As of December 31, 2020	As of December 31, 2019
Operating Leases			
Weighted average remaining lease term (years)	3.6	3.2	3.5
Weighted average discount rate	4.69 %	5.68 %	5.94 %
Finance leases			
Weighted average remaining lease term (years)	8.6	9.7	11.0
Weighted average discount rate	6.91 %	6.91 %	7.05 %

A letter of credit for $1,250 was issued to the lessor of the Company's corporate headquarters building in October 2015, which is renewed annually and remains outstanding as of December 31, 2021.

The components of lease expense are as follows:

	Year Ended December 31, 2021	Year Ended December 31, 2020	Year Ended December 31, 2019
Operating lease cost	$ 1,052	$ 1,237	$ 952
Finance lease cost:			
Amortization of right-of-use assets	1,019	1,050	998
Interest on lease liabilities	792	844	872
Total finance lease cost	$ 1,811	$ 1,894	$ 1,870

Short term lease expense was not significant for the twelve months ended December 31, 2021, 2020 and 2019.

Supplemental cash flow information related to leases was as follows:

	Year Ended December 31, 2021	Year Ended December 31, 2020	Year Ended December 31, 2019
Cash paid for amounts included in the measurement of lease liabilities:			
Operating cash flows for operating leases	$ 998	$ 1,236	$ 1,026
Operating cash flows for finance leases	620	844	872
Financing cash flows for finance leases	792	664	629
Right-of-use assets obtained in exchange for lease obligations:			
Operating Leases	3,752	1,421	1,884
Finance Leases	—	22	270
Operating lease right-of-use asset obtained in business combination	—	—	2,929
Early termination of operating lease	—	2,743	—

Supplemental balance sheet information related to leases was as follows:

	As of December 31, 2021	As of December 31, 2020
Operating Leases		
Operating lease right-of-use assets	$ 4,761	$ 1,914
Other current liabilities and current maturities of debt and leases	861	927
Operating lease liabilities	4,068	1,180
Total operating lease liabilities	$ 4,929	$ 2,107
Finance Leases		
Property and equipment, at cost	$ 14,607	$ 14,659
Accumulated depreciation	(6,116)	(5,247)
Property and equipment, net	$ 8,491	$ 9,412
Other current liabilities and current maturities of debt and leases	$ 895	$ 823
Finance lease liabilities	10,082	10,969
Total finance lease liabilities	$ 10,977	$ 11,792

Maturities of lease liabilities as of December 31, 2021 were as follows:

	Operating Leases	Finance Leases
2022	$ 861	$ 1,629
2023	1,160	1,652
2024	1,164	1,674
2025	920	1,625
2026	592	1,657
2027 and thereafter	868	6,515
Total payments	$ 5,565	$ 14,752
Less imputed interest	(636)	(3,775)
Total	$ 4,929	$ 10,977

11. COMMITMENTS AND CONTINGENCIES

Royalty Agreements. The Company has royalty agreements in place with terms that include payments of 3% to 5% of specified product sales. One royalty agreement remains in effect through 2025, while the other agreement remains in effect until the later of 2023 or expiration of the underlying patents or patent applications. Parties to the royalty agreements have the right at any time to terminate the agreement immediately for cause. Royalty expense of $3,124, $2,596 and $2,892 was recorded for the years ended December 31, 2021, 2020 and 2019.

Purchase Agreements. The Company enters into standard purchase agreements with suppliers in the ordinary course of business, generally with terms that allow cancellation. The Company is committed to funding renovation of a recently purchased building for additional manufacturing capacity. Approximately $3,800 of construction costs remain committed and outstanding.

Legal. The Company may, from time to time, become a party to legal proceedings. Such matters are subject to many uncertainties and to outcomes of which the financial impacts are not predictable with assurance and that may not be known for extended periods of time. A liability is established once management determines a loss is probable and an amount can be reasonably estimated.

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, DC 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): May 25, 2022

AtriCure, Inc.
(Exact name of registrant as specified in charter)

Delaware	**000-51470**	**34-1940305**
(State or other jurisdiction of incorporation)	(Commission File Number)	(IRS Employer Identification No.)

7555 Innovation Way, Mason OH 45040
(Address of Principal Executive Offices, and Zip Code)

(513) 755-4100
(Registrant's Telephone Number, Including Area Code)

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):

o Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

o Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

o Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

o 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, $.001 par value	ATRC	NASDAQ

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 o

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. o

Item 5.02. Departure of Directors or Certain Officers; Election of Directors; Appointment of Certain Officers; Compensatory Arrangements of Certain Officers.

At the AtriCure, Inc. (the "Company") Annual Meeting of Stockholders which was held on May 25, 2022, the stockholders of the Company approved the AtriCure, Inc. 2014 Stock Incentive Plan Amended and Restated as of May 25, 2022 (the "2014 Plan"). The 2014 Plan was previously approved and amended to increase the number of shares available by the Board of Directors subject to stockholder approval. The 2014 Plan was amended to increase the number of shares of common stock available for issuance under it from 5,250,000 to 6,350,000.

The objectives of the 2014 Plan are to provide long-term incentives to those persons with responsibility for the success and growth of the Company, to motivate participants to achieve the long-term success and growth of the Company, to provide a vehicle to tie a significant portion of compensation to the long-term performance of the Company's shares, to enable the Company to attract and retain skilled and qualified officers, other employees, directors and consultants who are expected to contribute to the Company's success in a competitive market for such individuals, to facilitate ownership of the Company's shares and to align the personal interests of officers, employees and others in the Company's long-term growth and profitability with the interests of the Company's stockholders. The 2014 Plan is an "omnibus" stock plan that provides for a variety of equity award vehicles to maintain flexibility. The 2014 Plan permits the grant of stock options, stock appreciation rights, restricted share awards, restricted share units and unrestricted share awards. The 2014 Plan does not permit the re-pricing of options or stock appreciation rights without the approval of stockholders and does not contain an "evergreen" provision to automatically increase the number of shares issuable under the 2014 Plan, except for certain adjustments resulting from stock splits and other specified events.

The foregoing summary of the 2014 Plan does not purport to be complete and is qualified in its entirety by reference to the full text of the 2014 Plan filed as an exhibit to this report.

Item 5.07. Submission of Matters to a Vote of Security Holders.

The stockholders of the Company voted on four items at the Annual Meeting of Stockholders held on May 25, 2022:

1. The election of nine directors to serve one-year terms expiring at the 2023 Annual Meeting of Stockholders and until their successors have been duly elected and qualified;

2. A proposal to ratify the appointment of Deloitte & Touche LLP as the Company's independent registered public accounting firm for the fiscal year ending December 31, 2022;

3. The approval of an amendment to the AtriCure, Inc. 2014 Stock Incentive Plan to increase the number of shares of common stock authorized for issuance thereunder by 1,100,000; and

4. An advisory vote on the compensation of the Company's named executive officers as disclosed in the proxy statement.

The nominees for director were elected based upon the following votes:

Director Nominees	For	Against	Abstain	Broker Non-Votes
Michael H. Carrel	39,816,614	1,331,581	53,978	2,156,025
Mark A. Collar	40,320,568	825,966	55,639	2,156,025
Regina E. Groves	40,706,059	445,373	50,741	2,156,025
B. Kristine Johnson	39,517,265	1,634,160	50,748	2,156,025
Karen N. Prange	40,682,019	467,853	52,301	2,156,025
Deborah H. Telman	41,130,079	19,793	52,301	2,156,025
Sven A. Wehrwein	40,699,449	447,184	55,540	2,156,025
Robert S. White	40,702,372	444,190	55,611	2,156,025
Maggie Yuen	41,129,458	20,413	52,302	2,156,025

The proposal to ratify the appointment of Deloitte & Touche LLP as the Company's independent registered public accounting firm for the fiscal year ending December 31, 2022 received the following votes:

For:	42,797,787
Against:	510,460
Abstain:	49,951
Broker Non-Votes:	0

The approval of an amendment to the AtriCure, Inc. 2014 Stock Incentive Plan to increase the number of shares of common stock authorized for issuance thereunder by 1,100,000 received the following votes:

For:	39,199,184
Against:	1,951,981
Abstain:	51,008
Broker Non-Votes:	2,156,025

The advisory vote on the compensation of the Company's named executive officers as disclosed in the proxy statement received the following votes:

For:	39,728,864
Against:	1,415,119
Abstain:	58,190
Broker Non-Votes:	2,156,025

Item 9.01 Financial Statements and Exhibits.

(d) Exhibits

No.	Description
10.1	AtriCure, Inc. 2014 Stock Incentive Plan (Amended and Restated as of May 25, 2022)
104	Cover Page Interactive Data File--the cover page XBRL tags are 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 hereunto duly authorized.

ATRICURE, INC.

Dated: May 27, 2022

By: /s/ Angela L. Wirick
Angela L. Wirick
Chief Financial Officer

ATRICURE, INC.

2014 STOCK INCENTIVE PLAN

(AMENDED AND RESTATED AS OF MAY 25, 2022)

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ATRICURE, INC.
2014 STOCK INCENTIVE PLAN
(AMENDED AND RESTATED AS OF MAY 25, 2022)

1. Purposes

The purposes of the Plan are to provide long-term incentives to those persons with significant responsibility for the success and growth of the Company, to align the interests of such persons with those of the Company's shareholders, to assist the Company in recruiting, retaining and motivating employees, directors and consultants on a competitive basis and to link compensation to performance.

2. Definitions

For purposes of the Plan, the following capitalized terms shall have the meanings specified below:

(a) "Affiliate" has the meaning set forth in Rule 12b-2 under the Exchange Act.

(b) "Award" means a grant of Stock Options, Stock Appreciation Rights, Restricted Shares, Restricted Share Units, or unrestricted Common Shares or any or all of them, to a Participant.

(c) "Award Agreement" means an agreement, either in written or electronic format, between the Company and a Participant setting forth the terms and conditions of an Award granted to the Participant.

(d) "Beneficial Owner" has the meaning given in Rule 13d-3 under the Exchange Act.

(e) "Board" means the Board of Directors of the Company.

(f) "Cause" means with respect to any Participant, unless otherwise provided in the applicable Award Agreement (i) indictment for, conviction of, or plea of guilty or no contest by the Participant to a felony, or of any criminal act, that has an adverse effect on the Participant's qualifications or ability to perform his duties; (ii) the unreasonable deliberate and material failure or refusal by the Participant to perform his employment duties (other than as a result of PTO, sickness, disability, illness or injury), and the failure to rectify the same within thirty (30) days after the Company shall have given notice to the Participant identifying such failure or refusal and demanding that it be rectified; (iii) the Participant's commission of any act of fraud, embezzlement, dishonesty or other misconduct that has caused, or would reasonably be expected to cause, material injury or economic harm to the Company; (iv) an act of gross negligence on the part of the Participant that has caused, or would reasonably be expected to cause, material injury or economic harm to the Company; (v) a deliberate and material violation of a written material Company policy; or (vi) a material breach of the Plan or any change-in control or non-disclosure agreement to which Participant and the Company may be parties (or, in each case, any successor thereto or amendment thereof) which (and only if the same shall be curable) Participant fails to cure within thirty (30) days after the Company shall have given notice to the Participant identifying such breach and demanding that it be cured. Any purported termination by the Company for Cause which does not satisfy the applicable requirements of this Section 2(f) shall be conclusively deemed to be a termination by the Company without Cause for purposes of the Plan.

(g) "Change in Control" means the occurrence of any of the following events:

(i) Any "person" (as such term is used in Sections 13(d) and 14(d) of the Exchange Act) becomes the "beneficial owner" (as defined in Rule 13d-3 of the Exchange Act), directly or indirectly, of securities of the Company representing fifty percent (50%) or more of the total voting power represented by the Company's then outstanding voting securities;

(ii) The consummation of the sale or disposition by the Company of all or substantially all of the Company's assets;

(iii) A change in the composition of the Board occurring within a two-year period, as a result of which fewer than a majority of the directors are Incumbent Directors. "Incumbent Directors" means directors who either (A) are directors as of the effective date of the Plan, or (B) are elected, or nominated for election, to the Board with the affirmative votes of at least a majority of the Incumbent Directors at the time of such election or nomination (but will not include an individual whose election or nomination is in connection with an actual or threatened proxy contest relating to the election of directors to the Company); or

(iv) The consummation of a merger or consolidation of the Company with any other corporation, other than a merger or consolidation which would result in the voting securities of the Company outstanding immediately prior thereto continuing to represent (either by remaining outstanding or by being converted into voting securities of the

surviving entity or its parent) at least fifty percent (50%) of the total voting power represented by the voting securities of the Company or such surviving entity or its parent outstanding immediately after such merger or consolidation.

Notwithstanding anything herein to the contrary, and only to the extent that an Award is subject to Code Section 409A and payment of the Award pursuant to the application of the definition of "Change in Control" above would cause such Award not to otherwise comply with Code Section 409A, payment of an Award may occur upon a Change in Control only to the extent that the event constitutes a "change in the ownership or effective control" of the Company or a "change in the ownership of a substantial portion of the assets" of the Company under Code Section 409A.

(h) "Code" means the Internal Revenue Code of 1986, as amended, and any rules, regulations or guidance promulgated thereunder. Any reference to the Code or a section thereof shall also refer to any successor Code or section.

(i) "Committee" means a committee appointed by the Board consisting of at least three members of the Board, all meeting the definitions of "outside director" set forth in Code Section 162(m) (as in effect prior to amendment by the Tax Cuts and Jobs Act) and Treasury Department regulations thereunder, "independent director" set forth in The Nasdaq Stock Market rules, and "non-employee director" set forth in Rule 16b-3 of the Exchange Act, or any successor definitions adopted for a similar purpose by the Internal Revenue Service, any national securities exchange on which the Common Shares are listed or the Securities and Exchange Commission.

(j) "Common Share" or "Common Shares" means one or more of the shares of common stock, par value $.001, of the Company.

(k) "Company" means AtriCure, Inc., a corporation organized under the laws of the State of Delaware, its subsidiaries, divisions and affiliated businesses.

(l) "Date of Grant" means the date on which the Committee authorizes the grant of an Award or such later date as may be specified by the Committee in such authorization.

(m) "Disability" means total and permanent disability as defined in Section 22(e)(3) of the Code, provided that in the case of Awards other than ISOs, the Committee in its discretion may determine whether a permanent and total disability exists in accordance with uniform and non-discriminatory standards adopted by the Committee from time to time.

(n) "Effective Date" has the meaning set forth in Section 13(a).

(o) "Exchange Act" means the Securities Exchange Act of 1934, as amended, and any rules, regulations, schedules or guidance promulgated thereunder. Any reference to the Exchange Act or a section thereof shall also refer to any successor Exchange Act or section.

(p) "Exercise Price" means the purchase price of a Common Share covered by a Stock Option or SAR, as applicable.

(q) "Fair Market Value" on any date means the closing price of the Common Shares as reported on The Nasdaq Stock Market or, if applicable, any other national securities exchange on which the Common Shares are principally traded, or, if there were no sales of Common Shares on such date, then on the immediately preceding date on which there were any sales of Common Shares. If the Common Shares cease to be traded on a national securities exchange, the Fair Market Value shall be determined pursuant to a reasonable valuation method prescribed by the Committee. In the case of an ISO (or Tandem SAR), Fair Market Value shall be determined by the Committee in accordance with Code Section 422. For Awards intended to be exempt from Code Section 409A, Fair Market Value shall be determined by the Committee in accordance with Code Section 409A.

(r) "Full-Value Award" means Restricted Shares, Restricted Share Units or unrestricted Common Shares.

(s) "ISO" means an Incentive Stock Option satisfying the requirements of Code Section 422 and designated as an ISO by the Committee.

(t) "Non-Employee Director" means a member of the Board who is not an employee of the Company.

(u) "NQSO" means a non-qualified Stock Option that does not satisfy the requirements of Code Section 422 or that is not designated as an ISO by the Committee.

(v) "Participant" means a person eligible to receive an Award under the Plan, as set forth in Section 4, and designated by the Committee to receive an Award subject to the conditions set forth in the Plan and any Award Agreement.

(w) "Performance Goals" means the goals established by the Committee, as described in Section 6(d)(ii).

(x) "Performance Measures" means the criteria set out in Section 6(d)(iii) that may be used by the Committee as the basis for a Performance Goal.

(y) "Performance Period" means the period established by the Committee during which the achievement of Performance Goals is assessed in order to determine whether and to what extent an Award that is conditioned on attaining Performance Goals has been earned.

(z) "Person" shall have the meaning given in Section 3(a)(9) of the Exchange Act, except that such term shall not include (i) the Company or any of its Affiliates, (ii) a trustee or other fiduciary holding securities under an employee benefit plan of the Company or any of its subsidiaries, (iii) an underwriter temporarily holding securities pursuant to an offering of such securities or (iv) a corporation owned, directly or indirectly, by the shareholders of the Company in substantially the same proportions as their ownership of Company securities.

(aa) "Plan" means the AtriCure, Inc. 2014 Stock Incentive Plan, as amended and restated from time to time.

(bb) "Prior Plan" means the AtriCure, Inc. 2005 Equity Incentive Plan, as it may have been amended and restated.

(cc) "Restricted Shares" means Common Shares that are subject to restrictions, as described in Section 6(c).

(dd) "Restricted Share Units" means a right, as described in Section 6(c), denominated in Common Shares to receive an amount, payable in either cash, Common Shares, Restricted Shares, or a combination thereof, equal to the value of a specified number of Common Shares.

(ee) "Restriction Period" means, with respect to any Full-Value Award, the period during which any risk of forfeiture or other restrictions set by the Committee, including performance restrictions, remain in effect until such time as they have lapsed under the terms and conditions of the Full-Value Award or as otherwise determined by the Committee.

(ff) "Retirement" means: retirement with the Company at or after age 65.

(gg) "Securities Act" means the Securities Act of 1933, as amended, and any rules, regulations, schedules or guidance promulgated thereunder. Any reference to the Securities Act or a section thereof shall also refer to any successor Securities Act or section.

(hh) "Stock Appreciation Right" or "SAR" means the right, as described in Section 6(b), to receive a payment equal to the excess of the Fair Market Value of a Common Share on the date the SAR is exercised over the Exercise Price established for that SAR at the time of grant, multiplied by the number of Common Shares with respect to which the SAR is exercised.

(ii) "Stock Option" means the right, as described in Section 6(a), to purchase Common Shares at a specified price for a specified period of time. Stock Options include ISOs and NQSOs.

(jj) "Tandem SAR" means a SAR granted in tandem with a Stock Option.

3. Administration of the Plan

(a) Authority of Committee. The Plan shall be administered by the Committee. Unless otherwise determined by the Board, the Compensation Committee of the Board shall serve as the Committee. The Committee shall have all the powers vested in it by the terms of the Plan, such powers to include the sole and exclusive authority to (within the limitations described in the Plan):

(i) select Participants to be granted Awards under the Plan and grant Awards pursuant to the terms of the Plan;

(ii) determine the type, size and terms of the Awards to be granted to each Participant;

(iii) determine the time when Awards are to be granted and any conditions that must be satisfied before an Award is granted;

(iv) establish objectives and conditions for earning an Award;

(v) determine all other terms and conditions, not inconsistent with the terms of the Plan and any operative employment or other agreement, of any Award granted under the Plan, and determine the appropriate Award Agreement evidencing the Award;

(vi) determine whether the terms, conditions, and objectives for earning an Award have been met, including, without limitation, any such determination or certification, as the case may be, required for compliance with Code Section 162(m)(as in effect prior to its amendment by the Tax Cuts and Jobs Act);

(vii) modify or waive the terms and conditions of Awards granted under the Plan, not inconsistent with the terms of the Plan and any operative employment or other agreement, accelerate the vesting, exercise or payment of an

Award or cancel or suspend an Award; *provided, however*, that the Committee shall have the ability to accelerate the vesting of an Award only upon a Change in Control, pursuant to Section 5(e), or the death or Disability of a Participant;

(viii) determine whether the amount or payment of an Award should be reduced or eliminated, and determine if, when and under what conditions payment of all or any part of any Award may be deferred;

(ix) determine the guidelines and/or procedures for the payment or exercise of Awards;

(x) determine whether any Awards granted to an employee should have Performance Goals or Performance Measures;

(xi) adopt, alter and repeal such administrative rules, guidelines and practices governing the Plan and establish and administer any sub-plans that may be governed by the Plan;

(xii) construe, interpret, administer and implement the Plan, any Award Agreements or related documents and correct any defect, supply an omission or reconcile any inconsistency in or between the Plan, any Award Agreement or related documents; and

(xiii) make factual determinations with respect to the Plan and any Awards and otherwise supervise the administration of the Plan.

(b) Binding Authority. The Committee's interpretations of the Plan, and all actions taken and determinations made by the Committee pursuant to the powers vested in it under the Plan, shall be conclusive and binding on all parties, including the Company, its shareholders and all Participants.

(c) Delegation of Authority. To the extent not prohibited by law or the rules of the national securities exchange on which the Company's Common Shares are listed, the Committee may allocate its authority hereunder to one or more of its members or delegate its authority hereunder to one or more Non-Employee Directors, and may grant authority to employees of the Company to execute documents on behalf of the Committee or to otherwise assist in the administration and operation of the Plan. The Committee may delegate, on such terms and conditions as it determines in its sole discretion, to the Company's Chief Executive Officer, with the required approval of the Company's Chief Financial Officer or Senior Vice President, Human Resources, the authority to grant Awards to Participants (other than to the Chief Executive Officer, members of the Board of Directors and officers who report directly to the Chief Executive Officer, including any officers who are subject to Section 16 of the Exchange Act) and the authority to make all necessary and appropriate decisions and determinations with respect thereto. In no event shall the Committee authorize any officer to designate an officer delegated authority under the Plan as a recipient of any Awards.

4. Eligibility

Subject to the terms and conditions of the Plan, the Committee may select, from all eligible persons, Participants to whom Awards shall be granted under the Plan and shall determine the nature and amount of each Award. Eligible persons include any of the following individuals: (i) any officer or key employee of the Company, (ii) any consultant (as defined in the General Instructions to the Form S-8 registration statement under the Securities Act) to the Company, and (iii) any Non-Employee Director. All Awards shall be evidenced by an Award Agreement, and Awards may be conditioned upon the Participant's execution of an Award Agreement.

5. Common Shares Subject to the Plan

(a) Authorized Number of Common Shares. Unless otherwise authorized by the Company's shareholders and subject to this Section 5 and Section 8, the maximum aggregate number of Common Shares available for issuance under the Plan is 6,350,000, plus (i) the number of Common Shares that, on the Effective Date, are available to be granted under the Prior Plan but which are not then subject to outstanding awards under the Prior Plan, and (ii) the number of Common Shares subject to outstanding awards under the Prior Plan as of the Effective Date which thereafter are forfeited, settled in cash or cancelled or expire. Upon the Effective Date, the Prior Plan will terminate; provided that all outstanding awards under the Prior Plan as of the Effective Date shall remain outstanding and shall be administered and settled in accordance with the provisions of the Prior Plan, as applicable. The maximum number of Common Shares available for issuance with respect to ISOs is 6,350,000.

(b) Share Counting. The following rules shall apply in determining the number of Common Shares available for grant under the Plan:

(i) Common Shares subject to any Award shall be counted against the maximum share limitation as one Common Share for every Common Share subject thereto.

(ii) To the extent that any Award is forfeited, cancelled, settled in cash, returned to the Company for failure to satisfy vesting requirements or other conditions of the Award or otherwise terminates without an issuance of

Common Shares being made, the maximum share limitation shall be credited with one Common Share for each Common Share subject to such Award, and such number of credited Common Shares may again be made subject to Awards under the Plan.

(iii) Any Common Shares tendered by a Participant or withheld as full or partial payment of withholding or other taxes or as payment for the exercise or conversion price of an Award or repurchased by the Company with Stock Option proceeds shall not be added back to the number of Common Shares available for issuance under the Plan. Upon exercise of a SAR, the number of Common Shares subject to the Award that are being exercised shall be counted against the maximum aggregate number of Common Shares that may be issued under the Plan on the basis of one Common Share for every Common Share subject thereto, regardless of the actual number of Common Shares used to settle the SAR upon exercise.

(iv) Any Common Shares underlying Awards granted through the assumption of, or in substitution for, outstanding awards previously granted to individuals who become employees of the Company as a result of a merger, consolidation, acquisition or other corporate transaction shall not, unless required by law or regulation, count against the reserve of available Common Shares under the Plan.

(c) Award Limitations. Subject to the adjustment provisions of Section 8:

(i) The maximum aggregate number of Common Shares that may be subject to Stock Options or SARs granted in any calendar year to any one Participant (other than a Non-Employee Director) shall be 6,350,000 Common Shares.

(ii) The maximum aggregate number of Common Shares that may be subject to Full-Value Awards granted in any calendar year to any one Participant (other than a Non-Employee Director) shall be 6,350,000 Common Shares.

(iii) Grants to Non-Employee Directors shall be limited to the grants described in Section 6(f).

(d) Shares to be Delivered. Common Shares to be delivered by the Company under the Plan may consist in whole or in part of authorized but unissued shares or treasury shares.

(e) Minimum Vesting. Except with respect to five percent (5%) of the maximum aggregate number of Shares that may be issued under the Plan, as provided herein, no Award shall vest earlier than one year following the date of grant of such Award; provided, however, that such limitation shall not preclude the acceleration of vesting of such Award upon the death or disability of the Participant or in connection with a Change in Control, as determined by the Committee in its discretion.

6. Awards to Participants

(a) Stock Options.

(i) *Grants.* Subject to the terms and conditions of the Plan, Stock Options may be granted to Participants, in such number and upon such terms and conditions as the Committee determines, and may consist of ISOs or NQSOs. Stock options may be granted alone or with Tandem SARs. With respect to Stock Options granted with Tandem SARs, the exercise of either such Stock Options or Tandem SARs will result in the simultaneous cancellation of the same number of Stock Options or Tandem SARs, as the case may be.

(ii) *Exercise Price.* The Exercise Price shall be equal to or, at the Committee's discretion, greater than the Fair Market Value on the date the Stock Option is granted, unless the Stock Option was granted through the assumption of, or in substitution for, outstanding awards previously granted to individuals who became employees of the Company as a result of a merger, consolidation, acquisition or other corporate transaction, in which case the assumption or substitution shall be accomplished in a manner that permits the Stock Option to be exempt from Code Section 409A.

(iii) *Term.* The term of Stock Options shall be determined by the Committee in its sole discretion, but in no event shall the term exceed ten years from the Date of Grant.

(iv) *ISO Limits.* ISOs may be granted only to Participants who are employees of the Company (or of any parent or subsidiary corporation within the meaning of Code Section 424) on the Date of Grant, and may only be granted to an employee who, at the time the Stock Option is granted, does not own more than ten percent of the total combined voting power of all classes of stock of the Company (or of any parent or subsidiary corporation within the meaning of Code Section 424), unless (A) the Exercise Price is at least 110% percent of the Fair Market Value on the Date of Grant, and (B) the ISO is not exercisable after five years from the Date of Grant. The aggregate Fair Market Value of all Common Shares, determined at the time the ISOs are granted, with respect to which ISOs are exercisable by a Participant for the first time during any calendar year (under all plans of the Company) shall not exceed $100,000 or such other

amount as may subsequently be specified by the Code. If such Fair Market Value exceeds the $100,000 limit, the ISOs exceeding the limit shall be treated as NQSOs, taking the Stock Options in the order each was granted. The terms of all ISOs shall be consistent with and contain or be deemed to contain all provisions required to qualify as an "incentive stock option" under Code Section 422.

(v) *No Repricing*. Subject to the adjustment provisions of Section 8, without the approval of the Company's shareholders, (A) the Exercise Price for any outstanding Stock Option may not be decreased after the Date of Grant, (B) no outstanding Stock Option may be surrendered to the Company as consideration for the grant of a new Stock Option with a lower Exercise Price, and (C) no other modifications to any outstanding Stock Option may be made that would be treated as a "repricing" under the then applicable rules, regulations or listing requirements adopted by the national securities exchange on which the Common Shares are listed. Neither the Board nor the Committee shall offer a cash buy-out of "underwater" Stock Options, and such buyouts of "underwater" Stock Options shall be prohibited.

(vi) *Form of Payment*. Vested Stock Options may be exercised (at the election of the Participant) in whole or in part, and the Exercise Price shall be paid to the Company at the time of exercise, subject to any applicable rules or regulations adopted by the Committee:

(A) to the extent permitted by applicable law, pursuant to cashless exercise procedures that are approved by the Committee;

(B) through the tender of unrestricted Common Shares owned by the Participant (or by delivering a certification or attestation of ownership of such Common Shares) valued at their Fair Market Value on the date of exercise;

(C) in cash or its equivalent; or

(D) by any combination of (A), (B), and (C) above.

(vii) *No Dividends or Shareholder Rights*. No dividends or dividend equivalents may be paid on Stock Options. Except as otherwise provided herein, a Participant shall have no rights as a holder of Common Shares covered by a Stock Option unless and until such Common Shares have been registered to the Participant as the owner.

(viii) *Other Restrictions*. Stock Options may be granted subject to such terms and conditions as the Committee determines, including, without limitation: forfeiture conditions, transfer restrictions, restrictions based upon the achievement of specific Performance Goals (Company-wide, divisional and/or individual) which may be based on one or more Performance Measures, time-based restrictions on vesting and/or restrictions under applicable federal or state securities laws.

(b) Stock Appreciation Rights.

(i) *Grants*. Subject to the terms and provisions of the Plan, SARs may be granted to Participants, in such number and upon such terms and conditions as the Committee determines, and may be granted alone or as Tandem SARs. With respect to Tandem SARs, the exercise of either such Stock Options or SARs will result in the simultaneous cancellation of the same number of Tandem SARs or Stock Options, as the case may be.

(ii) *Exercise Price*. The Exercise Price shall be equal to or, at the Committee's discretion, greater than Fair Market Value on the date the SAR is granted, unless the SAR was granted through the assumption of, or in substitution for, outstanding awards previously granted to individuals who became employees of the Company as a result of a merger, consolidation, acquisition or other corporate transaction involving the Company, in which case the assumption or substitution shall be accomplished in a manner that permits the SAR to be exempt from Code Section 409A.

(iii) *Term*. The term of a SAR shall be determined by the Committee in its sole discretion, but in no event shall the term exceed ten (10) years from the Date of Grant; provided that, each SAR granted in tandem with a Stock Option shall terminate upon the termination or exercise of the related Stock Option.

(iv) *No Repricing*. Subject to the adjustment provisions of Section 8, without the approval of the Company's shareholders, (A) the Exercise Price for any outstanding SAR may not be decreased after the Date of Grant, (B) no outstanding SAR may be surrendered to the Company as consideration for the grant of a new SAR with a lower Exercise Price, and (C) no other modifications to any outstanding SAR may be made that would be treated as a "repricing" under the then applicable rules, regulations or listing requirements adopted by the national securities exchange on which the Common Shares are listed. Neither the Board nor the Committee shall offer a cash buy-out of "underwater" Stock Options, and such buyouts of "underwater" Stock Options shall be prohibited.

(v) *Form of Payment*. Vested SARs may be exercised in whole or in part, and the Committee may authorize payment of a SAR in the form of cash, Common Shares valued at its Fair Market Value on the date of the exercise or a combination thereof, or by any other method as the Committee may determine.

(vi) *Tandem SARs*. Tandem SARs may be exercised for all or part of the Common Shares subject to the related Stock Option upon the surrender of the right to exercise the equivalent portion of the related Stock Option. A Tandem SAR may be exercised only with respect to the Common Shares for which its related Stock Option is then exercisable. Notwithstanding any other provision of the Plan to the contrary, with respect to a Tandem SAR granted in connection with an ISO: (A) the Tandem SAR will expire no later than the expiration of the underlying ISO; (B) the value of the payout with respect to the Tandem SAR may be for no more than 100% of the excess of the Fair Market Value of the Common Shares subject to the underlying ISO at the time the Tandem SAR is exercised over the Exercise Price of the underlying ISO; and (C) the Tandem SAR may be exercised only when the Fair Market Value of the Common Shares subject to the ISO exceeds the Exercise Price of the ISO.

(vii) *No Dividends or Shareholder Rights*. No dividends or dividend equivalents may be paid on SARs. Except as otherwise provided herein, a Participant shall have no rights as a holder of Common Shares covered by a SAR unless and until such Common Shares have been registered to the Participant as the owner.

(viii) *Other Restrictions*. SARs may be granted subject to such terms and conditions as the Committee determines, including, without limitation: forfeiture conditions, transfer restrictions, restrictions based upon the achievement of specific Performance Goals (Company-wide, divisional and/or individual) which may be based on one or more Performance Measures, time-based restrictions on vesting and/or restrictions under applicable federal or state securities laws.

(c) Restricted Shares and Restricted Share Units.

(i) *Grants*. Subject to the terms and provisions of the Plan, Restricted Shares and Restricted Share Units may be granted to Participants in such number and upon such terms and conditions as the Committee determines. Restricted Shares will be registered in the name of the Participant and deposited with the Company or its agent in certificated or book-entry form.

(ii) *Restrictions*. Restricted Shares or Restricted Share Units may be granted at no cost or at a purchase price determined by the Committee, which may be less than the Fair Market Value, but subject to such terms and conditions as the Committee determines, including, without limitation: forfeiture conditions, transfer restrictions, restrictions based upon the achievement of specific Performance Goals (Company-wide, divisional and/or individual) which may be based on one or more Performance Measures, time-based restrictions on vesting and/or restrictions under applicable federal or state securities laws. Subject to the other terms and conditions in Sections 5(e), 6, 9, and 10, for Awards to employees, no Restricted Shares or Restricted Share Units conditioned upon the achievement of performance shall be based on a Restriction Period of less than one year, and, except as may be determined by the Committee, any Restriction Period based solely on continued employment or service (time-based) shall be for a minimum of three years, subject to (A) pro rata or graded vesting prior to the expiration of such time-based Restriction Period, and (B) acceleration due to the Participant's death or Disability or upon a Change in Control, in each case as specified in the applicable Award Agreement.

(iii) *Transfer Restrictions*. During the Restriction Period, Restricted Shares and Restricted Share Units may not be sold, assigned, transferred or otherwise disposed of, or mortgaged, pledged or otherwise encumbered. In order to enforce the limitations imposed upon the Restricted Shares, the Committee may (A) cause a legend or legends to be placed on any certificates evidencing such Restricted Shares, and/or (B) cause "stop transfer" instructions to be issued, as it deems necessary or appropriate.

(iv) *Dividends and Voting Rights*. Unless otherwise determined by the Committee, during the Restriction Period, Participants who hold Restricted Shares shall have the right to receive dividends in cash or other property or other distribution or rights in respect of the Restricted Shares and shall have the right to vote the Restricted Shares as the record owners; provided that, any dividends or other property payable to a Participant during the Restriction Period shall be distributed to the Participant only if and when the restrictions imposed on the applicable Restricted Shares lapse. Unless otherwise determined by the Committee, during the Restriction Period, Participants who hold Restricted Share Units shall be credited with dividend equivalents in respect of such Restricted Share Units; provided that, such dividend equivalents shall be distributed (without interest) to the Participant only if and when the restrictions imposed on the applicable Restricted Share Units lapse. Participants shall have no other rights as a shareholder with respect to Restricted Share Units unless otherwise determined by the Committee.

(v) *Payment of Restricted Share Units*. Restricted Share Units that become payable in accordance with their terms and conditions shall be settled in cash, Common Shares, Restricted Shares, or a combination thereof, as determined by the Committee.

(vi) *Ownership*. Restricted Shares shall be registered in the name of the Participant on the books and records of the Company or its designee (or by one or more physical certificates if physical certificates are issued) subject to the applicable restrictions imposed by the Plan. At the end of the Restriction Period that applies to Restricted Shares, the number of shares to which the Participant is entitled shall be delivered to the Participant free and clear of the restrictions, either in certificated or book-entry form. No Common Shares shall be registered in the name of the Participant with respect to Restricted Share Units, and Participants shall have no ownership interest in the Common Shares to which the Restricted Share Units relate, unless and until payment is made in Common Shares.

(vii) *Forfeiture*. If a Participant who holds Restricted Shares or Restricted Share Units fails to satisfy the restrictions, terms or conditions applicable to the Award, except as otherwise determined by the Committee, or permitted by Section 5(e), the Participant shall forfeit the Restricted Shares or Restricted Share Units. The Committee may at any time waive such restrictions or accelerate the date or dates on which the restrictions will lapse upon a Change in Control or a Participant's death or Disability.

(d) Performance-Based Awards.

(i) *Grants*. Subject to the provisions of the Plan, Full-Value Awards may be conditioned upon the achievement of Performance Goals as the Committee shall determine, in its sole discretion.

(ii) *Performance Goals*. Performance Goals shall be based on one or more Performance Measures, over a Performance Period, as to be determined by the Committee. Performance Goals shall be objective and shall be established in writing by the Committee not later than 90 days after the beginning of the Performance Period (but in no event after 25% of the Performance Period has elapsed), and while the outcome as to the Performance Goal is substantially uncertain.

(iii) *Performance Measures*. The Performance Measure(s) may be described in terms of objectives that are related to the individual Participant or objectives that are Company-wide or related to a subsidiary, division, department, region, function or business unit of the Company, and shall consist of one or more or any combination of the following criteria: cash flow, profit, revenue, stock price, market share, sales, net income, operating income, return ratios, earnings per share, compound annual growth rate, earnings (which may include an add back for taxes, interest, and/or depreciation and amortization), operating earnings, profit margins, earnings per Common Share, favorable comparison to established budgets, return on shareholders' equity, return on assets, attainment of strategic and operational initiatives, comparisons with various stock market indices, reduction in costs or a combination of such factors, personal performance measures, working capital, total assets, net assets, return on sales, return on invested capital, gross margin, costs, shareholders' equity, shareholder return and/or productivity or productivity improvement. The Performance Goals based on these Performance Measures may be expressed in absolute terms or relative to the performance of other entities.

(iv) *Treatment of Awards*. With respect to any Full-Value Award that is conditioned upon the achievement of Performance Goals, such Full-Value Award and any dividends or other property otherwise payable with respect to such Full-Value Award shall not vest or be paid until the Committee shall first have certified that the Performance Goals have been achieved.

(e) Unrestricted Share Awards.

(i) Subject to the terms and provisions of the Plan, the Committee may grant awards of unrestricted Common Shares to Participants in such number and upon such terms and conditions as the Committee determines in recognition of outstanding achievements or contributions by such Participants or otherwise. Unrestricted Common Shares issued on a bonus basis may be issued for no cash consideration.

(f) Restricted Share Grants to Non-Employee Directors.

(i) *Automatic Grants*. Each Non-Employee Director shall automatically be granted (i) Restricted Shares worth $175,000 of Common Shares, as valued on the Date of Grant, upon, or in connection with, commencement of service as a director of the Company, and (ii) Restricted Shares worth $150,000 of Common Shares, as valued on the Date of Grant, at each annual meeting of the Company's stockholders. All such Restricted Shares shall be subject to the terms and conditions of this Plan.

(ii) *Vesting of Restricted Shares Granted to Non-Employee Directors*. Each initial grant of Restricted Shares granted to a newly elected or appointed Non-Employee Director shall vest in three (3) successive equal annual installments over the Non-Employee Directors' period of continued service as a director, with the first such installment to

4FF

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 02286	☑ 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: Biofrontera Inc.

Physical Address: 120 Presidential Way, Suite 330

City: Woburn State: MA Zip: 01801

Mailing Address (if different from physical address): Same as above.

City: State: Zip:

Telephone: 781-245-1325 Website: https://www.biofrontera.us.com/

Name of Designated Representative (DR): Darrell Lowman

Licensing Company Email: DR Email: compliance.biofrontera@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: Biofrontera Pharma GmbH
Address: Hemmelrather Weg 201,D-51377 City: Leverkusen State: North Rhine-Westphalia Zip: Germany
Name: Ferrer Internacional S.A.
Address: Joan Buscallà, 1-9, ESP-08173 City: Sant Cugat del Vallès State: Barcelona Zip: Spain
Name: Cardinal Health Specialty Pharmaceutical Services
Address: 15 Ingram Boulevard City: La Vergne State: TN Zip: 37086
Name: Cardinal Health Specialty Pharmaceutical Services
Address: 6640 Echo Avenue, Suite D City: Reno State: NV Zip: 89506

Section 4: Publicly Traded Corporation

State of Incorporation: Delaware
Parent Company (if any): Biofrontera AG (major shareholder)
Corporation Name: Biofrontera Inc.
Mailing Address: 1 20 Presidential Way, Suite 330
City: Woburn State: MA Zip: 01801
Telephone: 781-245-1325 Email: compliance.biofrontera@gmail.com
Contact Person Name: Darrell Lowman

Date of SEC Registration: 11/02/2021 | SEC Registration Number: 333-257722 | Stock Exchange Symbol: BFRI

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 **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 Lowman

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

4/8/2022

Date

Board Use Only	Date Received: _____	Amount: 500 CC

Biofrontera
Deep in dermatology

Biofrontera, Inc. 120 Presidential Way, Suite 330, Woburn, MA 01801

To: Whom It May Concern

From: Darrell Lowman, Quality Assurance Director

Date: 6 April 2022

Subject: Corporate, Background, Product, Indication, Entity Owners, Board of Directors, Designated Representative, Marketing Authorization Holders, Contract Manufacturers, 3rd Party Logistics

Corporate Name: Biofrontera Inc.

- State of Incorporation: Delaware C Corporation
- Incorporation Date: March 3, 2015
- Incorporation Certificate #: 5694520
- DUNS#: 080213133
- FEI #: 47-3765675
- Labeler #: 70621
- FDA #: Biofrontera is a virtual company and FDA does not register virtual companies.
- DEA #: Biofrontera does not handle or distribute controlled substances, so does not need a DEA license.
- Address 120 Presidential Way, Suite 330, Woburn, MA 01801
- Facility: Leased
- Website: *https://www.biofrontera.us.com/*
- Nasdaq Ticker: BFRI as of 2 Novemner 2021

Background: Biofrontera, Inc. is a virtual manufacturer / virtual wholesaler located in Woburn, Massachusetts. This location is an office with no Pharmaceutical or Medical Device manufacturing capability or storage capability. We utilize a 3PL for distribution of our products. Biofrontera takes orders through their customer service. These orders are transferred to the 3PL who ships our product to our customers.

Product: A Class 3 combination product approved under NDA 208081, medical device BF-RhodoLED® lamp. The BF-RhodoLED - Red light illumination device (a mobile red light-lamp) and is intended for human topical use.

- BF-RhodoLED is a red LED lamp, marketing authorization dossier (NDA 208081, FDA Product Code MYH - System, Non-Coherent Light, Photodynamic Therapy).

Product: A Class 3 combination product approved under NDA 208081, the drug product Ameluz® (aminolevulinic acid hydrochloride) gel, 10% (a prescription drug product) with BF-RhodoLED® lamp.

- NDC 70621-101-01: Ameluz (aminolevulinic acid hydrochloride) nanoemulsion 10% topical gel, 1 tube.
- NDC 70621-101-10: Ameluz (aminolevulinic acid hydrochloride) nanoemulsion 10% topical gel, packaged as a unit of 1 tube.
- NDC 70621-101-20: Ameluz (aminolevulinic acid hydrochloride) nanoemulsion 10% topical gel, packaged as a unit of 10 tubes.
- NDC 70621-101-03: Ameluz (aminolevulinic acid hydrochloride) nanoemulsion 10% topical gel, physician sample.
- NDC 70621-101-30: Ameluz (aminolevulinic acid hydrochloride) nanoemulsion 10% topical gel, physician sample packaged as a unit of 1.

Indication: Ameluz® (aminolevulinic acid hydrochloride) gel, 10%, in combination with photodynamic therapy (PDT) using BF-RhodoLED® lamp, a narrowband, red light illumination source, for lesion directed and field-directed treatment of actinic keratoses of mild-to-moderate severity on the face and scalp, for use by dermatologists.

Product: NDA 208945, Xepi (Ozenoxacin) Cream, 1%.

- NDC 70621-103-01: Xepi (Ozenoxacin) Cream, 1%.
- NDC 70621-103-10: Xepi (Ozenoxacin) Cream, 1% packaged as a unit of 1.
- NDC 70621-103-03: Xepi (Ozenoxacin) Cream, 1% physician sample.
- NDC 70621-103-03: Xepi (Ozenoxacin) Cream, 1% physician sample packaged as a unit of 1.

Indication: Xepi (Ozenoxacin) Cream, 1% (a prescription drug product), is a quinolone antimicrobial indicated for the topical treatment of impetigo due to Staphylococcus aureus or Streptococcus pyogenes in adult and pediatric patients 2 months of age and older.

Major Shareholder:

Name	Address
Biofrontera AG	Hemmelrather Weg 201, D-51377 Leverkusen, Germany

Subject: Product, Indication, Entity Owners, Board of Directors, Designated Representative, Contract Manufacturers, 3rd Party Logistics

Board of Directors:

Name	Title
Hermann Luebbert	Director / Chairman
John J. Borer	Director
Loretta M. Wedge, CPA, CCGMA	Director
Beth J. Hoffman, Ph.D.	Director
Kevin D. Weber	Director

Officers:

Name	Title	Date of Birth	Corporate Address
Hermann Luebbert	Executive Chairman	[redacted]	120 Presidential Way, Suite 330, Woburn, MA 01801, USA
Erica Monaco	Chief Executive Officer	[redacted]	120 Presidential Way, Suite 330, Woburn, MA 01801, USA

Designated Representative:

Name	Title	Date of Birth	Home Address	Emergency Phone
Darrell Lowman	QA Director	[redacted]	[redacted] Green Road, Raymond, NH 03077	[redacted]

Marketing Authorization Holder (NDA Holder) – Drug Product:

Name	Corporate Address	Phone #	FDA Reg #	DUNS #	Product
Biofrontera AG / Biofrontera Pharma GmbH	Hemmelrather Weg 201, D-51377 Leverkusen, Germany	49-214-87632-66	3011764519	332358501	Ameluz
Ferrer Internacional S.A.	Joan Buscallà, 1-9, ESP-08173 Sant Cugat del Vallès, Spain	93-509-32-15	3008334587	461346453	Xepi

Contract Manufacturer – Drug Product:

Name	Corporate Address	Phone #	FDA Reg #	DUNS #	Product
Glaropharm AG	Im Sandli 2, CH-8756 Mitlodi, Switzerland	41-55-647-38-50	3009997166	483257270	Ameluz
Teligent Pharma, Inc.	105 Lincoln Ave, Buena, NJ 08310, USA	856-697-1441	1000526875	011036910	Xepi

Contract Manufacturer – Medical Device:

Name	Corporate Address	Phone #	FDA Reg #	DUNS #	Product
Biofrontera Pharma GmbH	Hemmelrather Weg 201 D-51377 Leverkusen, Germany	49-214-87632-66	3011764519	332358501	BF-RhodoLED

3rd Party Logistics – Drug Product and Medical Device:

Name	Corporate Address	DUNS #	Designated Representative	Phone #
Cardinal Health Specialty Pharmaceutical Services	15 Ingram Boulevard, La Vergne, TN 37086	097537435	Jason Cook	[redacted]
Cardinal Health Specialty Pharmaceutical Services	501 Mason Road, Suite 200, La Vergne, TN 37086	097537435	Jason Cook	[redacted]
Cardinal Health Specialty Pharmaceutical Services	6640 Echo Avenue, Suite D Reno, NV 89506	097537435	Dean Williamson	[redacted]
Mission Pharmacal	38505 IH-10 West, Bldg B1 Boerne, TX 78006	927726893	David Degollado	[redacted]

Biofrontera
Deep in dermatology

Biofrontera, Inc. 120 Presidential Way, Suite 330, Woburn, MA 01801

To: Whom It May Concern

From: Darrell Lowman, Quality Assurance Director

Date: 6 April 2022

Subject: Corporate, Background, Product, Indication, Entity Owners, Board of Directors, Designated Representative, Marketing Authorization Holders, Contract Manufacturers, 3rd Party Logistics

Corporate Name: Biofrontera Inc.

- State of Incorporation: Delaware C Corporation
- Incorporation Date: March 3, 2015
- Incorporation Certificate #: 5694520
- DUNS#: 080213133
- FEI #: 47-3765675
- Labeler #: 70621
- FDA #: Biofrontera is a virtual company and FDA does not register virtual companies.
- DEA #: Biofrontera does not handle or distribute controlled substances, so does not need a DEA license.
- Address 120 Presidential Way, Suite 330, Woburn, MA 01801
- Facility: Leased
- Website: *https://www.biofrontera.us.com/*
- Nasdaq Ticker: BFRI as of 2 Novemner 2021

Background: Biofrontera, Inc. is a virtual manufacturer / virtual wholesaler located in Woburn, Massachusetts. This location is an office with no Pharmaceutical or Medical Device manufacturing capability or storage capability. We utilize a 3PL for distribution of our products. Biofrontera takes orders through their customer service. These orders are transferred to the 3PL who ships our product to our customers.

Product: A Class 3 combination product approved under NDA 208081, medical device BF-RhodoLED® lamp. The BF-RhodoLED - Red light illumination device (a mobile red light-lamp) and is intended for human topical use.

- BF-RhodoLED is a red LED lamp, marketing authorization dossier (NDA 208081, FDA Product Code MYH - System, Non-Coherent Light, Photodynamic Therapy).

Product: A Class 3 combination product approved under NDA 208081, the drug product Ameluz® (aminolevulinic acid hydrochloride) gel, 10% (a prescription drug product) with BF-RhodoLED® lamp.

- NDC 70621-101-01: Ameluz (aminolevulinic acid hydrochloride) nanoemulsion 10% topical gel, 1 tube.
- NDC 70621-101-10: Ameluz (aminolevulinic acid hydrochloride) nanoemulsion 10% topical gel, packaged as a unit of 1 tube.
- NDC 70621-101-20: Ameluz (aminolevulinic acid hydrochloride) nanoemulsion 10% topical gel, packaged as a unit of 10 tubes.
- NDC 70621-101-03: Ameluz (aminolevulinic acid hydrochloride) nanoemulsion 10% topical gel, physician sample.
- NDC 70621-101-30: Ameluz (aminolevulinic acid hydrochloride) nanoemulsion 10% topical gel, physician sample packaged as a unit of 1.

Indication: Ameluz® (aminolevulinic acid hydrochloride) gel, 10%, in combination with photodynamic therapy (PDT) using BF-RhodoLED® lamp, a narrowband, red light illumination source, for lesion directed and field-directed treatment of actinic keratoses of mild-to-moderate severity on the face and scalp, for use by dermatologists.

Product: NDA 208945, Xepi (Ozenoxacin) Cream, 1%.

- NDC 70621-103-01: Xepi (Ozenoxacin) Cream, 1%.
- NDC 70621-103-10: Xepi (Ozenoxacin) Cream, 1% packaged as a unit of 1.
- NDC 70621-103-03: Xepi (Ozenoxacin) Cream, 1% physician sample.
- NDC 70621-103-03: Xepi (Ozenoxacin) Cream, 1% physician sample packaged as a unit of 1.

Indication: Xepi (Ozenoxacin) Cream, 1% (a prescription drug product), is a quinolone antimicrobial indicated for the topical treatment of impetigo due to Staphylococcus aureus or Streptococcus pyogenes in adult and pediatric patients 2 months of age and older.

Major Shareholder:

Name	Address
Biofrontera AG	Hemmelrather Weg 201, D-51377 Leverkusen, Germany

Subject: Product, Indication, Entity Owners, Board of Directors, Designated Representative, Contract Manufacturers, 3rd Party Logistics

Board of Directors:

Name	Title
Hermann Luebbert	Director / Chairman
John J. Borer	Director
Loretta M. Wedge, CPA, CCGMA	Director
Beth J. Hoffman, Ph.D.	Director
Kevin D. Weber	Director

Officers:

Name	Title	Date of Birth	Corporate Address
Hermann Luebbert	Executive Chairman	[redacted]	120 Presidential Way, Suite 330, Woburn, MA 01801, USA
Erica Monaco	Chief Executive Officer	[redacted]	120 Presidential Way, Suite 330, Woburn, MA 01801, USA

Designated Representative:

Name	Title	Date of Birth	Home Address	Emergency Phone
Darrell Lowman	QA Director	[redacted]	[redacted] Green Road, Raymond, NH 03077	[redacted]

Marketing Authorization Holder (NDA Holder) – Drug Product:

Name	Corporate Address	Phone #	FDA Reg #	DUNS #	Product
Biofrontera AG / Biofrontera Pharma GmbH	Hemmelrather Weg 201, D-51377 Leverkusen, Germany	49-214-87632-66	3011764519	332358501	Ameluz
Ferrer Internacional S.A.	Joan Buscallà, 1-9, ESP-08173 Sant Cugat del Vallès, Spain	93-509-32-15	3008334587	461346453	Xepi

Contract Manufacturer – Drug Product:

Name	Corporate Address	Phone #	FDA Reg #	DUNS #	Product
Glaropharm AG	Im Sandli 2, CH-8756 Mitlodi, Switzerland	41-55-647-38-50	3009997166	483257270	Ameluz
Teligent Pharma, Inc.	105 Lincoln Ave, Buena, NJ 08310, USA	856-697-1441	1000526875	011036910	Xepi

Contract Manufacturer – Medical Device:

Name	Corporate Address	Phone #	FDA Reg #	DUNS #	Product
Biofrontera Pharma GmbH	Hemmelrather Weg 201 D-51377 Leverkusen, Germany	49-214-87632-66	3011764519	332358501	BF-RhodoLED

3rd Party Logistics – Drug Product and Medical Device:

Name	Corporate Address	DUNS #	Designated Representative	Phone #
Cardinal Health Specialty Pharmaceutical Services	15 Ingram Boulevard, La Vergne, TN 37086	097537435	Jason Cook	[redacted]
Cardinal Health Specialty Pharmaceutical Services	501 Mason Road, Suite 200, La Vergne, TN 37086	097537435	Jason Cook	
Cardinal Health Specialty Pharmaceutical Services	6640 Echo Avenue, Suite D Reno, NV 89506	097537435	Dean Williamson	
Mission Pharmacal	38505 IH-10 West, Bldg B1 Boerne, TX 78006	927726893	David Degollado	

U.S. Department of Health and Human Services

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National Drug Code Directory

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Current through April 28, 2022

You have searched Finished drug products

Search Results '70621'

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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	Start Marketing Date	End Marketing Date	Market Category	Package Description	Pharm Class
AMELUZ	70621-101-30	100 mg/g	GEL	TOPICAL	NDA208081	Biofrontera Inc.	70621-101	aminolevulinic acid hydrochloride	AMINOLEVULINIC ACID HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	06/01/2017	N/A	NDA	1 TUBE in 1 PACKAGE (70621-101-30) > 2 g in 1 TUBE (70621-101-03)	Porphyrin Precursor [EPC], Porphyrinogens [CS]
AMELUZ	70621-101-10	100 mg/g	GEL	TOPICAL	NDA208081	Biofrontera Inc.	70621-101	aminolevulinic acid hydrochloride	AMINOLEVULINIC ACID HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	06/01/2017	N/A	NDA	1 TUBE in 1 PACKAGE (70621-101-10) > 2 g in 1 TUBE (70621-101-01)	Porphyrin Precursor [EPC], Porphyrinogens [CS]
AMELUZ	70621-101-20	100 mg/g	GEL	TOPICAL	NDA208081	Biofrontera Inc.	70621-101	aminolevulinic acid hydrochloride	AMINOLEVULINIC ACID HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	05/10/2021	N/A	NDA	10 TUBE in 1 PACKAGE (70621-101-20) > 2 g in 1 TUBE (70621-101-01)	Porphyrin Precursor [EPC], Porphyrinogens [CS]
Xepi	70621-103-	10 mg/g	CREAM	TOPICAL	NDA208945	Biofrontera	70621-103	ozenoxacin	OZENOXACIN	HUMAN	12/19/2019	N/A	NDA	1 TUBE in 1	Quinolone

✓ verified
MH 4/26/22

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BIOFRONTERA 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 EIGHTEENTH DAY OF MARCH, 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 "BIOFRONTERA INC." WAS INCORPORATED ON THE THIRD DAY OF MARCH, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

5694520 8300

SR# 20221061442

Authentication: 202949147

Date: 03-18-22

You may verify this certificate online at corp.delaware.gov/authver.shtml

Delaware

The First State

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SR# 20221061442

Authentication: 202949147

Date: 03-18-22

You may verify this certificate online at corp.delaware.gov/authver.shtml

The Commonwealth of Massachusetts

Secretary of the Commonwealth

State House, Boston, Massachusetts 02133

William Francis Galvin
Secretary of the
Commonwealth

Date: August 31, 2021

To Whom It May Concern :

I hereby certify that according to the records of this office,

BIOFRONTERA INC.

a corporation organized under the laws of

DELAWARE

on **March 03, 2015** was qualified to do business in this Commonwealth on

April 30, 2015 under the provisions of the General Laws, and I further certify that said corporation is still qualified to do business in this Commonwealth.

I also certify that said corporation is not delinquent in the filing of any annual reports required to date.

In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

Certificate Number: 21090014830
Verify this Certificate at: http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx
Processed by: ili

The Commonwealth of Massachusetts, William Francis Galvin

Corporations Division

One Ashburton Place - Floor 17, Boston MA 02108-1512 | Phone: 617-727-9640

Certificate Request Form

* ID Number	* Entity name	* Select a certificate type	E-mail delivery
001171447	BIOFRONTERA INC.	Good Standing	☐

Fee:

$ 12.00 Note: An expedited service fee will be added when this request is completed

Expedited fee:

$ 3.00

Special filing instructions: Enter any details that apply to this request

Filer's contact information: complete all required (*) boxes:

* Contact name:	Darrell Lowman		
Business name:	Biofrontera Inc.		
* Mailing address:	120 Presidential Way		
Additional address detail:	Suite 330		
* City, State, Zip code:	Woburn MA 01801		
Country:	UNITED STATES		
Contact phone number:	7812451325	Extension:	1505
* Contact e-mail address:	d.lowman@biofrontera.com		

Providing an email address allows the Corporations Division to contact you quickly if your filing is rejected.

Licensee Information

Close Window

The Massachusetts Department of Public Health has implemented a deferral of expiration on all licenses, certifications, permits, and certificates of registration in good standing issued by the Board of Registration in Nursing, the Board of Registration of Physicians Assistants, the Board of Registration of Perfusionists and the Board of Respiratory Care in adherence to Order of the Commissioner of Public Health COVID-19 Public Health Emergency Order No. 2022-15 (issued June 14, 2022).

PLEASE NOTE WHEN REVIEWING EXPIRATION DATE:

- If the license expiration date is prior to March 10, 2020, the license is expired.
- Licenses in the professions of Nursing, Physician Assistants, and Respiratory Care with an expiration date between March 10, 2020, and December 31, 2022, are current under the Commissioner's order, but will expire on December 31, 2022. If the expiration date is on or after December 31, 2022, for a license in one of these professions, the license is current and will expire on the stated date.
- Perfusionists with an expiration date between March 10, 2020, and June 30, 2022, are current under the Commissioner's order, but will expire on June 30, 2022. If the expiration date is on or after June 30, 2022, the license is current and will expire on the stated date.
- MCSRs in these professions with a status of "Current COVID-19" will expire on December 31, 2022.

Please note, Emergency Medical Services certifications are not affected by the above guidance - their marked expiration date and status are accurate. See Emergency Medical Technicians (EMTs) and Paramedics for more information.

Name

Full Name:	Biofrontera Inc.

License Information

License Number:	CC0828		
Profession:	PHARMACEUTICAL DEVICE MFGR.	License Type:	Pharmaceutical Device Mfgr.
Issue Date:	7/1/2016	Date of Last Renewal:	5/24/2022
License Status:	Current	Expiration Date:	7/1/2023
Reciprocity State:		Today's Date:	6/29/2022

Address Information

City:	Woburn
State:	MA
Zipcode:	01801
Country:	United States

Education Information

No Education Information

Prerequisite Information

No Prerequisite Information

Disciplinary Information

Important: Disciplinary actions taken against a license will NOT display on any other license or associated permit or authorization. You must look up every license, permit, or authorization held by a licensee to see all disciplinary actions.

Case #	Date Closed	Discipline	Discipline Start	Discipline End
Currently there is no disciplinary information regarding this license.				

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Licensee Information

Close Window

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PLEASE NOTE WHEN REVIEWING THE EXPIRATION DATE:

- If the license expiration date is prior to March 10, 2020, the license is expired.
- Licenses in the professions of Nursing, Physician Assistants, Perfusionists, and Respiratory Care with an expiration date between March 10, 2020 and June 30, 2022, are current under the Commissioner's order, but will expire on June 30, 2022. If the expiration date is on or after June 30, 2022 for a license in one of these professions, the license is current and will expire on the stated date. MCSRs in these professions with a status of "Current COVID-19" will expire on June 30, 2022.

Please note, Emergency Medical Services certifications are not affected by the above guidance - their marked expiration date and status are accurate. See Emergency Medical Technicians (EMTs) and Paramedics for more information.

Name

Full Name:	Biofrontera Inc.

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License Number:	CC0828		
Profession:	PHARMACEUTICAL DEVICE MFGR.	License Type:	Pharmaceutical Device Mfgr.
Issue Date:	7/1/2016	Date of Last Renewal:	6/24/2021
License Status:	Current	Expiration Date:	7/1/2022
Reciprocity State:		Today's Date:	12/14/2021

Address Information

City:	Woburn
State:	MA
Zipcode:	01801
Country:	United States

Education Information

No Education Information

Prerequisite Information

No Prerequisite Information

Disciplinary Information

Important: Disciplinary actions taken against a license will NOT display on any other license or associated permit or authorization. You must look up every license, permit, or authorization held by a licensee to see all disciplinary actions.

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CHARLES D. BAKER
Governor
KARYN E. POLITO
Lieutenant Governor

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Bureau of Health Professions Licensure
Drug Control Program
239 Causeway Street, Suite 500
Boston, MA 02114

Tel: 617-973-0800
TTY : 617-973-0988

MARYLOU SUDDERS
Secretary
MONICA BHAREL, MD, MPH
Commissioner

VIRTUAL MANUFACTURER

FILE OF:	Darrell Lowman - Quality Assurance Director Biofrontera Inc. 120 Presidential Way, Suite 330 Woburn, MA 01801
INSPECTORS:	Rosa Martinez-Hercules, Licensing Inspector and Steve Horn RPh, Pharmacy Investigator
DATE:	August 10th, 2020
SUBJECT:	Request for Virtual Manufacturer Inspection

1. On August 10th, 2020, Licensing Inspector Rosa Martinez-Hercules and Pharmacy Investigator Steve Horn RPh from the Drug Control Program conducted a virtual inspection of the above facility via Zoom. The facility currently holds a Massachusetts Controlled Substance Registration (MA0000430) as a Virtual Drug Manufacturer which was issued on 05/13/2020 and expires on 05/13/2021. We identified ourselves to Darrell Lowman, Quality Assurance Director. We explained the reason for our virtual inspection and gained permission to conduct the inspection.

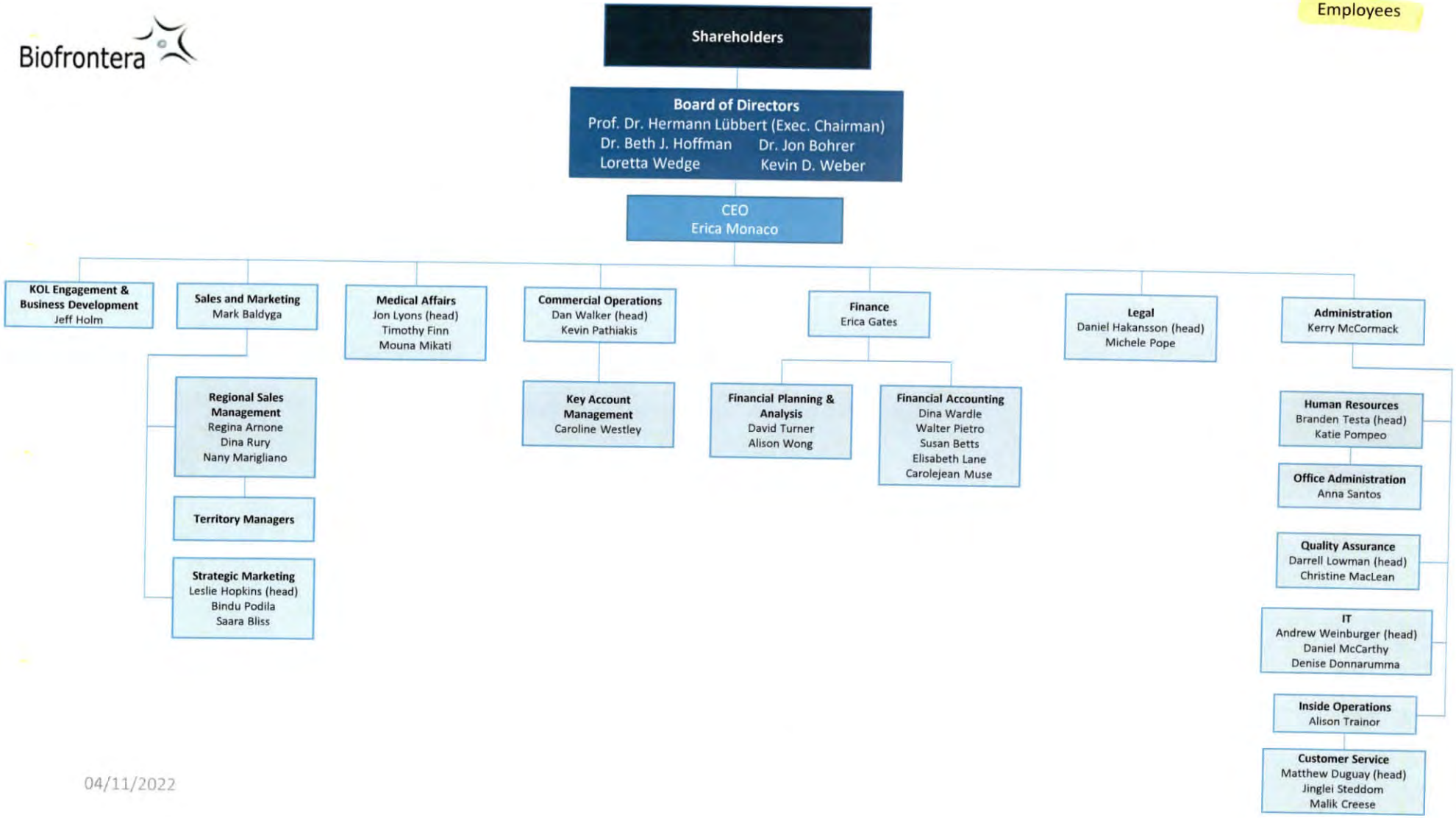
2. The facility is located at 120 Presidential Way in Woburn, MA. The building is a three story office building with six tenants in total. Biofrontera Inc. occupies half of the third floor, 10,372 square feet. Biofrontera Inc. is located in Suite 330 which is only accessible by key card. The floor plan was provided and is attached (ATTACHMENT A). Entrance to the facility is located at the front of the building and is only accessible by key card during off hours. We reviewed the security standard operating procedures for the location (key card access and ID passes). All tenants share a single dock which is secured by surveillance cameras.

3. Biofrontera Inc. is a virtual manufacturer with a parent company in Leverkusen, Germany. They are a pharmaceutical company that specializes in dermatological products and novel therapies for the treatment of skin diseases. They market innovative medicinal products and medical devices. This location is an office with no drug storage, manufacturing, or packaging capabilities. They will utilize outside manufacturers, located in Switzerland and New Jersey, for the production of their products. They will utilize a 3PL, located in Tennessee, for the distribution of their products.

4. This registration will be valid for one year and must be renewed annually. Registration is non-transferable. Any change of name, location, or status, to notify this Division in writing. The facility must also notify this Division in the event of a loss or theft of a controlled substance to (617)973-0929.

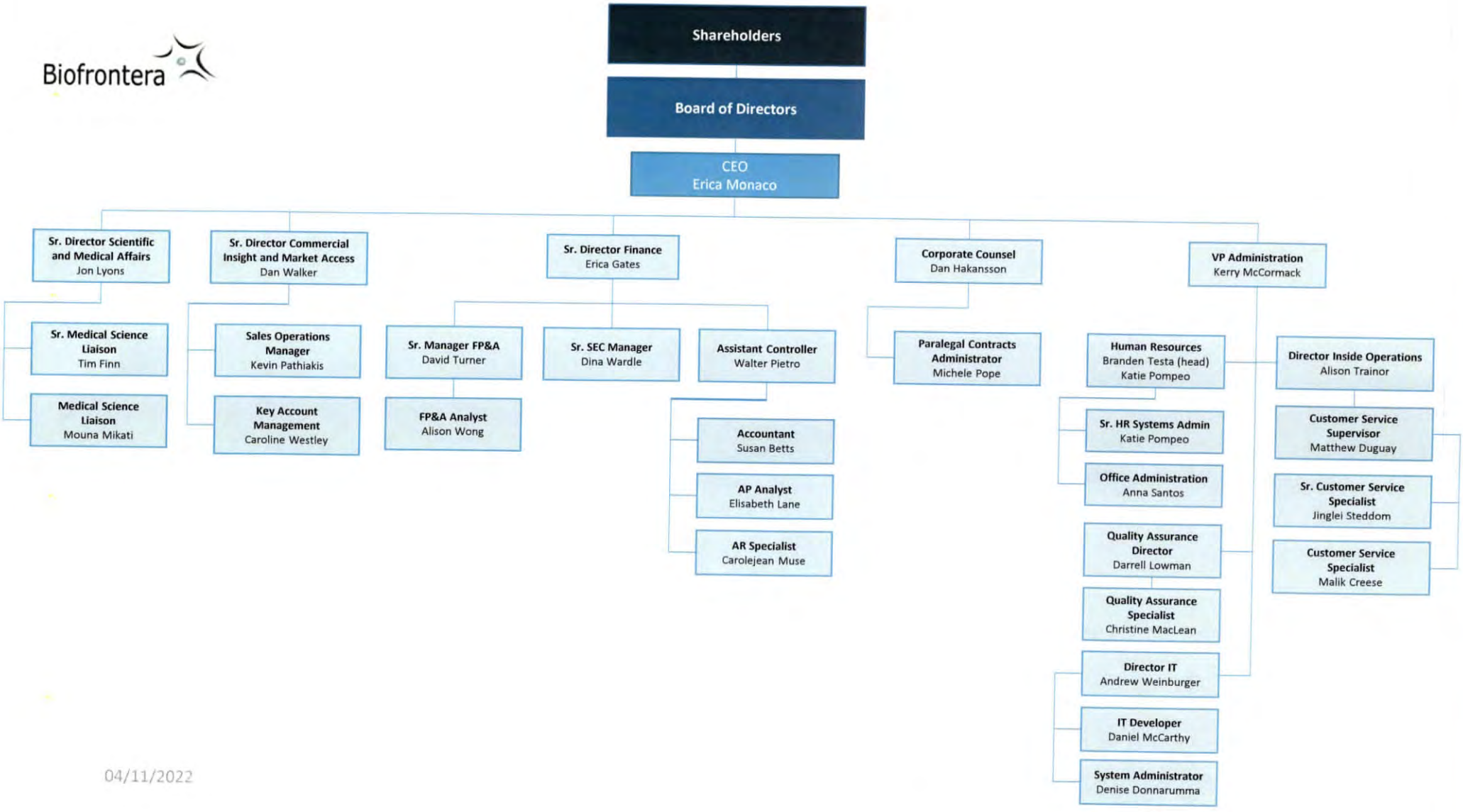
Biofrontera

Employees



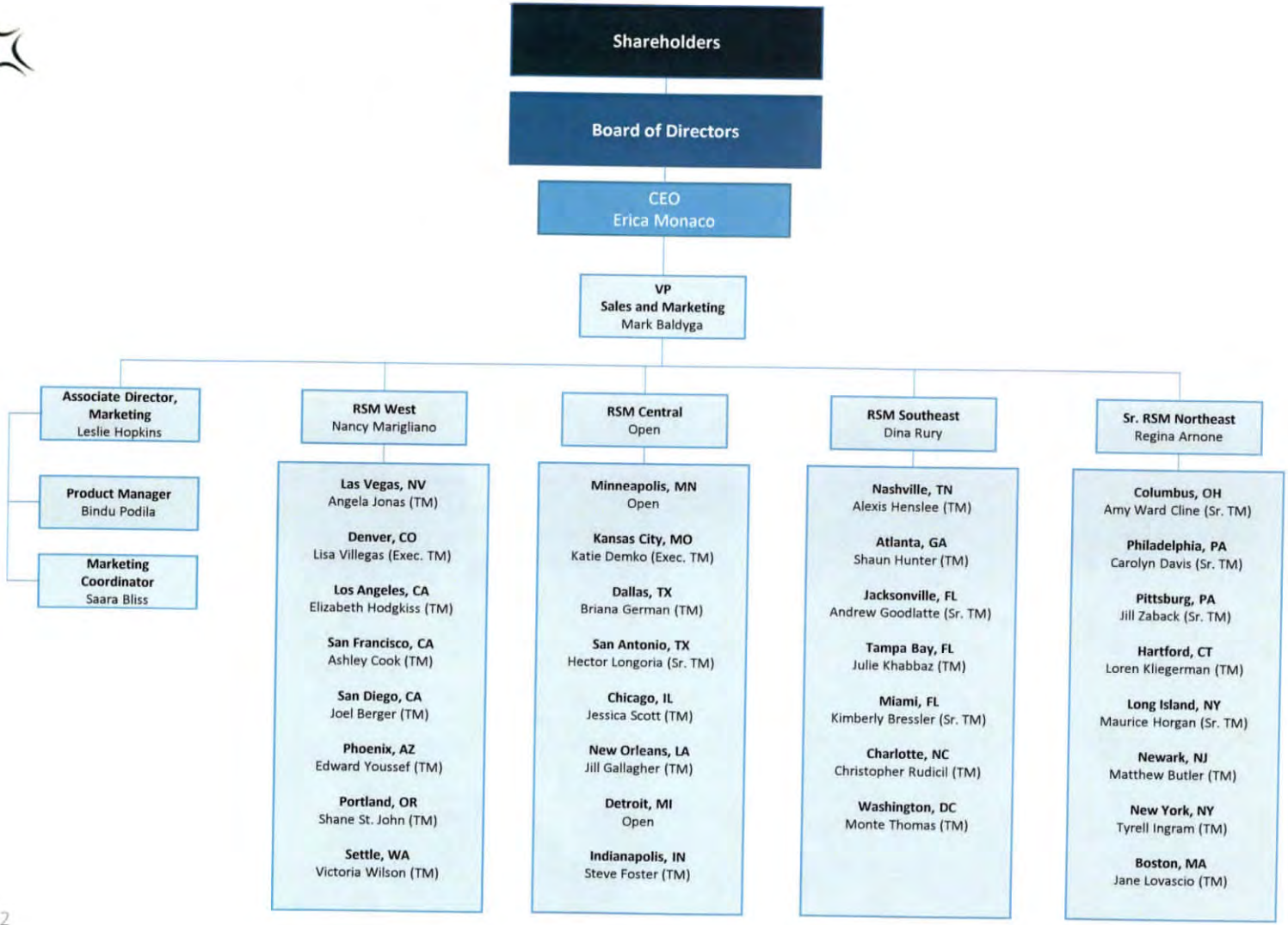
04/11/2022

Biofrontera



04/11/2022

Biofrontera

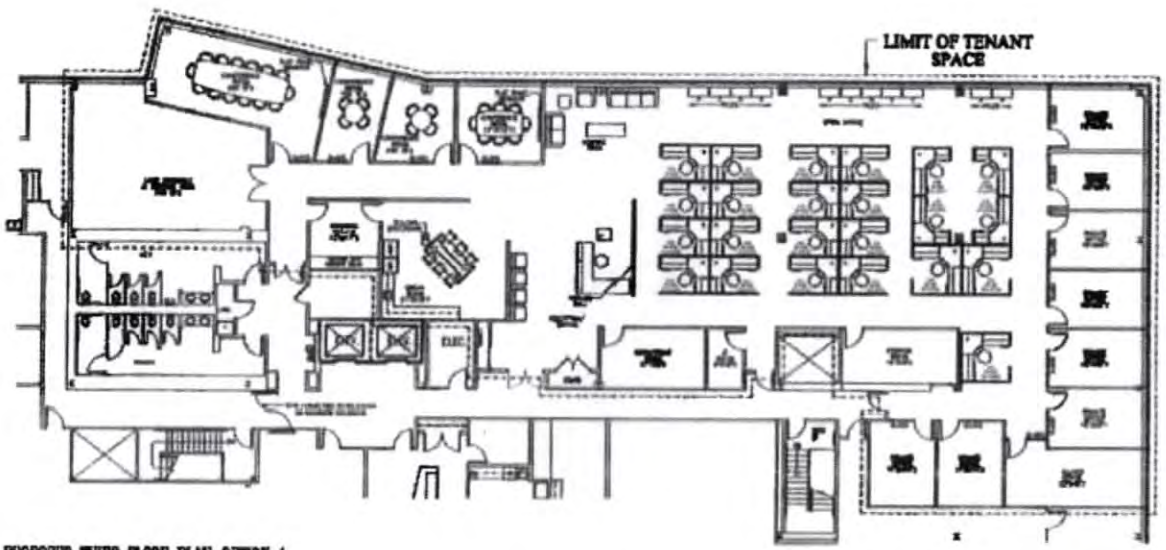


ATTACHMENT A

120 Presidential Way

Woburn, Massachusetts

(PLAN SHOWING TENANT'S SPACE)



PROPOSED THIRD FLOOR PLAN-OPTION A

PRELIMINARY LAYOUT FOR:

BIOFRONTERA

INFORMATION BY OTHERS



THIRD FLOOR KEY PLAN

Biofrontera

PRESS RELEASE

Biofrontera Inc. Announces Closing of Initial Public Offering and Full Exercise of Underwriters' Option to Purchase Additional Warrants

WOBURN, MA. November 2, 2021— Biofrontera Inc. ("Biofrontera" or the "Company") (Nasdaq: BFRI; BFRIW), a biopharmaceutical company specializing in the commercialization of dermatological products, today announced the closing of its underwritten initial public offering of 3,600,000 units, each consisting of (i) one share of common stock and (ii) one warrant to purchase a share of common stock, at a public offering price per unit of $5.00. The underwriters exercised in full their option to purchase up to an additional 540,000 warrants. The warrants have an exercise price of $5.00 per share and are exercisable for a period of five years after the issuance date. The common stock and warrants are traded on the Nasdaq Capital Market under the ticker symbols "BFRI" and "BFRIW," respectively.

The gross proceeds to Biofrontera from the offering, before deducting the underwriting discounts and commissions and offering expenses, amount to $18.0 million.

Roth Capital Partners and The Benchmark Company acted as the joint book-running managers for the offering. McGuireWoods LLP served as legal counsel to Biofrontera and Schiff Hardin LLP served as legal counsel to the underwriters.

The securities described above are being offered by the Company pursuant to a registration statement on Form S-1 (Registration No. 333-257722) that was previously filed with the U.S. Securities and Exchange (the "SEC") and declared effective on October 28, 2021. This offering was made only by means of a prospectus. Copies of the prospectus can be obtained through the SEC's website at www.sec.gov or from: Roth Capital Partners, LLC, 888 San Clemente Drive, Newport Beach, CA 92660, Attention: Equity Capital Markets at (800) 678-9147 or by email at rothecm@roth.com or The Benchmark Company, LLC, Attention: Prospectus Department, 150 E. 58th Street, 17th floor, New York, NY 10155 at 212-312-6700 or by email at prospectus@benchmarkcompany.com.

This press release shall not constitute an offer to sell or a 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.

About Biofrontera Inc.

Biofrontera Inc. is a U.S.-based biopharmaceutical company commercializing a portfolio of pharmaceutical products for the treatment of dermatological conditions with a focus on the fields of photodynamic therapy (PDT) and topical antibiotics. The Company's licensed products focus on the treatment of actinic keratoses, which are pre-cancerous skin lesions, as well as impetigo, a bacterial skin infection. For more information, visit www.biofrontera-us.com

Forward-Looking Statements

Certain statements in this press release may constitute "forward-looking statements" within the meaning of the United States Private Securities Litigation Reform Act of 1995, as amended to date. These statements include, but are not limited to, statements relating to the expected trading commencement and closing dates. We have based these forward-looking statements on our current expectations and projections about future events, nevertheless, actual results or events could differ materially from the plans, intentions and expectations disclosed in, or implied by, the forward-looking statements we make. These risks and uncertainties, many of which are beyond our control, include: the risk that the initial public offering of common stock may not close, as well as other risks described in the section entitled "Risk Factors" in the prospectus, which can be obtained on the SEC website at www.sec.gov. Readers are cautioned not to place undue reliance on the forward-looking statements, which speak only as of the date on which they are made and reflect management's current estimates, projections, expectations and beliefs. The company does not plan to update any such forward-looking statements and expressly disclaims any duty to update the information contained in this press release except as required by law.

INVESTOR RELATIONS CONTACT

Biofrontera Inc.
Pamela Keck
[redacted]
us-ir@biofrontera.com

LHA Investor Relations
Tirth Patel
[redacted]
tpatel@lhai.com

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Biofrontera Inc.

Physical Address 120 Presidential Way, Suite 330

City Woburn State MA Zip 01801

Mailing Address (if different from physical address) Same as above.

City _____ State _____ Zip _____

Telephone 781-245-1325 Website https://www.biofrontera.us.com/

Licensing Company Email compliance.biofrontera@gmail.com

Section 2: Personal Information

First Darrell Middle _____ Last Lowman

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address 120 Presidential Way, Suite 330

City Woburn State MA Zip 01801

Telephone [redacted] Email compliance.biofrontera@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: 10/1986 to: 08/1990 Reserve: 08/1990 to 05/2002

Military Occupation/Specialty Army, Army Reserve

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 DL

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Millersville University of Pennsylvania		1986	
Address	**City**	**State**	**Zip**
40 Dilworth Rd	Millersville	PA	17551
Diploma/Degree obtained, if any			
Bachelor of Science in Biochemistry			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

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
10/1999 - present	[redacted] Green Road	Raymond	NH	03077
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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 DL

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: Biofrontera Inc.				From - To (MM/YY – MM/YY): 08/2016 - present
Business Address: 120 Presidential Way, Suite 330		City: Woburn	State: MA	Zip: 01801
Phone: 781-245-1325	Title: QA Director			Number of Employed Hours: 10400
Description of Duties: Please 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.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description 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 DL

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

4/5/2022
Date

Applicant's initials DL

I, Darrell Lowman, **certify that as the designated representative for** Biofrontera 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

Darrell Lowman

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/8/2022

Date

Applicant's initials DL

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to 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 Lowman

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted) — Date: 4/8/2022

Please have this section completed in the presence of a Notary Public.

State of Massachusetts, ss. County of Middlesex

I, Darrell Lowman, 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: 4/8/2022

Subscribed and Sworn to before me this 8th day of April 2022.

Michele M. Pope — Notary Public Commonwealth of Massachusetts — My Commission Expires April 15, 2027

Notary Public Signature

Commission expires: 4/15/2027

(Seal)

Applicant's initials DL

Darrell Thomas Lowman
[redacted] *Green Road*
Raymond, NH 03077
Phone: [redacted]
Cell: [redacted]
e-mail: [redacted]*@comcast.net*

Summary: Quality Professional with extensive experience in pharmaceutical drug and medical device industries. Though knowledge and understanding of 21 CFR 210/211, 21 CFR 820, ISO13485, CAN Regs, CMDR, and MDD. Successful audits by FDA and ISO Technical Body. Demonstrated Leadership ability, specializing in Maintaining the Effectiveness of the Quality Program, Supplier Management, Quality Metrics, Metrology, Product Evaluation, Product Development, Product Review, Method Development, Method Validation, Equipment Validation, Process Validation, Corrective and Preventive Actions, Deviations, Non-Conforming Materials, and Rework/Reprocessing/Salvage. Strong Computer skills.

Related Experience:

Agency Audit/Inspections

- Critical support during FDA PAI and compliance inspections, leading to no 483's for twelve consecutive (drug and medical device) inspections with no 483's.
- Lead and support during the TUV Rhineland Annual ISO Surveillance Inspection/Audit.

Quality System Management Experience:

- Implementation and monitoring of the quality management system, which support the requirements of 21 CFR 210/211 for drugs and 21 CFR 820, ISO13485, MDD, CMDR.
- Develop and implement quality plans and process validations for new sterile and non-sterile products.
- Review and approve completed production records; release approved product for shipment.
- Review and update CMC section for: IND Annual Reports, NDA CBE-30, NDA Annual Reports and NDA Supplements.
- Manage approved suppliers through the conduct supplier audits, and trending supplier acceptance rates.
- Plan and perform internal and external audits in support of the quality system.
- Manage and monitor CAPAs through determination of root cause, corrective action, preventive action and monitor effectiveness.
- Investigate and trend complaints and field returns.
- Plan, manage and monitor cost of goods budget.
- Present monitoring metrics to the site quality council, management team, regional quality, and corporate quality.

Distribution Management

- Responsible for shipping, receiving and inventory control.
- Responsible for recall process to ensure traceability of the finished drug product and medical device.
- Responsible as the designated representative for state distribution / virtual manufacturing licenses.

Supervisory and Managerial Experience:

- Manage the document change order system and quality records.
- Monitor and review drug manufacturing batch records, review contract drug manufacturing records and review contract laboratory reports.
- Supervised and managed projects for a quality control chemistry laboratory consisting of five (5) personnel.
- Supervised and managed projects for a quality assurance department consisting of four (4) to twenty-two (22) personnel.
- Supervised and managed projects for a army reserve field artillery firing battery consisting of one hundred twenty (120) personnel.

Validation of Processes and Equipment:

- Process validation and requalification for liquid doses and solid doses.
- Equipment validation, laboratory equipment, process equipment, stability chambers, autoclaves.

Validation of Ultra Performance Liquid Chromatography (UPLC), High Performance Liquid Chromatography (HPLC) and Gas Chromatography (GC) Methods:

- In-house development/validation of methods for liquid dosage and solid dosage forms.
- In-house development/validation of methods for related substances of actives in liquid and solid dosage forms.
- United States Pharmacopoeia (USP) equivalency for in-house methods to USP methods.
- Site to site method transfers for secondary laboratories.

Windows Operating Systems (Windows) utilizing:

- Microsoft Office: Outlook, Excel, Word, PowerPoint, Access Database; Microsoft Visio; Microsoft Business Solutions: Great Plains
- Makromed: InfoMed Complaint Software, InfoCAPA CAPA/Non-Conforming Material Software

Darrell Thomas Lowman

Work Experience:

08/29/2016 to Present **Biofrontera, Inc.:** Woburn, MA 01801 (moved from Wakefield, MA 01880) **(CONFIDENTIAL)**
Photodynamic Therapy distributor of medical device and drug product combination therapy.

Quality Assurance Director (Supervisors Erica Monaco, CFO and COO, Wiebke Meyer-Wendt, Head Quality Management and Quality Control) *08/2016 to Present*

- Responsible for Site Quality Assurance.
- Development, establishment, implementation and maintenance of the quality management system, which support the requirements of 21 CFR 210 / 211 for drugs and 21 CFR 820 for medical devices.
- Management Representative.
- Manage and monitor the overall training program.
- Manage and monitor the change control process and promotional material review process.
- Responsible for overall site safety.
- Manage, monitor and trend Supplier Management and Approved Supplier List (ASL), Corrective and Preventive Action Program, Non-Conforming Material Process, Deviation Process, and Rework / Reprocess / Repair / Salvage Program.
- Responsible for Pharmacovigilance / Complaint Program, receiving, triaging, and forwarding to the appropriate group in Germany for investigation.
- Responsible for shipping, receiving and inventory control.
- Responsible for the review and release of finished drug products and medical devices at the Approved Distributor of Record.
- Responsible for recall process to ensure traceability of the finished drug product and medical device.
- Responsible as the designated representative for state distribution / virtual manufacturing licenses.

07/24/2000 to 08/26/2016 **DUSA Pharmaceuticals Inc. a Sun Pharma Company:** Wilmington, MA 01887
Photodynamic Therapy Innovations, manufacturer of medical device and drug product combination therapy.

Quality Assurance Unit Manager/Acting Site Head Quality *04/2015 to 08/2016*
(Supervisor Dan Martins, Regional Head Quality)

- Responsible for Site Quality (Quality Assurance, Quality Control – Contract Laboratory Supplier Management).
- Supervise a department of three (3) quality personnel.
- Responsible for overall training program.
- Prepared and submitted a new monograph to be added to the USP for 5-Aminolevulinic Acid Hydrochloride (API), which was accepted and added to USP 2016 (USP 39/NF34).
- Responsibilities are the same as below.

Quality Assurance Unit Manager (Supervisor George Breslin, Director QA) *07/2000 to 04/2015*

- Assisted in the PAI Inspection of the Drug Manufacturing Area with no 483's.
- Assisted in the PAI Inspection of the Device Manufacturing Area with no 483's.
- Assisted in twelve (12) consecutive (drug and medical device) FDA Inspections with no 483's issued.
- Support further development and implementation of the quality management system, which support the requirements of 21 CFR 210/211 for drugs and 21 CFR 820, ISO13485, MDD, CMDR.
- Support ISO Certification effort to maintain QSR, GMP, ISO13485, MDD, CMDR and other applicable regulatory compliance requirements and internal regulatory activities.
- Setup quality inspection and quality procedures when drug and device manufacturing/service was brought in-house to include: Standard Operating Procedures (SOPs), product testing, finished product specifications, and processing records.
- Responsible for the development and review of quality plans; process validations; batch record review and approval; evaluation and approval of executed production records, approval for final product release, and release for shipment.
- Supplier Management through controlled selection and certification of suppliers and laboratories.
- Investigate deviations for root cause analysis, audit drug manufacturer's process and quality systems to ensure compliance and adequacy, audit drug testing laboratory to ensure compliance and adequacy.
- Investigate complaints, field returns and concerns, assists in the analysis and the development of corrective actions; ensures proper documentation of complaint analysis and failure investigation; monitors and reports on return trending and efficacy of corrective actions relating to Adverse Drug events and all other drug related complaints.
- Support new product development / implementation via development of an overall quality plan, including inspection / test procedures. Support of process / product validation. Design of experiments to identify / control process variables.
- Responsible for the updating of the CMC section for: IND Annual Reports, NDA CBE-30 / Annual Reports / Supplements.
- Assist Regulatory Affairs in the submission of the Austrian Dossier, Australian Dossier, and Canadian Dossier.
- Ensure that quality reporting is maintained and documented with the assigned team.
- Responsible for the transfer of methods and stability without interruption in supply of product.
- Manage, monitor and trend the Corrective and Preventive Action Program, Non-Conforming Material Process, Deviation Process, Rework / Reprocess / Repair / Salvage Program, and Stability Program.

10/1990 to 07/2000 **NutraMax Products, Inc.:** Gloucester, Massachusetts 01930
Manufacturer of generic personal care products, cough and cold products, first aid products and ophthalmic prescription and over-the-counter products.

Quality Assurance Manager at NutraMax Personal Care Division: *11/1999 to 07/2000*
(Supervisor John de Brun, VP/GM)
Due to corporate restructuring, continue to perform duties of the Director of Chemistry and Process Development as required see below. Additional responsibilities were:

- Ensure compliance with CGMP, 21 CFR 210/211, Standard Operating Procedures (SOPs), product testing, finished product specifications, and processing records.
- Establish procedures, test methods, and specifications as necessary to maintain a quality system.
- Approve division SOPs.
- Perform internal audits to ensure that all departments are training personnel appropriately.
- Direct and approve all quality assurance investigations, laboratory out of specification investigations (OOS), incident reports and batch failure reports.
- Responsible for customer complaints system and analysis of trends.
- Manage the change control system for the division.
- Direct the execution of all validation protocols for the division.

Director of Chemistry and Process Development in Regulatory Affairs and Technical Services at NutraMax Corporate Headquarters: *02/1999 to 11/1999*
(Supervisor James McGrath, VP Regulatory and Technical Affairs)

- Responsible for interacting with the Food and Drug Administration for chemistry related inspections and response.
- Ensure all laboratory personnel follow CGMP, Specification and Procedures used for Product Testing, and all Company SOPs in the Ophthalmics Division, Cough and Cold Division, and Personal Care Division.
- Ensure that all manufacturing processes are properly validated, and assist in the planning of new procedures for any new manufacturing process.
- Ensure that all laboratory personnel are trained on the operation, maintenance, and calibration of all laboratory equipment.
- Write, review, and update division and corporate SOPs as needed.
- Develop and validate analytical methods for new products in the Ophthalmics Division (Generic Prescription and Over the Counter Ophthalmic Solutions), Cough and Cold Division (Generic and Contract Manufactured Cough Drops, Throat Drops and Throat Lozenges), and Personal Care Division (Generic Douche, Enema, Pediatric Oral Maintenance Solution, and Eyewash) utilizing the HPLC and GC.
- Participant in Planning Meetings to interface with Contract Customers such as: American Home Products, Warner Lambert, Warner Lambert Canada.

Manager of Chemistry and Process Development at NutraMax Ophthalmics Division (Optopics Laboratory): *10/1995 to 02/1999*
(Supervisor Michael Bill, VP Operations)
Responsibilities were the same as those of the Quality Control Chemistry Supervisor see below. Additional responsibilities were:

- Ensure that all aseptic manufacturing processes are properly validated, and assist in the planning of new procedures for any new manufacturing process.
- Supervise the development and validation of all new methods.
- Ensure that all old methods are fully validated and meet the current USP requirements.
- Prepare new batching paperwork for all new products.
- Perform cleaning validation and develop methods for determining residual on the surface of equipment utilizing CE, HPLC, GC, and TOC.

Quality Control Chemistry Supervisor at NutraMax Ophthalmics Division (formerly Optopics Laboratory): (Supervisor Michael Bill, VP Operations) *07/1991 to 10/1995*

(NutraMax Products Inc. Acquired Optopics Laboratories in June 1993)

Responsibilities were the same as those of the Quality Control Bench Chemist see below. Additional responsibilities were:

- Supervise four (4) Analytical Bench Chemists and one (1) Method Validation/R&D Chemist on a daily basis in the quality control chemistry laboratory.
- Ensure all laboratory personnel follow CGMP, Specification and Procedures (Spec & Pro) used for Product Testing, and all Company SOPs.
- Assign duties, monitor the progress of work and review all completed work in the laboratory notebooks.
- Perform USP/NF Monograph Assays and internal SOPs to release raw materials, bulk product, finished product and test stability product.
- Manage the stability program and ensure that all closure systems are placed into stability and tested as per the stability program protocol.
- Modernized the chemistry laboratory with new TSP HPLC, TSP CE, HP GC with FID, TCD, and Headspace Analyzer, HP Diode Array Spectrometer.

Quality Control Bench Chemist at Optopics Laboratories Corp.: *10/1990 to 07/1991*

(Supervisor Maurice Pennock, QA Manager)

- Performed HPLC and wet chemistry assays.
- Perform training of laboratory personnel on USP/NF Monographs, and internal SOPs.
- Ensure that all procedures are update when new supplements are received for the United States Pharmacopoeia.
- Ensure that all laboratory personnel are trained on the operation, maintenance, and calibration of all laboratory equipment.
- Write, review, and update company SOPs as needed.
- Formulated and prepared laboratory batches for new product development.

10/1986 to 05/2002 **United States Army:**

Honorable Discharge 08/1990 Active Duty Rank – First Lieutenant in the Field Artillery;
Honorable Discharge 05/2002 Reserve Duty Rank - Major in the Field Artillery

Individual Ready Reserve (IRR): (Maintained by St. Louis, Missouri)	*11/1997 to 05/2002*
US Army Reserve various Duty Stations	*04/1991 to 11/1997*
Individual Ready Reserve (IRR): (Maintained by St. Louis, Missouri)	*08/1990 to 04/1991*
US Army Active Duty in Federal Republic of Germany	*10/1986 to 08/1990*

Affiliations:

- American Chemical Society
- American Society for Quality - Senior Member

Education: ***Millersville University of Pennsylvania,*** Millersville, Pennsylvania 17551

- Bachelor of Science in Biochemistry - August 1986

Darrell Thomas Lowman

Continuing Education:

- Compliance4All Webinar "21CFR Part 820 Quality System Regulation – Applying Principles of Lean Documents and Lean Configuration), 04/2016
- Compliance Online Webinar "How to Achieve a Compliant and Effective Cleanroom Design and Facility Validation", 01/2016
- Steris Life Science Webinar "Best Practices for a Robust Cleaning Validation", 01/2016
- Lab Compliance Audio Seminar on "Handling OOS Test Results and Failure Investigations", 07/2014
- Lab Compliance Audio Seminar on "Audio Seminar Impact of Quality by Design on the Analytical Laboratory", 05/2014
- USP Live Webinar on "Current and Upcoming Changes to USP General Chapters <41> Balances and <1251> Weighing on an Analytical Balance", 03/2014
- Aris Global Webinar on "Unique Device Identifiers (UDI)", 02/2014
- Life Science Training Institute "GMP Compliance – Trends to Know for 2014", 01/2014
- Amarex Clinical Research Audio Seminar on "FDA's Guidance on Process Validation for Drugs and Biologics: 3 Steps to Compliance", 11/2013
- The Microbiology Network "Optimizing QC Microbiology Testing – Challenges and Trends", 10/2013
- FOI Teleconferences audio Seminar on "Conducting an Effective Quality System Management Review", 07/2013
- Auditing Analytical Laboratories for FDA Compliance 06/2013
- Combination Product Inspections will Change Under the Final GMP Requirements 05/2013, 1.5 CEU
- FDA's Changes to Drug Safety Inspections: New Instructions to Pharmacovigilance Investigations, 02/2013, 1.5 CEU
- Mastering Microsoft Access Basics 04/2007, 0.6 CEU
- Mastering Microsoft Access Advanced Practices 04/2007, 0.6 CEU
- PTI International Seminar "International GMPs: Complying with Requirements in the US, EU and Japan" 11/2005, 1.4 CEU
- AMA Seminar "Successfully Managing People" 07/2005, 1.8 CEU
- TUV ISO 13485:2003 Seminar "A Management System for Medical Device Manufacturers How to Achieve a Painless Transition" 04/2005
- PTI International Seminar "Managing Non-Conformances & Complaints" 11/2004, 1.4 CEU
- Technical Seminars "Operator Inspection and In-Process Control" 12/2003,
- PTI International Seminar "Complying with FDA-ICH Requirements for Stability Testing" 10/2003, 1.4 CEU
- PTI Seminar "Auditing and Qualifying Suppliers and Vendors" 02/2002, 1.4 CEU
- ASQ ISO 9000:2000 "Transition and Auditing Course" 09/2001, 1.4 CEU
- Great Plains Business Solutions "Distribution Fundamentals" 08/2001, 1.8 CEU

Awards:

- DUSA Excellence Award for Teamwork / Customer Partnership 02/2005
- Bedford Community Church Teamwork 40 Days of Purpose 03/2004
- DUSA Pride Award for Teamwork 510K Project 10/2003
- DUSA Pride Award for Teamwork 08/2003
- DUSA Pride Award for Teamwork Above and Beyond Facility Approval 08/2003
- DUSA Pride Award for Performance Above and Beyond Marketing Material for AAD 04/2003
- DUSA Pride Award for Performance Above and Beyond Validation / Stability Analysis Testing Reduction 08/2002
- Bedford Community Church Faithful Service 11/2002
- DUSA Pride Award for Teamwork 07/2002

DEPARTMENT OF THE ARMY
U.S. ARMY RESERVE PERSONNEL COMMAND
1 RESERVE WAY
ST. LOUIS, MO 63132-5200

ARPC-PSRAS-O1 [redacted] 01 MAY 2002
ORDERS

LOWMAN DARRELL THOMAS PSRAS MAJ FA 13A 221 38 3392
[redacted] GREEN ROAD USAR CONTROL GROUP (REINF)
RAYMOND NH 03077

YOU ARE DISCHARGED FROM THE COMPONENT SHOWN.

AUTHORITY: AR 135-175
EFFECTIVE DATE: 01 MAY 2002
COMPONENT: UNITED STATES ARMY RESERVE
TYPE OF DISCHARGE: HONORABLE
ADDITIONAL INSTRUCTIONS: IF RESERVE ID DD FORM 2A (RED) IS IN YOUR POSSESSION RETURN IT TO THIS HQS, ATTN: ARPC-ALO. OFFICIAL MILITARY PERSONNEL FILE (OMPF) IS TRANSFERRED TO THE NATIONAL PERSONNEL RECORDS CENTER ATTN: NPRC-MPR 9700 PAGE ST LOUIS, MO 63132-5200 FUTURE INQUIRIES SHOULD BE DIRECTED TO THAT OFFICE. AS YOU NO LONGER HAVE ANY MILITARY STATUS, YOUR RECORDS ARE NO LONGER HELD BY THE ARMY. REMEMBER TO INCLUDE YOUR FULL NAME, SOCIAL SECURITY NUMBER AND ALL PREVIOUS SERVICE NUMBERS SO THAT YOUR RECORD CAN BE POSITIVELY IDENTIFIED. ALL RESERVE OF THE ARMY AND ARMY OF THE UNITED STATES APPTS ARE TERMINATED. PSRAS

FORMAT: 500

****
* AR-PERSCOM *
* OFFICIAL *
****

ELTON C. BRUCE
COL, AG
COMMANDING

DISTRIBUTION: M2 PACKET: 15

312001859

2608 Engr Bde 18 Sept 96

CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES

THIS IS AN IMPORTANT RECORD. SAFEGUARD IT.

ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY 49196-F

1. NAME (Last, First, Middle)	2. DEPARTMENT, COMPONENT AND BRANCH	3. SOCIAL SECURITY NO.
LOMAN, DARRELL THOMAS	ARMY/USAR/FA	[redacted]

4.a. GRADE, RATE OR RANK	4.b. PAY GRADE	5. DATE OF BIRTH (YYMMDD)	6. RESERVE OBLIG. TERM. DATE
1LT	02	[redacted]	Year 98 Month 10 Day 25

7.a. PLACE OF ENTRY INTO ACTIVE DUTY	7.b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known)
FT. SILL, OK	LANDENBURG, PA

8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND	8.b. STATION WHERE SEPARATED
BTRY A 25TH FA USAREUR 7T	FORT DIX, NEW JERSEY 08640-7238

9. COMMAND TO WHICH TRANSFERRED	10. SGLI COVERAGE
USAR CTR CP (RETIR) ARBERCEN, 9700 PAGE BLVD, ST LOUIS, MO 63132	[ ] None Amount: $ 50,000.00

11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.)	12. RECORD OF SERVICE	Year(s)	Month(s)	Day(s)
13D0000 FIELD ARTILLERY TARGET ACQUISITION OFFICER—3 YRS-10 MOS// NOTHING FOLLOWS	a. Date Entered AD This Period	96	10	26
	b. Separation Date This Period	98	09	21
	c. Net Active Service This Period	03	10	05
	d. Total Prior Active Service	00	00	00
	e. Total Prior Inactive Service	01	05	28
	f. Foreign Service	03	01	26
	g. Sea Service	00	00	00
	h. Effective Date of Pay Grade	00	10	01

13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service)

ARMY SERVICE RIBBON//OVERSEAS SERVICE RIBBON//ARMY COMMENDATION MEDAL//NOTHING FOLLOWS

14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed)

MAINT MGMT ORIENT, 2 WEEKS, 1988//FA TARGET ACQUIST/SURVEY OFF, 7 WEEKS, 1987//FA OFFICER BASIC, 19 WEEKS, 1987//NOTHING FOLLOWS

15.a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM	Yes	No	15.b. HIGH SCHOOL GRADUATE OR EQUIVALENT	Yes	No	16. DAYS ACCRUED LEAVE PAID
		X		X		28

17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION [ ] Yes [X] No

18. REMARKS

SUBJECT TO ACTIVE DUTY RECALL AND/OR ANNUAL SCREENING//DD FORM 214 ISSUED ON 980831// NOTHING FOLLOWS

19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code)	19.b. NEAREST RELATIVE (Name and address - include Zip Code)
[redacted] KENNLESVILLE, PA 19347	LOUISA A.F. LOMAN SAME
20. MEMBER REQUESTS COPY 6 BE SENT TO VA DML OF VET AFFAIRS [X] Yes [ ] No	22. OFFICIAL AUTHORIZED TO SIGN (Type name, grade, title and signature)
21. SIGNATURE OF MEMBER BEING SEPARATED	[illegible] CPT, USA, TRP SCH

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)

23. TYPE OF SEPARATION	24. CHARACTER OF SERVICE (Include upgrades)	
RELEASE FROM ACTIVE DUTY	HONORABLE	
25. SEPARATION AUTHORITY	26. SEPARATION CODE	27. REENTRY CODE
AR 635-100 PARA 3-33c (3)	LBK	NA

28. NARRATIVE REASON FOR SEPARATION

EXPIRATION TERM OF SERVICE

29. DATES OF TIME LOST DURING THIS PERIOD	30. MEMBER REQUESTS COPY 4
NONE	Initials

DD Form 214, NOV 88 — Previous editions are obsolete. — SERVICE - 2

SAFEGUARD IT — ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID — 1119

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle)	2. DEPARTMENT, COMPONENT AND BRANCH	3. SOCIAL SECURITY NO.
LOWMAN, DARRELL THOMAS	ARMY/USAR/FA	[redacted]

4.a. GRADE, RATE OR RANK	4.b. PAY GRADE	5. DATE OF BIRTH (YYMMDD)	6. RESERVE OBLIG. TERM. DATE
LT	03	[redacted]	Year 94 Month 10 Day 25

7.a. PLACE OF ENTRY INTO ACTIVE DUTY	7.b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known)
FT. SILL, OK	LANDENBURG, PA

8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND	8.b. STATION WHERE SEPARATED
BTRY A 25TH FA USARFOR FT	FORT DIX, NEW JERSEY 08640-7238

9. COMMAND TO WHICH TRANSFERRED	10. SGLI COVERAGE
USAR CTR CP (DETHE) ARPERCEN, 9700 PAGE BLVD, ST LOUIS, MO 63132	☐ None Amount: $ 50,000.00

11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.)	12. RECORD OF SERVICE	Year(s)	Month(s)	Day(s)
13D03A000 FIELD ARTILLERY TARGET ACQUISITION OFFICER--3 YRS-10 MOS// NOTHING FOLLOWS	a. Date Entered AD This Period	94	10	26
	b. Separation Date This Period	98	08	31
	c. Net Active Service This Period	03	10	05
	d. Total Prior Active Service	00	00	00
	e. Total Prior Inactive Service	01	05	28
	f. Foreign Service	03	01	26
	g. Sea Service	00	00	00
	h. Effective Date of Pay Grade	98	10	01

13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service)

ARMY SERVICE RIBBON//OVERSEAS SERVICE RIBBON//ARMY COMMENDATION MEDAL//NOTHING FOLLOWS

14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed)

MAINT MGMT ORIENT, 2 WEEKS, 1988//FA TARGET ACQUIST/SURVEY OFF, 7 WEEKS, 1987//FA OFFICER BASIC, 19 WEEKS, 1987//NOTHING FOLLOWS

15. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM	Yes	No	15.b. HIGH SCHOOL GRADUATE OR EQUIVALENT	Yes	No	16. DAYS ACCRUED LEAVE PAID
		X		X		30

17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION — Yes ☐ No X

18. REMARKS

SUBJECT TO ACTIVE DUTY RECALL AND/OR ANNUAL SCREENING//DD FORM 214 ISSUED ON 980831// NOTHING FOLLOWS

19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code)	19.b. NEAREST RELATIVE (Name and address - include Zip Code)
[redacted] KENNESVILLE, PA 19347	LOUISA A.F. LOWMAN SAME
20. MEMBER REQUESTS COPY 6 BE SENT TO DIR. OF VET AFFAIRS ☑ Yes ☐ No	22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) VIRGINIA M. CURRY, SFM, USA, ERC NCM
21. SIGNATURE OF MEMBER BEING SEPARATED	

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)

23. TYPE OF SEPARATION	24. CHARACTER OF SERVICE (Include upgrades)	
RELEASE FROM ACTIVE DUTY	HONORABLE	
25. SEPARATION AUTHORITY	26. SEPARATION CODE	27. REENTRY CODE
AR 135-178, PARA 3-33c(3)	LBK	4A

28. NARRATIVE REASON FOR SEPARATION

EXPIRATION TERM OF SERVICE

29. DATES OF TIME LOST DURING THIS PERIOD	30. MEMBER REQUESTS COPY 4
NONE	Init:

DD Form 214, NOV 88 — Previous editions are obsolete. — MEMBER

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. 02BSBIL1840

Application/License No. _____

Biofrontera Inc., doing or intending to do business as a
(Applicant/Principal)
pharmaceutical wholesaler, whose address for purposes of service is
120 Presidential Way, Ste 330, Woburn, MA 01801, as
(Address of Applicant/Principal)
PRINCIPAL, and Hartford Fire Insurance Company, 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
200 Colonial Center Parkway 5th floor, Lake Mary, FL 32746 as
(Address of Surety)
SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on September 16, 2020.
(Effective Date)

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

02BSBIL1840

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 16th day of September, 2020.

APPLICANT/PRINCIPAL

Biofrontera Inc.

Erica L Monaco

Authorized Representative

SURETY COMPANY

Hartford Fire Insurance Company

Surety Company's Representative

Shari Ruff, 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:

Non resident

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: NUTMEG INSURANCE AGENCY INC/PHS
Agency Code: 02-025657

- [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
Shari Ruff
of Lake Mary, Florida,
its true and lawful Attorney-in-Fact, to sign its name as surety(ies) only as delineated above by , and to execute, seal and acknowledge the following bond, undertaking, contract or written instrument:
Bond No. 02BSBIL1840
Naming Biofrontera 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, 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 September 16, 2020.

Signed and sealed in Lake Mary, Florida.

Keith D. Dozois, Assistant Vice President

Hartford Fire Insurance Company

THE HARTFORD

Date: September 16, 2020

Agency Name: NUTMEG INSURANCE AGENCY INC/PHS
Agency Code: 02 025657

Biofrontera Inc.
120 Presidential Way, Ste 330
Woburn, MA 01801

Attn:

Insured / Principal: Biofrontera Inc.

Policy/Bond #: 02BSBIL1840
Account Name/Number: Biofrontera 02M100768192
Policy Term: September 16, 2020 - September 16, 2021
Type of Policy: Surety - License & Permit
Billing Term: Annual
Transaction Type: New Bond
Transaction Effective Date: September 16, 2020
Bond Limit: $100,000

Premium: $1,000

As a convenience, our customer service team is available to serve you. If you require any assistance with your policy including certificates of insurance coverages, or billing, please contact us at the Select Customer Service Center at The Hartford.

Our Business Insurance Professionals want to help and it's easy.

Simply, call toll free **866-467-8730** any weekday from 8 AM EST – 8 PM EST to talk to our customer service team.

This record is a billing record advice only. You will be billed directly by The Hartford within 15 days of the effective date of the bond.

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): April 8, 2022

Biofrontera Inc.
(Exact name of registrant as specified in its charter)

Delaware	001-40943	47-3765675
(State or other jurisdiction of incorporation)	(Commission File Number)	(IRS Employer Identification No.)

120 Presidential Way, Suite 330 Woburn, Massachusetts (Address of principal executive offices)	01801 (Zip Code)

Registrant's telephone number, including area code: (781) 245-1325

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:

☐ 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 Exchange Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common stock, par value $0.001 per share	BFRI	The Nasdaq Stock Market LLC
Warrants, each warrant exercisable for one share of common stock, each at an exercise price of $5.00 per share	BFRIW	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 (the "Exchange Act") (§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. ☐

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: Delaware

Parent Company (if any): Biofrontera AG and Cede & Co.

Corporation Name: Biofrontera Inc.

Mailing Address: 120 Presidential Way, Suite 330

City: Woburn State: MA Zip: 01801

Telephone: 781-245-1325 Email: compliance.biofrontera@gmail.com

Contact Person Name: Darrell Lowman

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

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: _____

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 12b-25

NOTIFICATION OF LATE FILING

(Check one): ☒ Form 10-K ☐ Form 20-F ☐ Form 11-K ☐ Form 10-Q ☐ Form 10-D ☐ Form N-SAR ☐ Form N-CSR

For Period Ended: December 31, 2021

☐ Transition Report on Form 10-K
☐ Transition Report on Form 20-F
☐ Transition Report on Form 11-K
☐ Transition Report on Form 10-Q
☐ Transition Report on Form N-SAR

For the Transition Period Ended: _____

Read Instruction (on back page) Before Preparing Form. Please Print or Type.
Nothing in this form shall be construed to imply that the Commission has verified any information contained herein.

If the notification relates to a portion of the filing checked above, identify the Item(s) to which the notification relates:

PART I — REGISTRANT INFORMATION

Biofrontera Inc.
Full Name of Registrant

Not Applicable
Former Name if Applicable

120 Presidential Way, Suite 330
Woburn, Massachusetts 01801
Address of Principal Executive Office (Street and Number)
City, State and Zip Code

PART II — RULES 12b-25(b) AND (c)

If the subject report could not be filed without unreasonable effort or expense and the registrant seeks relief pursuant to Rule 12b-25(b), the following should be completed. (Check box if appropriate)

(a) The reason described in reasonable detail in Part III of this form could not be eliminated without unreasonable effort or expense

☒ (b) The subject annual report, semi-annual report, transition report on Form 10-K, Form 20-F, Form 11-K, Form N-SAR or Form N-CSR, or portion thereof, will be filed on or before the fifteenth calendar day following the prescribed due date; or the subject quarterly report or transition report on Form 10-Q or subject distribution report on Form 10-D, or portion thereof, will be filed on or before the fifth calendar day following the prescribed due date; and

(c) The accountant's statement or other exhibit required by Rule 12b-25(c) has been attached if applicable.

PART III — NARRATIVE

State below in reasonable detail why Forms 10-K, 20-F, 11-K, 10-Q, 10-D, N-SAR, N-CSR, or the transition report or portion thereof, could not be filed within the prescribed time period.

Biofrontera Inc. (the "Company") will not be able to file its Annual Report on Form 10-K for the year ended December 31, 2021 (the "2021 Form 10-K") within the prescribed time without unreasonable effort or expense. This is the first Form 10-K to be filed by the Company subsequent to its initial public offering and the Company is still in the process of compiling required information to complete its financial statements and other disclosure in the 2021 Form 10-K. The Company currently expects to file the 2021 Form 10-K within the fifteen-day extension period provided under Rule 12b-25 of the Securities Exchange Act of 1934, as amended.

PART IV — OTHER INFORMATION

(1) Name and telephone number of person to contact in regard to this notification

Erica L. Monaco	(781)	245-1325
(Name)	(Area Code)	(Telephone Number)

(2) Have all other periodic reports required under Section 13 or 15(d) of the Securities Exchange Act of 1934 or Section 30 of the Investment Company Act of 1940 during the preceding 12 months or for such shorter period that the registrant was required to file such report(s) been filed? If answer is no, identify report(s). Yes ☒ No ☐

(3) Is it anticipated that any significant change in results of operations from the corresponding period for the last fiscal year will be reflected by the earnings statements to be included in the subject report or portion thereof?

Yes ☒ No ☐

If so, attach an explanation of the anticipated change, both narratively and quantitatively, and, if appropriate, state the reasons why a reasonable estimate of the results cannot be made.

The Company currently anticipates net revenues of $24.1 million for the year ended December 31, 2021 compared to net revenues of $18.8 million for the prior fiscal year, an increase of $5.3 million, primarily driven by: (i) higher volume of Ameluz® orders, which resulted in an increase in Ameluz® revenue of $4.1 million, and (ii) an increase in the price of Ameluz®, which further increased Ameluz® revenue by $1.3 million. The Company anticipates a net loss of $23.5 million for the year ended December 31, 2021 (not including an expected mark to market accounting adjustment in connection with a warrant liability for private warrants issued in December 2021 because the related valuation is not yet complete) compared to $11.0 million for the prior fiscal year. Subject to the determination of the aforementioned accounting adjustment for the warrant liability, this increase in net loss was primarily driven by increased costs of revenue due to higher sales volume and increased selling, general and administrative expenses due primarily to a previously disclosed legal settlement for which the Company recorded an expense of $11.3 million and an increase in headcount costs, partially offset by a decrease in net interest expense. Since the Company has not completed its financial statements and other disclosures in the Form 10-K, and the audit of the financial statements has therefore not been completed, the financial information contained herein is subject to adjustment.

Special Note Regarding Forward-Looking Statements

This Form 12b-25 contains predictive or "forward-looking statements" within the meaning of the Private Securities Litigation Reform Act of 1995. All statements, other than statements of historical facts, in this Form 12b-25, including statements regarding our strategy, future operations, regulatory process, future financial position, future revenue, projected costs, prospects, plans, objectives of management and expected market growth, are forward-looking statements. The words "believe", "anticipate", "intend", "expect", "target", "goal", "estimate", "plan", "assume", "may", "will", "predict", "project", "would", "could" and similar expressions are intended to identify forward-looking statements, although not all forward-looking statements contain these identifying words. While we have based these forward-looking statements on our current expectations and projections about future events, we may not actually achieve the plans, intentions or expectations disclosed in or implied by our forward-looking statements, and you should not place undue reliance on our forward-looking statements. These forward-looking statements are subject to risks, uncertainties and assumptions about us and accordingly, actual results or events could differ materially from the plans, intentions and expectations disclosed in or implied by the forward-looking statements we make. We do not assume any obligation to update any forward-looking statements, whether as a result of new information, future events or otherwise, except as required by law. Any forward-looking statements speak only as of the date on which they are made, and we undertake no obligation to publicly update or revise any forward-looking statements to reflect events or circumstances that may arise after the date of this Form 12b-25.

Biofrontera Inc.
(Name of Registrant as Specified in Charter)

has caused this notification to be signed on its behalf by the undersigned hereunto duly authorized.

Date: April 1, 2022

By: */s/ Erica L. Monaco*
Erica L. Monaco,
Chief Executive Officer

4GG

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: ImmunoGen, Inc.

Physical Address: 830 Winter Street

City: Waltham State: MA Zip: 02451

Mailing Address (if different from physical address): Same as physical address.

City: _____ State: _____ Zip: _____

Telephone: 781-895-0600 Website: www.immunogen.com

Name of Designated Representative (DR): Todd S. Talarico

Licensing Company Email: todd.talarico@immunogen.com DR Email: todd.talarico@immunogen.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: Distributors, pharmaceutical companies, clinics	☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		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 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: Massachusetts

Parent Company (if any): N/A

Corporation Name: ImmunoGen, Inc.

Mailing Address: 830 Winter Street

City: Waltham State: MA Zip: 02451

Telephone: 781-895-0600 Email: todd.talarico@immunogen.com

Contact Person Name: Todd S. Talarico

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol: IMGN

Section 5: Non-Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide: N/A		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/. N/A - publicly held		

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.** See Attachment B	✓	✓		
• **List the top four corporation shareholders and their percent ownership.** See Attachment D	✓			
• **List of all corporation shareholders and their percent ownership.** N/A		✓		
• **List of all partners and their percent ownership.** N/A			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months.** See Attachment C	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/ N/A		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/ N/A		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances** N/A	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only) See Attachment D	✓			
• **A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** See Attachment B	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered. N/A				
• **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.

Todd S. Talarico
Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

6/22/2022
Date

Board Use Only	Date Received: _____	Amount: 1000.00 CK-073455

Attachment A

Nature of Business and FDA Registration

ImmunoGen, Inc. "ImmunoGen" is a virtual prescription drug manufacturer. ImmunoGen's first product is being developed for the treatment of ovarian cancer. ImmunoGen will use contract manufacturers to produce its product and a third party logistics provider to ship. No product will be handled at ImmunoGen's business office. Provided below is the contact information for the contract manufacturers and third party logistics provider. In addition, enclosed is proof of FDA registration.

Contract Manufacturers:

BSP Pharmaceuticals S.R.L.
via Appia Kim 65,561
04013 Latina Scalo (LT) Italy
FDA registration #: 3007255826

Anderson Brecon dba PCI Pharma Services
1635 New Milford School Road
Rockford, IL 61109
FDA registration #: 3003015528

Third Party Logistics Provider:

Cardinal Health 105, LLC
15 Ingram Boulevard
La Vergne, TN 37086

From: Giordani, James
To: Giordani, James
Subject: Labeler code Reactivation - Mirvetuximab Soravtansine 03FEB2022
Date: Wednesday, February 9, 2022 12:18:47 PM
Attachments: image001.png
image002.png
image003.png
image004.png
image005.png
image006.png

From: CDER Electronic Drug Registration and Listing <EDRLS@fda.hhs.gov>
Sent: Thursday, February 3, 2022 10:37 AM
To: Wingrove, Theresa <Theresa.Wingrove@immunogen.com>
Cc: Cendrowski, Andrea <Andrea.Cendrowski@immunogen.com>; Regulatory Archive <Regulatory.Archive@immunogen.com>
Subject: RE: [EXTERNAL] RE: Labeler Code Request Rejected

This message has originated from an External Source. Please, use proper judgment and caution when opening and report all suspicious e-mails by clicking the Report Phishing Alert button.

Dr. Wingrove,

Labeler code (72903) has been reactivated. You may proceed with drug listing once the labeler code (72903) appears in Electronically Submitted NDC/NHRIC Labeler Codes, within 24-48 hours. As requested, your original Labeler code SPL is attached.

For instruction on the electronic registration and listing system visit: http://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm.

Please let us know if you have any additional question.

Regards,

The Electronic Drug Registration and Listing Branch (PH)
Office of Compliance
Center for Drug Evaluation and Research
U.S. Food and Drug Administration

eDRLS Helpdesk: EDRLS@fda.hhs.gov
For more information on Drug Registration and Listing, visit us at: http://www.fda.gov/eDRLS
CDERDirect: https://direct.fda.gov

FDA U.S. FOOD & DRUG ADMINISTRATION

Verified 8/10/22 MS

Attachment B

Corporate Officer, Director and Employee Information

ImmunoGen, Inc.
830 Winter Street
Waltham, MA 02451

Corporate Officers:

Mark J. Enyedy
President and Chief Executive Officer

Susan Altschuller
Chief Financial Officer

Anna Berkenblit
Chief Medical Officer

Stacy Coen
Chief Business Officer

Theresa Wingrove
SVP, Regulatory and Quality Operations

Joseph J. Kenny
General Counsel, Corporate Secretary

Kristen Harrington-Smith
Chief Commercial Officer

Board of Directors:

Mark J. Enyedy
Stephen C. McCluski
Stuart A. Arbuckle
Mark Goldberg, MD
Dean J. Mitchell
Kristine Peterson
Richard J. Wallace

Employees at the Waltham office:

[insert names]

Employee Name	Job Title
Ab, Olga	Dir, Product Team Lead
Abrar, Faiz	Sr Pharmacovigilance Specialist
Adler, Shelly	Dir, Benefits
Altschuller, Susan	SVP & Chief Financial Officer
Aschenbrenner, Lynn	Dir, Human Resources
Atanasova, Hristina	Sr Mgr, Payroll
Azoulay, Nelson	Exec Dir, Corporate Development
Bedse, Gaurav	Assoc Dir, Clinical Pharmacology
Ben David, Oded	Assoc Dir, Business Development
Bergan, Audrey	SVP & Chief HR Officer
Berkenblit, Anna	SVP & CMO
Blair, Joseph	EHS Project Manager
Bleichfeld, Howard	Dir, Clinical Contracts Attorney
Bock, Michael	Exec Dir, External Manufacturing
Brown, Karla	Sr Executive Assistant
Cendrowski, Andrea	Sr Regulatory Affairs Associate
Chan, Anabel	Exec Dir, Investor Relations
Chaves, Lyn	Sr Accountant
Chen, Katrina	Project Manager - CMC
Coen, Stacy	SVP, Chief Business Officer
Cohen, Erika	Project Manager, Analytical Development
Colon, Mari	Sr Quality Assurance Operations Specialist
Connelly, Nicole	Assoc Dir, Medical Affairs
Croce, Maurisa	VP, Product Team Lead
DaSilva, Adam	Dir, Clinical Outsourcing & Contracts
DeLuca, Janet	Sr Dir, Regulatory Operations
Dempsey, Patrick	Sr Mgr, EH&S/Facilities
Deutschman, Emily	Scientist II
Dhimitri, Kenneth	VP, Clinical Operations
Donahue, Bradley	Sr Mgr, FP&A
Doyle, Leslie	Dir, Manufacturing Sciences
Eaddy, Jennifer	Exec Dir, Regulatory Affairs
Enyedy, Mark	President & CEO
Erion, Thanh	Sr Dir, IP
Esteves, Whitney	Sr Dir, Clinical Research
Fang, Christina	Assoc Dir, Regulatory Affairs
Fitzgerald, Kristen	Administrative Assistant
Freeman, Isabella	Sr Executive Assistant
Freeman, Brian	VP, Product Team Lead
Fudeman, Mary	Dir, Program Management
Gabriel, Richshelle	Documentation Specialist III
Germeys, Philip	Dir, IT
Gibbons, Amy	Dir, Program Management
Gill, Brandy	Sr Quality Product Manager
Giordani, James	Exec Dir, Chief of Staff, Head of Corporate Planning & Program Management
Gordon, Michael	Sr Dir, FP&A

Hague, Andrew	Principal Development Scientist, Process Development
Harrington-Smith, Kristen	SVP and Chief Commercial Officer
Hartman, Michael	End User Experience Specialist
Hawes, Kathleen	Dir, Regulatory Operations
Herbst, Robert	VP, Technical Operations
Hill, Lorenza	Dir, FP&A
Huckaby, Janessa	Principal Corporate Paralegal Specialist
Huizinga, Mary Margaret	SVP, Medical Affairs
Joyce, Maureen	Principal IP Specialist
Kenny, Joseph	VP, Acting General Counsel and Intellectual Property
Kitchener, Seth	Dir, Process Development
Kneissl, Michelle	Sr Dir, Clinical Research
Kozytska, Mariya	Development Scientist III, Process Development
Krolewicz, Barbara	Sr Mgr, Supply Chain
LaBombard, Katelyn	Assoc Dir, Clinical Data Management
Lauziere, Kevin	Principal Scientist, Manufacturing Sciences
LeDoux, Juli	Dir, Patient Marketing
Lemos Ribeiro Filho, Francisco	VP, Chief Compliance Officer
Lentini, Renee	VP, Finance
Leuci, Jacqueline	Development Associate II
Lozzi, Kathleen	Mgr, Executive Office
Lubin, Yasonia	Mgr, GCP/GLP QA
Malcolm, Kara	Sr Dir, Clinical Research
Mastrullo, Jeanine	Sr Mgr, Regulatory Operations
Method, Michael	Executive Medical Director
Milano, Daniel	Dir, Process Development
Miller, William	Exec Dir, Head of Corporate Law
Miller, Brigitte	Sr Dir, Regulatory CMC
Morneault, Ashley	Operations & Project Management
Morse, Jennifer	Development Scientist II, Analytical Development
Mosgofian, Paula	Assoc Dir, Quality Systems
Nagle, Steven	Sr Mgr, Accounting
Narsimhan, Karthik	Sr Development Engineer III, Process Development
Neenan, Allison	Project Manager - CMC
Noble, Elizabeth	Sr Dir, Clinical Operations
O'Konek, Courtney	Sr Dir, Corp Communication
O'Neil, Kevin	Assoc Dir, FP&A
Paniagua, Juana	Exec Dir, Quality Assurance
Parrott, Timothy	Assoc Dir, Pharmacovigilance
Pepe, Michael	Mgr, Analytical Development
Pessia, Mary Beth	Sr Executive Assistant
Pickering, Jason	Sr Mgr, Finance
Pieroni, Steven	Principal Development Engineer, Manufacturing Sciences
Polanco, Gloria	Quality Product Manager
Poudel, Ishwari	Mgr, E-Systems Validation and Compliance
Powers, Nicole	Dir, Finance & Accounting
Powers, William	Assoc Dir, Global Logistics

Prasad, Thammiah	Exec Dir, Supply Chain
Priest, Michael	Sr Dir, GCP/GLP Quality Assurance and Compliance
Radesca, Lilian	Sr Dir, External Manufacturing
Rajaratnam, Priyadharshini	Assoc Dir, Clinical Trials
Rana, Seema	Assoc Dir, Trial Master File
Richard, Anna	Executive Assistant
Rodriguez Beltran, Jose	Assoc Dir, Product Testing
Romero, Oswald	Mgr, IT Infrastructure and Operations
Santos, Amanda	Sr Dir, Product Team Lead
Schenk, Nicole	Sr Clinical Data Manager
Schwartz, Andrew	VP, Information Technology
Sen, Jayita	Assoc Dir, Clinical Research
Severin, Susan	Assoc Dir, Patient Services
Sevigny, Chelsea	Dir, Competitive Intelligence
Silva, Frances	Principal Clinical Data Manager
Sloss, Callum	Sr Dir, Translational Sciences
Som, Brenda	Assoc Dir, Total Rewards
Sun, Yingchuan	Dir, Clinical Research
Sweryda-Krawiec, Beata	Assoc Dir, Analytical Development
Toothman, Joshua	Assoc Dir, Supply Chain
Topkaya, Ferhat	Sr Mgr, Quality Product Testing
Vakil, Shweta	Principal GMP Audit and Compliance Specialist
Waiters, Carl	Dir, Alliance and Program Management
Walsh, James	Mgr, Pharmacovigilance
Wang, Yuemei	Dir, Biostatistics
Wang, Peng	Principal SAS Programmer
Watkins, Krystal	Scientist II
Westin, Eric	VP, Clinical Development & Translational Sciences
Wildt, Adrienne	Dir, Analytical Development
Williamson, Michaelle	Dir, Regulatory CMC
Wingrove, Theresa	SVP, Regulatory Affairs and Quality
Zhao, John	Sr Development Scientist, Analytical Development
Zhou, Xinhua	Sr Dir, Clinical Programming
Zhu, Fengying	Assoc Dir, Bioanalysis
Zweidler-McKay, Patrick	Executive Medical Director

The Commonwealth of Massachusetts

Secretary of the Commonwealth

State House, Boston, Massachusetts 02133

William Francis Galvin
Secretary of the
Commonwealth

Date: May 10, 2022

To Whom It May Concern :

I hereby certify that according to the records of this office,

IMMUNOGEN, INC.

is a domestic corporation organized on **March 27, 1981** , under the General Laws of the Commonwealth of Massachusetts. I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.

In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

Certificate Number: 22050216820
Verify this Certificate at: http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx
Processed by: bod

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
MA0000656	05/26/2022	05/26/2023	Virtual Drug Manufacturers

ISSUED TO

IMMUNOGEN, INC.
830 WINTER STREET
WALTHAM, MA 02451
ATTN: JAMES GIORDANI SENIOR DIRECTOR, CORPORATE OPERATIONS

Margret R Cooke

COMMISSIONER OF PUBLIC HEALTH

RECIPIENT'S COPY

RENEWAL

848927

CONTROLLED SUBSTANCES REGISTRATIONS

In Accordance with Massachusetts General Laws Chapter 94C, Section 7

Attachment D

SEC Report and Top Shareholders

Enclosed are the first 15 pages from the latest SEC 10-K report.

Top Four Corporation Shareholders:

Who owns more than 5% of our stock?

To our knowledge, as of April 8, 2022, there were seven shareholders who beneficially owned more than 5% of our common stock. The table below contains information regarding the beneficial ownership of these entities.

Name of Beneficial Owner	Number of Shares Beneficially Owned	Percent of Class
RA Capital Management, L.P. (1)	22,031,550	9.99%
Redmile Group, LLC (2)	19,621,981	8.90%
The Vanguard Group (3)	15,131,752	6.86%
BlackRock, Inc. (4)	14,863,304	6.74%
Wellington Management Group LLP (5)	13,902,498	6.30%
FMR LLC (6)	12,274,822	5.57%
Adage Capital Partners, L.P. (7)	11,586,193	5.25%

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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 year ended December 31, 2021

OR

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the period from to

Commission file number 0-17999

ImmunoGen, Inc.

Massachusetts	**04-2726691**
(State or other jurisdiction of incorporation or organization)	(I.R.S. Employer Identification No.)

830 Winter Street, Waltham, MA 02451
(Address of principal executive offices, including zip code)

(781) 895-0600
(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, $.01 par value	IMGN	Nasdaq Global Select Market

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 (§229.405 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 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

Aggregate market value, based upon the closing sale price of the shares as reported by the Nasdaq Global Select Market, of common stock held by non-affiliates at June 30, 2021: $1,314,157,331 (excludes shares held by executive officers and directors). Exclusion of shares held by any person should not be construed to indicate that such person possesses the power, direct or indirect, to direct or cause the direction of management or policies of the registrant, or that such person is controlled by or under common control with the registrant. Common stock outstanding at February 16, 2022: 220,530,899 shares.

DOCUMENTS INCORPORATED BY REFERENCE

Portions of the definitive Proxy Statement on Schedule 14A to be delivered to shareholders in connection with the Annual Meeting of Shareholders to be held on June 15, 2022 are incorporated by reference into Part III of this report.

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ImmunoGen, Inc.

Form 10-K

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Forward-looking statements

The Annual Report on Form 10-K includes forward-looking statements. Forward-looking statements are neither historical facts nor assurances of future performance. Instead, these forward-looking statements relate to analyses and other information that are based on beliefs, expectations, assumptions, and forecasts of future results and estimates of amounts that are not yet determinable. These statements also relate to our prospects, future developments, product candidates, and business strategies.

These forward-looking statements are identified by their use of terms and phrases, such as "anticipate," "believe," "could," "estimate," "expect," "intend," "may," "plan," "predict," "project," "will," and other similar terms and phrases, including references to assumptions.

The forward-looking statements in this Annual Report on Form 10-K include, but are not limited to, statements about:

- the initiation, cost, timing, progress and results of our current and future research and development activities, preclinical studies, and clinical trials;
- the timing of, and our ability to obtain, regulatory approvals for our product candidates, including mirvetuximab soravtansine;
- our ability to advance any product candidates into, and successfully complete, clinical trials;
- the timing of our release of future data;
- the potential benefits of our product candidates;
- the potential benefits of our licensing arrangements;
- our expected sources of future revenues, including from our licensing arrangements;
- our estimates regarding expenses, capital requirements, the sufficiency of our current and expected cash resources, and our need for additional financing;
- the effect of the novel coronavirus (COVID-19) pandemic on the economy generally and on our business and operations specifically, including our research and development efforts, our clinical trials and our employees, and the potential disruptions in supply chains and to our third-party manufacturers, including the availability of materials and equipment; and
- our commercialization, marketing, and manufacturing capabilities and strategy.

We may not actually achieve the plans, intentions, or expectations disclosed in our forward-looking statements, and investors should not place undue reliance on our forward-looking statements. Additionally, these forward-looking statements involve known and unknown risks, uncertainties, and other factors that may cause actual results to be materially different from those contemplated by our forward-looking statements. These known and unknown risks, uncertainties, and other factors are described in detail in the "Risk Factors" section and in other sections of this report.

The forward-looking statements contained herein represent our views as of the date of this Annual Report on Form 10-K. Except as required by law, we disclaim any intention or obligation to update or revise any forward-looking statements, whether as a result of new information, future events, or otherwise.

Risk Factors Summary

Our business is subject to varying degrees of risk and uncertainty. Investors should consider the risks and uncertainties summarized below, as well as the risks and uncertainties discussed further in Part I, Item 1A, "Risk Factors" of this Annual Report on Form 10-K.

Our business is subject to the following principal risks and uncertainties:

- We have a history of operating losses, expect to incur significant additional operating losses, and may never be profitable.
- A pandemic, epidemic, or outbreak of an infectious disease, such as the COVID-19 pandemic, may materially and adversely affect our business and our financial results.

- If our Antibody-Drug Conjugate technology does not produce safe, effective, and commercially viable products or if such products fail to obtain or maintain FDA approval, our business will be severely harmed.
- Clinical trials for our product candidates and those of our collaborators will be lengthy and expensive, and their outcome is uncertain.
- Interim, top-line, or preliminary data from our clinical trials that we announce may change as more patient data become available and are subject to audit and verification procedures that could result in material changes in the final data.
- We currently do not have the direct sales, marketing, or distribution capabilities necessary to successfully commercialize our products on a large scale and may be unable to establish such capabilities.
- If we are unable to protect our intellectual property rights adequately, the value of our technology and our product candidates could be diminished.
- We expect to file for approval for mirvetuximab soravtansine from the FDA through the use of accelerated approval pathways. If unable to obtain approval under an accelerated pathway, we may be required to conduct additional preclinical studies or clinical trials beyond those that we currently contemplate, which could increase the expense of obtaining, and delay the receipt of, necessary marketing approvals. Even if we receive accelerated approval from the FDA, if our confirmatory trials do not verify clinical benefit, or if we do not comply with rigorous post-marketing requirements, the FDA may seek to withdraw accelerated approval.
- Side effects, serious adverse events, or other undesirable properties could arise from the use of mirvetuximab soravtansine or our other clinical product candidates and, in turn, could delay or halt clinical trials, delay or prevent its regulatory approval, limit the commercial profile of its labeling, if approved, or result in significant negative consequences following any marketing approval.
- We have received orphan drug designation for mirvetuximab soravtansine and other product candidates for specified indications; we may seek additional orphan drug designation for additional indications and for our other drug candidates. However, we may be unsuccessful in obtaining or may be unable to maintain the benefits associated with orphan drug designation, including the potential for market exclusivity.
- As our business grows, we will become increasingly subject to additional healthcare regulation and enforcement by various government entities, and our failure to strictly adhere to these regulatory regimes could have a detrimental impact on our business.
- We depend on our key personnel, and we must continue to attract and retain key employees and consultants.
- Our stock price may be volatile and fluctuate significantly and results announced by us and our collaborators or competitors could cause our stock price to decline.

Note Regarding Third-Party Trademarks

KADCYLA® is a registered trademark of Genentech, Inc. KYMRIAH® is a registered trademark of Novartis AG. Probody is a trademark of CytomX. ELZONRIS® is a registered trademark of Menarini Group. Any other trademarks referred to in this Annual Report on Form 10-K are the property of their respective owners.

PART I

Item 1. *Business*

We are a clinical-stage biotechnology company focused on developing the next generation of antibody-drug conjugates (ADCs) to improve outcomes for cancer patients. By generating targeted therapies with enhanced anti-tumor activity and favorable tolerability profiles, we aim to disrupt the progression of cancer and offer patients more good days. We call this our commitment to "target a better now."

An ADC with our proprietary technology comprises an antibody that binds to a target found on tumor cells and is conjugated to one of our potent anti-cancer agents as a "payload" to kill the tumor cell once the ADC has bound to its target. ADCs are an expanding class of anti-cancer therapeutics, with twelve approved products and the number of agents in development growing significantly in recent years.

We have established a leadership position in ADCs with a portfolio of differentiated product candidates addressing both solid tumors and hematologic malignancies.

Mirvetuximab Soravtansine

Our lead program is mirvetuximab soravtansine (mirvetuximab), a first-in-class investigational ADC targeting folate receptor alpha (FRα), a cell-surface protein over-expressed in a number of epithelial tumors, including ovarian, endometrial, and non-small-cell lung cancers. Following consultation with the U.S. Food and Drug Administration (FDA), we initiated two trials of mirvetuximab in patients with platinum-resistant ovarian cancer whose tumors express high levels of FRα (FRα-high): SORAYA, a single-arm clinical trial that could lead to accelerated approval, pending FDA review; and MIRASOL, a randomized Phase 3 clinical trial that, if successful, could lead to full approval in this setting.

SORAYA was designed to study mirvetuximab in patients with FRα-high platinum-resistant epithelial ovarian, primary peritoneal, or fallopian tube cancer and who have been treated with up to three prior regimens—at least one of which included bevacizumab. The primary endpoint for the study was confirmed objective response rate (ORR) as assessed by investigator, including complete and partial responses, and the key secondary endpoint was duration of response (DOR). ORR was also assessed by blinded independent central review (BICR). The study was designed to assess ORR as compared to a null hypothesis of a 12% ORR, based on expectations with available single agent chemotherapy from the AURELIA study in patients with platinum-resistant ovarian cancer and one to two prior lines of therapy.

SORAYA enrolled 106 patients with a median of three prior lines of therapy (range one to four; 51% had three prior lines of therapy and 48% had one to two prior lines of therapy). All patients received prior bevacizumab; 48% of patients received a prior poly ADP-ribose polymerase (PARP) inhibitor. As of the November 16, 2021 cutoff date, the median follow-up time was 8.1 months.

ORR by investigator was 32.4% (95% confidence interval (CI): 23.6%, 42.2%), including five complete responses (CRs). ORR by BICR was 31.6% (95% CI: 22.4%, 41.9%), including five CRs. Responses were observed regardless of prior PARP inhibitor or number of prior lines of therapy.

As of the November 16, 2021 cutoff date, median DOR was 5.9 months (95% CI: 5.6, 7.7). With nearly half of responders continuing on therapy, the duration of response continues to evolve, and, with longer follow-up, median DOR could increase.

Mirvetuximab was observed to be well-tolerated, consistent with safety data seen in more than 700 patients treated in the broader mirvetuximab program. Treatment-related adverse events (AEs) led to dose reductions in 19% of patients, dose delays in 32% of patients, and discontinuations in 7% of patients.

The most common treatment-related AEs included blurred vision (41% all grades; 6% grade 3+), keratopathy (35% all grades; 9% grade 3+), and nausea (29% all grades; 0% grade 3+).

We plan to submit a biologics license application (BLA) to the FDA in the first quarter of 2022 for accelerated approval of mirvetuximab in second through fourth-line patients with FRα-positive, platinum-resistant ovarian cancer. Thereafter, we plan to seek full approval pending a positive MIRASOL Phase 3 trial.

Beyond FRα-high, platinum-resistant ovarian cancer in patients who had one or more prior lines of therapy, our strategy is to move mirvetuximab into platinum-sensitive disease through supplemental approval and become the combination agent of choice in ovarian cancer. To this end, we initiated PICCOLO, a single-arm study of mirvetuximab monotherapy in later-line platinum-sensitive patients. We have also generated encouraging data in recurrent platinum-sensitive disease with the combination of mirvetuximab plus carboplatin and are supporting investigator-sponsored trials (ISTs) with this combination in a single-arm study in the neoadjuvant setting and in a randomized study comparing mirvetuximab combined with carboplatin to standard of care in patients with recurrent platinum-sensitive disease. We also intend to initiate a company-sponsored single-arm Phase 2 study (0420) of this combination followed by mirvetuximab continuation in FRα-low, medium, and high patients with platinum-sensitive disease. Results from this study and our ongoing ISTs will inform a path to the potential registration for mirvetuximab plus carboplatin and, in parallel, could support compendia listing for this combination.

In addition, we presented mature data from our Phase 1b FORWARD II trial of mirvetuximab plus Avastin® (bevacizumab) in recurrent ovarian cancer in an oral presentation at the American Society for Clinical Oncology Annual Meeting in June 2021. The combination demonstrated a 64% ORR, 11.8 month median DOR, and 10.6 month median progression free survival. Most AEs were low grade and the most common treatment related adverse events were gastrointestinal or ocular issues. We believe these data could support compendia listing for this combination in close

proximity to the initial monotherapy approval of mirvetuximab. Furthermore, we recently aligned with FDA on GLORIOSA, a potential randomized Phase 3 study of mirvetuximab plus bevacizumab maintenance in FRα-high recurrent platinum-sensitive disease. We expect to initiate this potential label-enabling study in the second quarter of 2022.

Pivekimab Sunirine

Pivekimab sunirine (pivekimab, formerly known as IMGN632) is an ADC comprised of a high-affinity antibody designed to target CD123 with site-specific conjugation to a DNA-alkylating payload of the novel IGN (indolinobenzodiazepine pseudodimer) class. Our IGNs are designed to alkylate DNA without cross-linking, which has provided a broad therapeutic index in preclinical models. We are advancing pivekimab in clinical trials for patients with blastic plasmacytoid dendritic cell neoplasm (BPDCN) and acute myeloid leukemia (AML).

BPDCN is a rare form of blood cancer, with an annual incidence of between 500 and 1,000 patients in the US. In October 2020, the FDA granted Breakthrough Therapy designation for pivekimab for the treatment of patients with relapsed or refractory BPDCN. Based on feedback from the FDA, we amended our ongoing 801 Phase 2 study, known as CADENZA, to include a new cohort of up to 20 frontline BPDCN patients. We expect to generate top-line data for this frontline cohort in the second half of 2022. At the 2021 American Society of Hematology (ASH) Annual Meeting in December 2021, we presented a poster highlighting three frontline patients who were enrolled in Study 801 prior to opening of the pivotal frontline cohort; all three of these patients achieved clinical complete response (CRc) as of the data cutoff date.

Our 802 study, which is a Phase 1b/2 study designed to determine the safety, tolerability, and preliminary antileukemia activity of pivekimab when administered in combination with azacytidine (AZA) and venetoclax (VEN) to patients with relapsed and frontline CD123-positive AML, is in dose-escalation, enrolling relapsed and refractory (R/R) patients to determine the recommended Phase 2 dose of pivekimab for the triplet combination regimen. At ASH 2021, we shared data in an oral presentation showing responses across all cohorts/doses and schedules (efficacy evaluable population, n=46). As of the cutoff date, the ORR was 48%, with a composite complete remission (CCR) rate of 30%. Higher intensity cohorts (n=29) were associated with higher response rates, including an ORR of 59% and a CCR rate of 38%. Significant activity was also observed in the FLT3 mutant subset (n=9), with ORR and CCR rates of 89% and 78%, respectively. The toxicity profile was manageable in this R/R AML population with multiple prior therapies. The most common treatment emergent AEs of any grade seen in >20% of patients were infusion-related reactions, febrile neutropenia, dyspnea, fatigue, hypophosphatemia, diarrhea, hypokalemia, nausea, vomiting, and pneumonia. Cytopenias and infections were consistent with those observed with the AZA+VEN regimen in this R/R population. No tumor lysis syndrome, veno-occlusive disease, capillary leak, or cytokine release were observed. The 30-day mortality was 0%.

We are in the final stages of determining the recommended Phase 2 dose for this triplet combination and expect to initiate expansion cohorts in relapsed and frontline patients this year.

Other Pipeline Programs

We continue to advance our earlier-stage pipeline programs. IMGC936 is an ADC in co-development with MacroGenics, Inc. that is designed to target ADAM9, an enzyme over-expressed in a range of solid tumors and implicated in tumor progression and metastasis. IMGC936 incorporates a number of innovations, including antibody engineering to extend half-life, site-specific conjugation with a fixed drug-antibody ratio to enable higher dosing, and a next-generation linker and payload designed for improved stability and bystander activity. We presented preclinical data on IMGC936 at the American Association for Cancer Research (AACR) Annual Meeting in April 2021, demonstrating anti-tumor activity in multiple solid tumor models. We continue to enroll patients in the Phase 1 study for this program and expect initial data in 2022.

IMGN151 is our next generation anti-FRα product candidate in preclinical development. This ADC integrates innovation in each of its components, which we believe may enable IMGN151 to address patient populations with lower levels of FRα expression, including tumor types outside of ovarian cancer. In January 2022, we submitted an IND application to evaluate IMGN151 in a planned Phase 1 clinical trial in patients with recurrent endometrial cancer and recurrent, high-grade serous epithelial ovarian, primary peritoneal, or fallopian tube cancers. In February 2022, the FDA placed a clinical hold on our IND application pending the resolution of certain chemistry, manufacturing, and controls, or CMC, information requests. We are generating data responsive to the requests and anticipate filing these responses mid-year, which we believe will enable us to proceed with the study in due course thereafrer.

Collaborations and Out-Licenses

Over the last 40 years, we believe ImmunoGen has assembled the most comprehensive "toolbox" in the ADC field. Our platform technology combines advanced chemistry and biochemistry with innovative approaches to antibody optimization, with a focus on increasing the diversity and potency of our payload agents, advancing antibody-payload linkage and release technologies, and integration of novel approaches to antibody engineering. These capabilities have enabled us to generate a pipeline of novel candidates with potent anti-tumor activity and favorable safety profiles that we can develop as monotherapies and in combination with existing and novel therapies.

Collaborating on ADC development with other companies allows us to generate revenue, mitigate expenses, enhance our capabilities, and extend the reach of our proprietary platform. The most advanced partner program is Roche's marketed product, KADCYLA® (ado-trastuzumab emtansine). Our ADC technology is also used in candidates in clinical development with a number of partners. We have evolved our partnering approach to pursue relationships where we can gain access to technology and complementary capabilities, such as our technology swap with CytomX Therapeutics, Inc. (CytomX), as well as co-development and co-commercialization arrangements, such as our relationship with MacroGenics.

We have selectively licensed restricted access to our ADC platform technology to other companies to expand the use of our technology and to provide us with cash to fund our own product programs. These agreements typically provide the licensee with rights to use our ADC platform technology with its antibodies or related targeting vehicles to a defined target to develop products. The licensee is generally responsible for the development, clinical testing, manufacturing, registration, and commercialization of any resulting product candidate. As part of these agreements, we are generally entitled to receive upfront fees, potential milestone payments, royalties on the sales of any resulting products, and research and development funding based on activities performed at our collaborative partner's request.

Below is a table setting forth our current licensed ADC partnerships and status of the most advanced program in each partnership:

Partner	Licensed targets/compounds	Status of Most Advanced Program
Roche	HER2, 4 other[1]	Marketed
Huadong	Mirvetuximab – Greater China	Phase 3
CytomX	CD166, EpCAM	Phase 2
Debiopharm	CD37[2]	Phase 2
Bayer	Mesothelin	Phase 1
Novartis	cKit, pCadherin, CDH6, CCR7, 1 other[1]	Phase 1
Oxford BioTherapeutics/Menarini	CD205[3]	Phase 1
Fusion	Undisclosed	Phase 1
Viridian	IGF-1R non-cancer radiopharmaceuticals	Phase 1

[1] *Undisclosed.*

[2] *Debiopharm has an exclusive license for Debio 1562 (formerly known as IMGN529).*

[3] *Oxford BioTherapeutics and Menarini are developing MEN 1309, an ADC targeting CD205 and utilizing our DM4 payload, pursuant to a sublicense from Amgen, which in turn licensed our maytansinoid ADC technology to develop and commercialize ADCs targeting CD205.*

Below is a brief description of the business relationships underlying each of the foregoing programs. For more information concerning these relationships, including their ongoing financial and accounting impact on our business, please read Note C, Significant Collaborative Agreements, to our consolidated financial statements included in this report.

Roche

In 2000, we granted Genentech, now a unit of Roche, an exclusive development and commercialization license to use our maytansinoid technology with antibodies that target HER2. Roche's KADCYLA resulted from this license.

KADCYLA was approved for marketing in the U.S., EU, and Japan in 2013. We are entitled to receive up to a total of $44 million in milestone payments, of which we have received $39 million to date, and also tiered royalties on the commercial sales of KADCYLA or any other resulting products as described below. Roche is responsible for the development, manufacturing, and marketing of any products resulting from this license.

In 2015, Immunity Royalty Holdings, L.P. (IRH) paid us $200 million to purchase our right to receive 100% of the royalty payments on commercial sales of KADCYLA arising under our development and commercialization license with Genentech, until IRH had received aggregate KADCYLA royalties equal to $235 million or $260 million, depending on when the aggregate KADCYLA royalties received by IRH reached a specified milestone. Once the applicable threshold was met, we would thereafter have received 85% and IRH would have received 15% of the KADCYLA royalties for the remaining royalty term. In January 2019, we sold our residual rights to receive royalty payments on commercial sales of KADCYLA to OMERS, the defined benefit pension plan for municipal employees in the Province of Ontario, Canada, for $65.2 million, net of fees. Simultaneously, OMERS purchased IRH's right to the royalties we previously sold to IRH as described above, thereby obtaining the rights to 100% of the royalties received from that date on.

We also granted Roche, through its Genentech unit, exclusive development and commercialization licenses to use our maytansinoid ADC technology with antibodies to four specified targets, which were granted under the terms of a separate, now expired 2000 right-to-test agreement with Genentech. For each of these licenses, we are entitled to receive up to a total of $38 million in milestone payments and also royalties on the sales of any resulting products. Roche is responsible for the development, manufacturing, and marketing of any products resulting from these licenses. The standard termination provisions discussed below apply to these licenses.

Huadong

In October 2020, we entered into a collaboration and license agreement with Hangzhou Zhongmei Huadong Pharmaceutical Co., Ltd. (Huadong) a subsidiary of Huadong Medicine Co., Ltd., under which Huadong will exclusively develop and commercialize mirvetuximab in the People's Republic of China, Hong Kong, Macau, and Taiwan, which we refer to as Greater China. Under the terms of the collaboration and license agreement, we received a non-refundable upfront payment of $40 million and are eligible to receive additional payments of up to $265.0 million as certain development, regulatory, and net sales milestones are achieved. We are also eligible to receive tiered low double digit to high teen royalties as a percentage of mirvetuximab commercial sales by Huadong in Greater China. Huadong is responsible for the development and commercialization of mirvetuximab in Greater China except in limited circumstances. In addition, we granted Huadong a right of first negotiation if we determine to enter into an agreement to grant a third party rights in Greater China to develop or commercialize a product, other than mirvetuximab, that specifically binds to FRα. We retain all rights to mirvetuximab in the rest of the world. The standard termination provisions discussed below apply to this license.

CytomX

In 2016, we granted CytomX an exclusive development and commercialization license to our maytansinoid and IGN ADC technology for use with Probodies™ that target CD166 under a now-expired reciprocal right-to-test agreement. We are entitled to receive up to a total of $160 million in milestone payments plus royalties on the commercial sales of any resulting product. CytomX is responsible for the manufacturing, product development, and marketing of any products resulting from this license. The standard termination provisions discussed below apply to this license.

In 2017, we took exclusive development and commercialization licenses to CytomX's proprietary Probody technology for use with Probodies that target two specified targets under the same reciprocal right-to-test agreement. We terminated one of these licenses for convenience prior to the end of 2017 and terminated the second license in December 2019 in connection with the grant of the EpCAM license to CytomX discussed below.

In December 2019, we granted CytomX an exclusive development and commercialization license to our maytansinoid and IGN ADC technology for use with antibodies (and Probodies™ developed therefrom) that target EpCAM. In January 2020, we received a $7.5 million upfront license payment and are entitled to receive up to a total of $355 million in milestone payments plus royalties on the commercial sales of any resulting product. CytomX is responsible for the manufacturing, product development, and marketing of any products resulting from this license. The standard termination provisions discussed below apply to this license.

Debiopharm

In May 2017, Debiopharm International S.A. (Debiopharm) acquired our IMGN529 program, a clinical-stage anti-CD37 ADC for the treatment of patients with B-cell malignancies, such as non-Hodgkin lymphomas (NHL). Under the terms of the Exclusive License and Asset Purchase agreement, we received a $25.0 million upfront payment for specified assets related to IMGN529 and an exclusive license to additional intellectual property necessary or useful for Debiopharm to develop and commercialize IMGN529 (now known as Debio 1562). We also received a $5.0 million milestone payment upon transfer of certain ImmunoGen technologies related to the program and were entitled to receive a $25.0 million milestone payment upon IMGN529 entering a Phase 3 clinical trial.

In October 2021, we and Debiopharm amended the Exclusive License and Asset Purchase agreement, pursuant to which we are entitled to receive a percentage of all payments generated from future sublicenses of Debio 1562, including upfront fees, milestones, and royalties, up to an aggregate of $30.0 million and in lieu of the potential $25.0 million development milestone payment under the original agreement. The standard termination provisions discussed below apply to this agreement.

Bayer

In 2008, we granted Bayer an exclusive development and commercialization license to use our maytansinoid ADC technology with antibodies or other proteins that target mesothelin. We are entitled to receive, for each product developed and marketed by Bayer under this agreement, up to a total of $170.5 million in milestone payments plus royalties on the commercial sales of any resulting products. Bayer is responsible for the development, manufacturing, and marketing of any products resulting from this license. The standard termination provisions discussed below apply to this license.

Novartis

We granted Novartis exclusive development and commercialization licenses to our maytansinoid and IGN ADC technology for use with antibodies to six specified targets under a now-expired right-to-test agreement established in 2010. In May 2018, Novartis terminated one of its six development and commercialization licenses. With respect to each remaining license, we are entitled to receive up to a total of $199.5 million in milestone payments, plus royalties on the commercial sales of any resulting products. Novartis is responsible for the manufacturing, product development, and marketing of any products resulting from this agreement. The standard termination provisions discussed below apply to these licenses.

Oxford BioTherapeutics/Menarini

In 2013, we granted Amgen, Inc. (Amgen) an exclusive development and commercialization license to our maytansinoid ADC technology for use with antibodies that target CD205 under a now-expired right-to-test agreement, which Amgen sublicensed to Oxford BioTherapeutics, which is developing MEN 1309 with Menarini. With respect to this license, we are entitled to receive up to a total of $34 million in milestone payments, plus royalties on the commercial sales of any resulting products. Amgen (or its sublicensee(s)) is responsible for the manufacturing, product development, and marketing of any products resulting from this development and commercialization license. The standard termination provisions discussed below apply to this license.

Fusion

In December 2016, we entered into an exclusive license agreement to a specified target with Fusion Pharmaceuticals Inc. (Fusion). We are entitled to receive up to a total of $50 million in milestone payments plus royalties on the commercial sales of any resulting products. Fusion is responsible for the manufacturing, development, and marketing of any products resulting from the license. The standard termination provisions discussed below apply to this license.

Viridian

In October 2020, we entered into a license agreement with Viridian Therapeutics, Inc. (Viridian) pursuant to which we granted Viridian the exclusive right to develop and commercialize an insulin-like growth factor-1 receptor (IGF-1R) antibody for all non-oncology indications that do not use radiopharmaceuticals in exchange for an upfront payment, with the potential to receive up to a total of $143.0 million in milestone payments plus royalties on the commercial sales of any resulting product. Viridian is responsible for the manufacturing, development, and marketing of any products resulting from the license agreement. The standard termination provisions discussed below apply to this license.

Standard Termination Provisions

Standard termination provisions in our license agreements state that the partner may terminate the agreement for convenience at any time upon prior written notice to us. The agreement may also be terminated by either party for a material breach by the other, subject to notice and cure provisions. We may also terminate certain of these agreements upon the occurrence of specified events. Upon termination, the partner's rights to our intellectual property with respect to the applicable target are canceled and could then be used by us or re-licensed for that target. Unless earlier terminated, each agreement will continue in effect until the expiration of partner's royalty obligations, which are determined on a product-by-product and country-by-country basis. For each product and country, royalty obligations commence upon first commercial sale of that product in that country and extend until the later of either the expiration of the last-to-expire ImmunoGen patent covering that product in that country or the expiration for that country of the minimum royalty period specified in the agreement.

Other Agreements

From time to time, we have entered into additional agreements with some of our collaborators pursuant to which we have provided certain Chemistry, Manufacturing and Controls (CMC)-related development and pre-pivotal ADC manufacturing services, or supplied ADC payloads, with respect to products they are developing under their licenses with us, with respect to which we have been entitled to receive payments at mutually negotiated rates.

Patents, Trademarks and Trade Secrets

ImmunoGen has a substantial and robust intellectual property portfolio comprising nearly 1,500 issued patents and over 600 pending patent applications on a worldwide basis. Our intellectual property strategy centers on obtaining high quality patent protection directed to various embodiments of our proprietary technologies and product candidates. Using this strategy, our ADC technology and our product candidates are protected through a multi-layered approach. In this regard, we have patents and patent applications covering antibodies and other cell binding agents, linkers, cytotoxic payload agents (e.g., tubulin-acting maytansinoids, DNA-alkylating IGNs, and DNA-acting camptothecins), conjugation methodologies and complete ADCs, comprising one or more of these components, as well as methods of making and using each of the above. Typically, multiple issued patents and pending patent applications cover various embodiments of each of ImmunoGen's and our licensees' product candidates.

We consider our tubulin-acting maytansinoid, DNA-alkylating IGN, and DNA-acting camptothecin cytotoxic payload agent technologies to be key components of our overall patent strategy. With regard to our tubulin-acting maytansinoid cytotoxic payload agents, we currently own 22 issued U.S. patents covering various embodiments of our maytansinoid technology including those with claims directed to certain maytansinoids, including DM4 and DM21, and methods of manufacturing of DM1, DM4, and DM21, as well as methods of using the same. These issued patents remain in force until various times between 2022 and 2038. With regard to our IGN payload agents, we have 35 issued U.S. patents covering various aspects of our DNA-acting cytotoxic payload agents, which will expire at various times between 2030 and 2042. With regard to our camptothecin agents, we have an issued U.S. patent covering various aspects of our camptothecin cytotoxic payload agents, which expires in 2040. In all cases, we have received or are applying for comparable patent protection in other major commercial and manufacturing jurisdictions, including Europe, Japan, and China. In nearly all cases for our maytansinoid, IGN, and camptothecin patent portfolios, we have additional pending patent applications disclosing and claiming many other related and strategically important embodiments of these technologies which, upon issuance or grant, will extend our patent protection term over these technologies by several additional years.

Our intellectual property strategy also includes pursuing patents directed to linkers, antibodies, conjugation methods, ADC formulations and the use of specific antibodies and ADCs to treat certain diseases. In this regard, we have 22 issued patents related to many of our linker technologies, as well as additional pending patent applications disclosing and claiming many other related and strategically important embodiments of these linker technologies, including methods of making the linkers and antibody maytansinoid conjugates comprising these linkers. These issued patents remain in force until various times between 2023 and 2034. We also have 20 issued U.S. patents covering methods of assembling ADCs from their constituent antibody, linker, and cytotoxic payload agent moieties. These issued patents will expire between 2026 and 2040. In nearly all instances for both our linker and conjugation patent portfolios, we have additional pending patent applications disclosing and claiming many other related and strategically important embodiments of these technologies which, upon issuance or grant, would extend our patent protection term over these technologies by several additional years. In all cases, we have received or are applying for comparable patents in other major commercial and manufacturing jurisdictions including Europe, Japan, and China.

We also file, prosecute, and maintain a substantial portfolio of patents and patent applications specifically directed to ImmunoGen's and our licensees' ADC candidates. In this regard, we craft a detailed patent protection strategy for each ADC as it approaches clinical evaluation. Such strategies make use of the patents and patent applications described in the preceding paragraphs, as well as ADC-specific filings, to create a multi-layered and multi-jurisdictional patent protection approach for each ADC as it enters the clinic. In addition to the platform patent strategy described above and specific to mirvetuximab, we have 21 issued U.S. patents and 13 pending U.S. applications covering various embodiments of the composition of matter and methods of treatment using mirvetuximab, expiring at various times between 2031 and 2042. These ADC-specific patent strategies are intended to provide the exclusivity basis for revenue and royalties arising from commercial development of each of ImmunoGen's and our licensees' ADCs.

We expect our continued independent and collaborative work in each of these areas will lead to other patent applications. We will be the owner of all patents covering our independently generated inventions. In all other instances, we expect to either be the sole owner or co-owner of any patents covering collaboratively generated inventions insofar as they relate to co-developed products or our ADC platform technology, or otherwise have an exclusive or non-exclusive license to the technology covered by such patents.

We cannot provide assurance that pending patent applications will issue as patents or that any patents, if issued, will provide us with adequate protection against competitors with respect to the covered products, technologies, or processes. Defining the scope and term of patent protection involves complex legal and factual analyses and, at any given time, the result of such analyses may be uncertain. In addition, other parties may challenge our patents in litigation or administrative proceedings resulting in a partial or complete loss of certain patent rights owned or controlled by ImmunoGen. Furthermore, as a patent does not confer any specific freedom to operate, other parties may have patents that may block or otherwise hinder the development and commercialization of our technology.

In addition, many of the processes and much of the know-how that are important to us depend upon the skills, knowledge, and experience of our key scientific and technical personnel, which skills, knowledge, and experience are not patentable. To protect our rights in these areas, we require that all employees, consultants, advisors, and collaborators enter into confidentiality agreements with us. Further, we require that all employees enter into assignment of invention agreements as a condition of employment. We cannot provide assurance, however, that these agreements will provide adequate or any meaningful protection for our trade secrets, know-how, or other proprietary information in the event of any unauthorized use or disclosure of such trade secrets, know-how, or proprietary information. Further, in the absence of patent protection, we may be exposed to competitors who independently develop substantially equivalent technology or otherwise gain access to our trade secrets, know-how, or other proprietary information.

Competition

We focus on highly competitive areas of product development. Our competitors include major pharmaceutical companies and other biotechnology firms. For example, Pfizer, Seattle Genetics, Roche, Astellas, AstraZeneca, Daiichi Sankyo, GlaxoSmithKline, AbbVie, and the Menarini Group have programs to attach a cell-killing small molecule to an antibody for targeted delivery to cancer cells. Pharmaceutical and biotechnology companies, as well as other institutions, also compete with us for promising targets for antibody-based therapeutics, for obtaining licenses and collaboration agreements with other companies to develop targets for antibody-based therapeutics, and in recruiting highly qualified scientific personnel. Additionally, there are non-ADC therapies available and/or in development for the cancer types we and our partners are targeting. Many competitors and potential competitors have substantially greater scientific, research and product development capabilities, as well as greater financial, sales, marketing, and human resources than we do. In addition, many specialized biotechnology firms have formed collaborations with large, established companies to support the research, development, and commercialization of products that may be competitive with ours.

In particular, competitive factors within the antibody and cancer therapeutic market include:

- the safety, efficacy, and convenience of products;
- the timing of regulatory approvals and commercial introductions;
- special regulatory designation of products, such as orphan drug and breakthrough therapy designations; and
- the effectiveness of marketing, sales, and reimbursement efforts.

Our competitive position depends on a combination of factors. These include effectively pursuing the development of proprietary products, the implementation of clinical development programs, the ability to appropriately manufacture, sell, and market our products, and obtain patent protection for our products. In addition, we must secure sufficient capital resources to accomplish all of the previously mentioned activities.

Continued development of conventional and targeted chemotherapeutics by large pharmaceutical companies and biotechnology companies may result in new compounds that may compete with our product candidates. Antibodies developed by certain of these companies have been approved for use as cancer therapeutics. In the future, new antibodies or other targeted therapies may compete with our product candidates. Other companies have created or have programs to create potent cell-killing agents for attachment to antibodies. These companies may compete with us for technology out-license arrangements.

Managing the Impact of the COVID-19 Pandemic

Since the first quarter of 2020, we have continued to move our clinical studies forward while adapting to meet the evolving challenges of the COVID-19 pandemic. We implemented business continuity plans in March 2020 that enabled our workforce to remain productive while working from home until mid-September 2021, at which time our workforce returned to the office. From a manufacturing and supply chain perspective, we believe we have sufficient inventory on hand for all of our ongoing and near-term studies and to support the launch of mirvetuximab, if approved. From a regulatory perspective, since the beginning of the pandemic, we have received timely reviews of our submissions to the U.S. Food and Drug Administration (FDA) and other health authorities covering our clinical trial applications.

The impact of COVID-19 slowed site activation and patient enrollment for both SORAYA and MIRASOL, which resulted in a limited delay in patient accrual for each of these studies.

Regulatory Matters

Government Regulation and Product Approval

Government authorities in the U.S., at the federal, state, and local level, and other countries extensively regulate, among other things, the research, development, testing, manufacture, quality control, approval, labeling, packaging, storage, record-keeping, promotion, advertising, distribution, marketing, and export and import of products such as those we are developing. A new drug must be approved by the FDA through the new drug application, or NDA, process and a new biologic must be approved by the FDA through the biologics license application, or BLA, process before it may be legally marketed in the U.S.

U.S. Drug Development Process

In the U.S., the FDA regulates drugs under the federal Food, Drug, and Cosmetic Act (FDCA) and in the case of biologics, also under the Public Health Service Act (PHSA) and implementing regulations. The process of obtaining regulatory approvals and the subsequent compliance with applicable federal, state, and local statutes and regulations require the expenditure of substantial time and financial resources. Failure to comply with the applicable U.S. requirements at any time during the product development process, approval process, or after approval, may subject an applicant to adverse administrative or judicial actions. These actions could include the FDA's refusal to approve pending applications, withdrawal of an approval, a clinical hold, warning letters, product recalls, product seizures, total or partial suspension of production or distribution, injunctions, fines, refusals of government contracts, restitution, disgorgement, or civil or criminal penalties. Any such administrative or judicial action could have a material adverse effect on our business.

The process required by the FDA before a drug or biologic may be marketed in the U.S. generally involves the following:

- completion of preclinical and other nonclinical laboratory tests, animal studies, and formulation studies according to current Good Laboratory Practices (cGLP) or other applicable regulations;
- submission to the FDA of an IND, which must become effective before human clinical trials may begin;
- performance of adequate and well-controlled human clinical trials according to current Good Clinical Practices (cGCP) to establish the safety and efficacy of the proposed drug for its intended use;
- development and approval of a companion diagnostic if the FDA or the sponsor believes that its use is essential for the safe and effective use of a corresponding product;
- submission to the FDA of an NDA or BLA;
- satisfactory completion of an FDA inspection of the manufacturing facility or facilities at which the drug is produced to assess compliance with current Good Manufacturing Practice (cGMP) to assure that the facilities, methods, and controls are adequate to preserve the drug's identity, strength, quality, and purity; and

- FDA review and approval of the NDA or BLA.

Once a pharmaceutical candidate is identified for development, it enters the preclinical testing stage. Preclinical tests include laboratory evaluations of product chemistry, toxicity, and formulation, as well as animal studies. An IND sponsor must submit the results of the preclinical tests, together with manufacturing information and analytical data, to the FDA as part of the IND. The sponsor will also include a clinical protocol detailing, among other things, the objectives of the first phase of the clinical trial, the parameters to be used in monitoring safety, and the effectiveness criteria to be evaluated, if the first phase lends itself to an efficacy evaluation. Some nonclinical testing may continue even after the IND is submitted and clinical trials have begun. The IND automatically becomes effective 30 days after receipt by the FDA, unless the FDA, within the 30-day time period, places the clinical trial on a clinical hold. In such a case, the IND sponsor and the FDA must resolve any outstanding concerns before the clinical trial can begin. Clinical holds also may be imposed by the FDA at any time before or during clinical trials due to safety concerns about ongoing or proposed clinical trials or non-compliance with specific FDA requirements, and the trials may not begin or continue until the sponsor submits additional information that alleviates FDA concerns, and the FDA notifies the sponsor that the hold has been lifted.

Each clinical trial must be conducted under the supervision of one or more qualified investigators in accordance with cGCP requirements in accordance with a protocol for each phase of the clinical trial included as part of the IND, and timely safety reports must be submitted to the FDA and the investigators for serious and unexpected adverse events. A local or central institutional review board (IRB) acting on behalf of each institution participating in the clinical trial must review and approve each protocol before a clinical trial commences at that institution and must also approve the information regarding the trial and the consent form that must be provided to each trial subject or his or her legal representative, monitor the study until completed, and otherwise comply with IRB regulations.

Human clinical trials are typically conducted in three sequential phases that may overlap or be combined:

- ***Phase 1:*** The product candidate is initially introduced into healthy human subjects and tested for safety and dosage tolerance, absorption, metabolism, distribution, and excretion. In the case of some products for severe or life-threatening diseases, such as cancer, especially when the product may be too inherently toxic to ethically administer to healthy volunteers, the initial human testing is often conducted in patients.
- ***Phase 2:*** This phase involves clinical trials in a limited patient population to identify possible adverse effects and safety risks, to preliminarily evaluate the efficacy of the product for specific targeted diseases and to determine dosage tolerance and optimal dosage.
- ***Phase 3:*** These trials are undertaken to further evaluate dosage, clinical efficacy, and safety in an expanded patient population at geographically dispersed clinical study sites and to establish the overall risk-benefit ratio of the product candidate and provide, if appropriate, an adequate basis for product labeling.

Post-approval trials, sometimes referred to as Phase 4, may be conducted after initial marketing approval. These trials are used to gain additional information about the use of the approved drug in the treatment of patients in the intended therapeutic indication. In certain instances, the FDA may mandate the performance of Phase 4 clinical trials as a condition of approval of an NDA or BLA.

The FDA or the sponsor may suspend a clinical trial at any time on various grounds, including a finding that the research subjects or patients are being exposed to an unacceptable health risk. Similarly, an IRB can suspend or terminate approval of a clinical trial at its institution if the clinical trial is not being conducted in accordance with the IRB's requirements or if the drug has been associated with unexpected or serious patient reactions. Additionally, some clinical trials are overseen by an independent group of qualified experts organized by the sponsor, known as a data safety monitoring board or committee. Depending on its charter, this group may determine whether a trial may move forward at designated check points based on access to certain data from the trial. Phase 1, Phase 2, and Phase 3 testing may not be completed successfully within any specified period, if at all.

During the development of a new drug, sponsors may request meetings with the FDA to share information about the data gathered to date, for the FDA to provide advice, and for the sponsor and the FDA to reach agreement on the next phase of development.

Concurrent with clinical trials, companies usually complete additional animal studies and must also develop additional information about the chemistry and physical characteristics of the drug and finalize a process for manufacturing the product in commercial quantities in accordance with cGMP requirements. The manufacturing process must be capable of consistently producing quality batches of the product candidate and, among other things, the

manufacturer must develop methods for testing the identity, strength, quality, and purity of the final drug. Additionally, appropriate packaging must be selected and tested, and stability studies must be conducted to demonstrate that the product candidate does not undergo unacceptable deterioration over its shelf life.

While the IND is active, progress reports summarizing the results of the clinical trials and nonclinical studies performed since the last progress report must be submitted at least annually to the FDA, and written IND safety reports must be submitted to the FDA and investigators for serious and unexpected suspected adverse events, findings from other studies suggesting a significant risk to humans exposed to the same or similar drugs, findings from animal or *in vitro* testing suggesting a significant risk to humans, and any clinically important increased incidence of a serious suspected adverse reaction compared to that listed in the protocol or investigator brochure.

There are also requirements governing the reporting of ongoing clinical trials and completed trial results to public registries. Most sponsors of clinical trials of FDA-regulated products are required to register and disclose specified clinical trial information, which is publicly available at www.clinicaltrials.gov. Information related to the product, patient population, phase of investigation, trial sites and investigators, and other aspects of the clinical trial is then made public as part of the registration. Sponsors are also obligated to discuss the results of their clinical trials after completion. Disclosure of the results of these trials can be delayed until the new product or new indication being studied has been approved. However, there are evolving rules and increasing requirements for publication of all trial-related information, and it is possible that data and other information from trials involving drugs that never garner approval could require disclosure in the future.

Companion Diagnostics

For some of our product candidates, including mirvetuximab and potentially others, we plan to work with collaborators to develop or obtain access to *in vitro* companion diagnostic tests to identify appropriate patients for these targeted therapies.

If the FDA believes that a diagnostic test is essential for the safe and effective use of a corresponding therapeutic product, the FDA may require the sponsor to develop, and obtain contemporaneous clearance or approval for a companion diagnostic. Companion diagnostics can be used to identify patients likely to be more responsive to a particular therapy or at increased risk for serious side effects as a result of treatment with a particular therapeutic product. They may also be useful for monitoring the response to treatment for the purpose of adjusting treatment or doses to achieve improved safety or effectiveness.

Companion diagnostics are regulated by the FDA as medical devices. The FDA indicated that it would apply a risk-based approach to determine the regulatory pathway for companion diagnostics. This means that the regulatory pathway will depend on the level of risk to patients, based on the intended use of the companion diagnostic device and the controls necessary to provide a reasonable assurance of safety and effectiveness. The two primary types of marketing pathways for medical devices are clearance of a premarket notification under Section 510(k) of the Federal Food, Drug, and Cosmetic Act, or 510(k), and approval of a premarket approval application (PMA). We expect that any companion diagnostic developed for use with our drug candidates will utilize the PMA pathway. If the diagnostic test and the therapeutic drug are studied together to support their respective approvals, the clinical trial must meet both the IND requirements and FDA's companion diagnostic requirements that apply to clinical trials of significant risk devices.

The FDA expects that the therapeutic sponsor will address the need for a companion diagnostic device in its therapeutic product development plan and that, in most cases, the therapeutic product and its corresponding companion diagnostic device will be developed contemporaneously.

PMAs must be supported by valid scientific evidence, which typically requires extensive data, including technical, preclinical, clinical, and manufacturing data, to demonstrate to the FDA's satisfaction the safety and effectiveness of the device. For diagnostic tests, a PMA typically includes data regarding analytical and clinical validation studies. As part of its review of the PMA, the FDA will conduct a pre-approval inspection of the manufacturing facility or facilities to ensure compliance with the Quality System Regulation (QSR) which requires manufacturers to follow design, testing, control, documentation, and other quality assurance procedures. FDA review of an initial PMA may require several years to complete.

After approval, the use of a companion diagnostic device with a therapeutic product will be stipulated in the instructions for use in the labeling of both the diagnostic device and the corresponding therapeutic product. In addition, a diagnostic test that was approved through the PMA process or one that was cleared through the 510(k) process and placed on the market will be subject to similar regulatory requirements that apply to approved drugs.

U.S. Review and Approval Processes

The results of product development, preclinical and other non-clinical studies, and clinical trials, along with descriptions of the manufacturing process, analytical tests conducted on the chemistry of the drug, proposed labeling, and other relevant information are submitted to the FDA as part of an NDA or BLA requesting approval to market the product. The submission of an NDA or BLA is subject to the payment of user fees; a waiver of such fees may be obtained under certain limited circumstances. The FDA reviews all NDAs and BLAs submitted to ensure that they are sufficiently complete for substantive review before it accepts them for filing. The FDA may request additional information rather than accept an NDA or BLA for filing. In this event, the NDA or BLA must be resubmitted with the additional information. The resubmitted application also is subject to review before the FDA accepts it for filing. Once the submission is accepted for filing, the FDA begins an in-depth substantive review. FDA may refer the NDA or BLA to an advisory committee for review, evaluation, and recommendation as to whether the application should be approved and under what conditions. The FDA is not bound by the recommendation of an advisory committee, but it generally follows such recommendations. The approval process is lengthy and often difficult, and the FDA may refuse to approve an NDA or BLA if the applicable regulatory criteria are not satisfied or may require additional clinical or other data and information. Even if such data and information are submitted, the FDA may ultimately decide that the NDA or BLA does not satisfy the criteria for approval. Data obtained from clinical trials are not always conclusive and the FDA may analyze and interpret data differently than we analyze and interpret the same data. The FDA reviews an NDA to determine, among other things, whether a product is safe and effective for its intended use and whether its manufacturing is cGMP-compliant to assure and preserve the product's identity, strength, quality, and purity. The FDA reviews a BLA to determine, among other things whether the product is safe, pure, and potent and the facility in which it is manufactured, processed, packed, or held meets standards designed to assure the product's continued safety, purity, and potency. Before approving an NDA or BLA, the FDA will inspect the facility or facilities where the product is manufactured to assure compliance with cGMPs and may also inspect clinical trial sites to assure compliance with GCPs.

NDAs or BLAs receive either standard or priority review. Priority review, which is requested at the time of BLA or NDA submission, is designed to expedite the review for drugs that provide meaningful therapeutic benefit to patients over existing treatments. Priority review for an NDA for a new molecular entity and original BLAs will be 6 months from the date that the NDA or BLA is filed, compared to 10 months under standard review. Although FDA's goal is to take action on priority review applications within 6 months, the agency does not always meet this goal and the review process may be significantly extended by FDA requests for additional information or clarification. Priority review does not change the standards for approval, but may expedite the approval process.

After the FDA evaluates an NDA or BLA, it will issue an approval letter or a Complete Response Letter. An approval letter authorizes commercial marketing of the drug with prescribing information for specific indications. A Complete Response Letter indicates that the review cycle of the application is complete, and the application will not be approved in its present form. A Complete Response Letter usually describes the specific deficiencies in the NDA or BLA identified by the FDA and may require additional clinical data, such as an additional Phase 3 trial or other significant and time-consuming requirements related to clinical trials, nonclinical studies, or manufacturing. If a Complete Response Letter is issued, the sponsor has one year to resubmit the NDA or BLA, addressing all of the deficiencies identified in the letter, or withdraw the application. Even if such data and information are submitted, the FDA may decide that the NDA or BLA does not satisfy the criteria for approval.

If a product receives regulatory approval, the approval may be significantly limited to specific diseases and dosages or the indications for use may otherwise be limited, which could restrict the commercial value of the product. In addition, the FDA may require a sponsor to conduct Phase IV testing which involves clinical trials designed to further assess a drug's safety and effectiveness after NDA or BLA approval and may require testing and surveillance programs to monitor the safety of approved products which have been commercialized. The FDA may also place other conditions on approval including the requirement for a risk evaluation and mitigation strategy (REMS) to assure the safe use of the drug. If the FDA concludes a REMS is needed, the sponsor of the NDA or BLA must submit a proposed REMS. The FDA will not approve the NDA or BLA without an approved REMS, if required. A REMS could include medication guides, physician communication plans, or other elements to assure safe use, such as restricted distribution methods, patient registries, and other risk minimization tools. Any of these limitations on approval or marketing could restrict the commercial promotion, distribution, prescription, or dispensing of products. Marketing approval may be withdrawn for non-compliance with regulatory requirements or if problems occur following initial marketing.

The Pediatric Research Equity Act (PREA) requires a sponsor to conduct pediatric clinical trials for most drugs and biologics, for a new active ingredient, new indication, new dosage form, new dosing regimen, or new route of administration. Under PREA, original NDAs, BLAs, and supplements thereto, must contain a pediatric assessment

4HH

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: ABB/CON-CISE OPTICAL GROUP LLC d/b/a ABB Optical Group

Physical Address: 12301 NW 39th Street

City: Coral Springs State: FL Zip: 33065

Mailing Address (if different from physical address): 12301 NW 39th Street

City: Coral Springs, FL State: FL Zip: 33065

Telephone: 800-852-8089 Website: https://www.abboptical.com/

Name of Designated Representative (DR): ~~Michael E. Dell~~ Jason Wrapher

Licensing Company Email: n/a DR Email: MDell@abboptical.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: Contact Lenses

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: Johnson & Johnson Vision Care Inc.
Address: 7500 Centurion Parkway, Suite 100 City: Jacksonville State: FL Zip: 32256

Name: CooperVision Inc.
Address: 209 High Point Drive City: Victor State: NY Zip: 14564

Name: Alcon Laboratories, Inc.
Address: 6201 South Freeway City: Fort Worth State: TX Zip: 76134-209

Name: Bausch & Lomb Incorporated
Address: 1400 N Goodman St. City: Rochester State: NY Zip: 14609-359

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): ABB Concise Acquisition, LLC
Corporation/Organization Name: ABB/CON-CISE OPTICAL GROUP LLC d/b/a ABB Optical Group
Mailing Address: 12301 NW 39th Street
City: Coral Springs State: FL Zip: 33065
Telephone: 800-852-8089 Email: MDell@abboptical.com
Contact Person Name: Michael E. Dell

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/ Applicant is 100% owned by another LLC and therefore exempt from this requirement		✓	✓	✓
• **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.

Michael E. Dell, General Counsel
Print Name of Authorized Person Submitting Application

Michael E. Dell
Original signature of Authorized Person (copies or stamps not accepted)

04/13/2022
Date

Board Use Only	Date Received: _____	Amount: $500 cc	Processed 5/25/22

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ABB/CON-CISE OPTICAL GROUP 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 NINTH DAY OF FEBRUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ABB/CON-CISE OPTICAL GROUP LLC" WAS FORMED ON THE TWELFTH DAY OF MARCH, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

4315614 8300

SR# 20220341251

Authentication: 202620624

Date: 02-09-22

You may verify this certificate online at corp.delaware.gov/authver.shtml

ABB
Optical Group

February 25, 2022

Maria Herrera
Licensing Specialist
Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521

Re: Wholesale and MDEG Application to Sell Contact Lenses in the State of Nevada

Dear Ms. Herrera,

This letter is to confirm that the Florida Board of Pharmacy or any other regulatory agency of the State of Florida does not require ABB/CON-CISE OPTICAL GROUP LLC *"ABB") to be licensed for the sale of medical devices in its contact lens distribution business. Therefore, there have been no licensure surveys or inspections completed at the ABB Florida facility.

If you have any questions, please do not hesitate to contact me. I can be reached at 305-432-6007.

Kind regards,

Michael E. Dell

Michael E. Dell
General Counsel and Secretary

MED/dps

Nevada Board of Pharmacy
Attention: Mark Sedar

July 27, 2022

Re: ABB/Con-Cise Optical Group LLC

Dear Mark,

I am writing to document our conversation on July 27, 2022. In June 1989, I was charged with a DUI in the State of Pennsylvania, a misdemeanor offense at that time. I pleaded no contest, and after a 3-year probationary period was successfully completed, this charge was expunged from the records.

If you need additional information, please let me know.

Best Regards,

Mike Bono
CFO
ABB/Con-Cise Optical Group LLC

SUMITOMO MITSUI BANKING CORPORATION
277 Park Avenue
New York, NY 10172, U.S.A.

NEVADA STATE BOARD OF PHARMACY
985 DAMONTE RANCH PKWY, SUITE 206
RENO, NV 89521
(775) 850-1440 – (775) 850-1444 – FAX
pharmacy@pharmacy.nv,gov

PHARMACEUTICAL WHOLESALER IRREVOCABLE STANDBY LETTER OF CREDIT

Sumitomo Mitsui Banking Corporation, New York Branch
277 Park Avenue
New York, NY 10172
(Attn: Trade Credit Services Department)

Acknowledgment Receipt:

Fax: (212) 224-4566
Email: trade_credit_svc@smbcgroup.com

Applicant/Licensee:
ABB/CON-CISE OPTICALGROUP LLC

IRREVOCABLE STANDBY LETTER OF CREDIT NO.: LG/MIS/NY-214871

Effective Date: March 22, 2022
Expires at our counter (unless evergreen): March 22, 2023

To Beneficiary: Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Suite 206
Reno, NV 89521
Attn: Executive Secretary

1. At the request and on the instructions of ABB/CON-CISE OPTICALGROUP LLC, we, Sumitomo Mitsui Banking Corporation, New York Branch, hereby establish in favor of the Beneficiary, the Nevada State Board of Pharmacy (Board), this Irrevocable Standby Letter of Credit (Credit) in the principal sum of $100,000.00 [One Hundred Thousand and 00/100 United States Dollars].

2. This Credit is and has been established for the sole benefit of the Board pursuant to the terms of NRS 639.515 pertaining to the initial or renewal application filed by the Applicant/Licensee.

3. This Credit is intended by the parties to serve as a security device for the performance by Applicant/Licensee of its obligations under applicable Nevada law regarding Applicant/Licensee's operation as a pharmaceutical wholesaler.

SUMITOMO MITSUI BANKING CORPORATION
277 Park Avenue
New York, NY 10172, U.S.A.

NEVADA STATE BOARD OF PHARMACY
985 DAMONTE RANCH PKWY, SUITE 206
RENO, NV 89521
(775) 850-1440 – (775) 850-1444 – FAX
pharmacy@pharmacy.nv,gov

PHARMACEUTICAL WHOLESALER IRREVOCABLE STANDBY LETTER OF CREDIT

Sumitomo Mitsui Banking Corporation, New York Branch
277 Park Avenue
New York, NY 10172
(Attn: Trade Credit Services Department)

Applicant/Licensee:
ABB/CON-CISE OPTICALGROUP LLC

IRREVOCABLE STANDBY LETTER OF CREDIT NO.: LG/MIS/NY-214871

Effective Date: March 22, 2022
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To Beneficiary: Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Suite 206
Reno, NV 89521
Attn: Executive Secretary

1. At the request and on the instructions of ABB/CON-CISE OPTICALGROUP LLC, we, Sumitomo Mitsui Banking Corporation, New York Branch, hereby establish in favor of the Beneficiary, the Nevada State Board of Pharmacy (Board), this Irrevocable Standby Letter of Credit (Credit) in the principal sum of $100,000.00 [One Hundred Thousand and 00/100 United States Dollars].

2. This Credit is and has been established for the sole benefit of the Board pursuant to the terms of NRS 639.515 pertaining to the initial or renewal application filed by the Applicant/Licensee.

3. This Credit is intended by the parties to serve as a security device for the performance by Applicant/Licensee of its obligations under applicable Nevada law regarding Applicant/Licensee's operation as a pharmaceutical wholesaler.

SUMITOMO MITSUI BANKING CORPORATION
277 Park Avenue
New York, NY 10172, U.S.A.

4. The Board shall be entitled to draw upon this Credit by presentation of a Certificate of Drawing purporting to be duly executed in substantially the same form as Attachment A, attached hereto, at our office located at the address above.

5. The Certificate of Drawing shall be completed and purportedly signed by the Executive Secretary for the Board. Presentation by the Board of a completed Certificate of Drawing may be made in person or by courier provided that presentment by courier is followed by a confirmatory phone call to 212-224-4310, Attn: Trade Credit Services Department.

6. If presentation of a purportedly duly executed Certificate of Drawing as above Provided is made on a Business Day and such presentation is made on or before 10:00 a.m. New York Time, we shall satisfy such drawing request on the second Business Day following such request. If the drawing certificate is received after 10:00 a.m. New York Time, we will satisfy such drawing request on the third Business Day following such request. Payment shall be made to the Board, to an account designated by the Board, in immediately available funds, as the Board shall specify in writing.

7. Funds may be drawn in one or more drawings not to exceed the principal sum.

8. If demand for payment does not conform to the terms of the Credit, we shall give the Board prompt notice that the demand for payment was not effected in accordance with the terms of this Credit, state the reasons therefore, and await further instructions.

9. Upon being notified that the demand for payment was not effected in conformity with the Credit, the Board may correct any such non-conforming demand for payment.

10. All drawings under this Credit shall be paid with our funds. Each drawing honored by us hereunder shall reduce, *pro tanto,* the principal sum. By paying to the Board an amount demanded in accordance herewith, we make no representations as to the correctness of the amount demanded.

11. This Credit will be cancelled in whole or in part only upon receipt by us of a Certificate of Cancellation which shall be in the form of Attachment B, attached hereto and shall be completed and purportedly signed by the Executive Secretary of the Board.

12. Communications with respect to this Credit shall be in writing and addressed to us at the address above and shall specifically refer to this Credit by the number above.

13. This Credit may not be transferred or assigned, either in whole or in part.

14. This Credit shall be governed by the International Standby Practices Publication No. 590 of the International Chamber of Commerce, including any amendments, modifications or revisions thereof (the "ISP"), except to the extent that terms hereof are

SUMITOMO MITSUI BANKING CORPORATION
277 Park Avenue
New York, NY 10172, U.S.A.

inconsistent with the provisions of the ISP, in which case the terms of the Credit shall govern. This Credit shall be governed by the internal laws of the State of New York to the extent that the terms of the ISP are not applicable; provided that, in the event of any conflict between the ISP and such New York laws, the ISP shall control.

15. It is a condition of this Credit that it will be automatically extended without amendment for one (1) year from the expiration date hereof, or any future expiration date, unless at least ninety (90) days prior to any expiration date we send notice to you at the above address by registered mail or courier service that we elect not to consider this Credit extended for any such period.

THEREFORE,
has executed and delivered this Irrevocable Standby Letter of Credit to the Board as of the 22nd day of MARCH, 2022

SUMITOMO MITSUI BANKING CORPORATION
NEW YORK BRANCH

DocuSigned by:
Shayla Tramel
596FEF180170440...

SHAYLA TRAMEL
DIRECTOR

Attachment A

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

CERTIFICATE OF DRAWING

Sumitomo Mitsui Banking Corporation, New York Branch
277 Park Avenue
New York, NY 10172
(Attn: Trade Credit Services Department)

Applicant/Licensee :
ABB/CON-CISE OPTICALGROUP LLC

IRREVOCABLE STANDBY LETTER OF CREDIT NO.: LG/MIS/NY-214871

To Beneficiary: Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Suite
206 Reno, NV 89521
Attn: Executive Secretary

The undersigned, the Executive Secretary for the Nevada State Board of Pharmacy (Board) hereby certifies to the Issuer that:
1. A lawful order imposing fines and/or costs against the Applicant/Licensee has been entered that entitles the Board to draw against Irrevocable Standby Letter of Credit No. LG/MIS/NY-214871 (Credit).
2. The undersigned is authorized under the terms of the Credit to present this Certificate of Drawing as the sole means for demanding payment on the Credit.
3. The Board is therefore making a drawing under the Credit in the amount of $ (INSERT AMOUNT).
4. The amount demanded does not exceed the principal sum.
5. Sums received shall be used by the Board in accordance with the terms of the Credit.
6. The amount of drawing requested shall be payable to the Board in lawful, immediately available funds to be received by the Board at the above address.

THEREFORE, the undersigned has executed and delivered this Certificate of Drawing on this day of , 20 .

NEVADA STATE BOARD OF PHARMACY
By:
Larry L. Pinson, Pharm.D.
Executive Secretary

Attachment B

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

CERTIFICATE FOR CANCELLATION

Sumitomo Mitsui Banking Corporation, New York Branch
277 Park Avenue
New York, NY 10172
(Attn: Trade Credit Services Department)

Applicant/Licensee :
ABB/CON-CISE OPTICALGROUP LLC

IRREVOCABLE STANDBY LETTER OF CREDIT NO. LG/MIS/NY-214871:

To Beneficiary: Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Suite 206
Reno, NV 89521
Attn: Executive Secretary

The undersigned, the Executive Secretary for the Nevada State Board of Pharmacy (Board) hereby certifies to the Issuer that:
1. The license for which the Credit was issued has expired, been revoked, been cancelled, or otherwise is no longer in effect, thereby making the cancellation of the Credit appropriate.
2. The Board therefore requests the cancellation of the above-referenced Credit.

THEREFORE, the undersigned has executed and delivered this Certificate of Cancellation on this day of , 20 .

NEVADA STATE BOARD OF PHARMACY
By:
Larry L. Pinson, Pharm.D.
Executive Secretary

1. Officers:

a. Thomas A. Burke, President and Chief Executive Officer
12301 NW 39th Street
Coral Springs, FL 33065
PH: 800-852-8089
(Work Address)
DOB: [redacted]

b. Michael J. Bono, Chief Financial Officer & Treasurer
12301 NW 39th Street
Coral Springs, FL 33065
PH: 800-852-8089
(Work Address)
DOB: [redacted]

c. Michael E. Dell, General Counsel & Secretary
12301 NW 39th Street
Coral Springs, FL 33065
PH: 800-852-8089
(Work Address)
DOB: [redacted]

2. Ownership

ABB Concise Acquisition, LLC owns 100% of ABB/CON-CISE OPTICAL GROUP LLC

ACORD

CERTIFICATE OF LIABILITY INSURANCE

1171

DATE (MM/DD/YYYY)
02/09/2022

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 Northeast, 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 ABB/ Con-Cise Optical Group LLC 12301 NW 39th St. Coral Springs, FL 330652403	**INSURER(S) AFFORDING COVERAGE** — **NAIC #** INSURER A: Hartford Fire Insurance Company — 19682 INSURER B: Trumbull Insurance Company — 27120 INSURER C: Hartford Casualty Insurance Company — 29424 INSURER D: Hartford Insurance Company of Illinois — 38288 INSURER E: Everest Indemnity Insurance Company — 10851 INSURER F: Pacific Insurance Company Limited — 10046

COVERAGES **CERTIFICATE NUMBER:** W23906959 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:			10UENDD4151	06/30/2021	06/30/2022	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 300,000 $ 10,000 $ 1,000,000 $ 2,000,000 $
B	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY			10 UEN DE4638	06/30/2021	06/30/2022	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
C	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION $ 10,000			10RHUDD2942	06/30/2021	06/30/2022	EACH OCCURRENCE AGGREGATE	$ 15,000,000 $ 15,000,000 $
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N No (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		10 WE AD4M2D	06/30/2021	06/30/2022	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 1,000,000 $ 1,000,000 $ 1,000,000
E	Cyber/Tech E&O Liability			CYBP000516-211	02/01/2021	03/03/2022		$5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

SEE ATTACHED

CERTIFICATE HOLDER

Sample

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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AGENCY CUSTOMER ID: _____

LOC #: _____

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Willis Towers Watson Northeast, Inc.	ABB/ Con-Cise Optical Group LLC 12301 NW 39th St. Coral Springs, FL 330652403
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

INSURER AFFORDING COVERAGE: Pacific Insurance Company Limited NAIC#: 10046

POLICY NUMBER: 10UGAAK3Y4S-016 EFF DATE: 06/30/2021 EXP DATE: 06/30/2022

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Products Liability	Limit	$10,000,000

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SR TD: 22197726 BATCH: 2407145 CERT: W23006959

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 ABB/CON-CISE OPTICAL GROUP LLC

Physical Address 12301 NW 39th Street

City Coral Springs State FL Zip 33065

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 800-852-8089 Website abboptical.com

Licensing Company Email mdell@abboptical.com

Section 2: Personal Information

First Jason Middle Sean Last Uncapher

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted] West Sample Road

City Coral Springs State FL Zip 33065

Telephone [redacted] Email juncapher@abboptical.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: 6/1993 to: 7/2013

Military Occupation/Specialty Supply Chain Management

Branch: ☐ Army/Reserves ☐ Navy/Reserves ■ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)	✓	
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	✓	

Applicant's initials _____

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
University of Phoenix			06/2015 - 04/2017	
Address		City	State	Zip
4035 S. Riverpoint Parkway		Phoenix	AZ	85040
Diploma/Degree obtained, if any				
MBA				
School Name			From - To (MM/YY – MM/YY)	
American Public University			11/2010 - 08/2013	
Address		City	State	Zip
111 W Congress Street		Charles Town	WV	25414
Diploma/Degree obtained, if any				
BA				
School Name			From - To (MM/YY – MM/YY)	
McArthur High School			09/1987 - 05/1991	
Address		City	State	Zip
6501 Hollywood Blvd.		Hollywood	FL	33024
Diploma/Degree obtained, if any				
Diploma				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY	
Address		City	State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/21 - Present	[redacted] W. Sample Road	Coral Springs	FL	33065
From - To (MM/YY – MM/YY)	Address	City	State	Zip
11/10 - 04/21	[redacted] NW 12th Court	Coral Springs	FL	33071
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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)
ABB/CON-CISE OPTICAL GROUP			10/1993 - present
Business Address	**City**	**State**	**Zip**
12301 NW 39th Street	Coral Springs	FL	33065
Phone	**Title**	**Number of Employed Hours**	
800-852-8089	Sr. Operations Manager	40 / week	
Description of Duties			
Oversee operations			

Business Name			From - To (MM/YY – MM/YY)
United States Airforce			
Business Address	**City**	**State**	**Zip**
Hickam Joint Air Force Base	Hickam Field	HI	96853
Phone	**Title**	**Number of Employed Hours**	
(808) 449-8624	Superintendent, J4 Operations	40 / week	
Description of Duties			
Oversee J4 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			

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.)		✓
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)

Date

Applicant's initials

I, Jason Uncapher, **certify that as the designated representative for**

_____,

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

Jason Uncapher

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

02-22-22

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.

JASON UNCAPHER

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

02-22-22

Date

Please have this section completed in the presence of a Notary Public.

State of FLORIDA, ss. County of BROWARD

I, JASON UNCAPHER, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

02-22-22

Date

Subscribed and Sworn to before me this 22 day of Feb 2022.

Victoria Mary Collins

Notary Public Signature

VICTORIA MARY COLLINS
Notary Public - State of Florida
Commission # HH 121532
My Comm. Expires Apr 25, 2025
Bonded through National Notary Assn.

(Seal)

Applicant's initials JU

Jason S. Uncapher

Sr. Operations Manager

Coral Springs, FL
United States

www.linkedin.com/in/[redacted]
Phone:[redacted]
[redacted]@yahoo.com

PROFILE

Sr. Operations Manager professional possessing multifaceted experience with warehouse operations and robotics. An effective leader with 20 years of military experience, skilled in enlisting the support of all team members in aligning with project and organizational goals. Demonstrates success in developing and implementing new programs to improve safety, production, and workforce integrity. Designed and opened warehouses and implemented Kaizen Lean Principles to optimize production and reduction in costs for manufacturing and or distribution processes. Skilled in employee relations, training and team building in union and non-union, automated DC and production environments managing 200 + employees in distribution warehouse.

PROFESSIONAL EXPERIENCE

SR OPERATIONS MANAGER (2021 – Present)
ABB OPTICAL GROUP, Coral Springs, FL

- Evaluates warehouse processes and systems optimizing product flow and task distribution creating reports and dashboards used to monitor progress towards established goals.
- Partnering with Sales to analyze product and customers to ensure most efficient route structure and transportation mode.
- Established Quality Teams engaging associates in the identification of factors adversely affecting service which improved quality and contributed to collaborative and inclusive culture.
- Oversees recruiting, hiring, and training new talent to the organization.
- Maintains physical facilities including the evaluation and procurement of material handling equipment and other building maintenance, made upgrades and repairs, as necessary.

DISTRIBUTION MANAGER (10/2016 – 02/2021)
ABB OPTICAL GROUP, Coral Springs, FL

- Working with the Sr. Operations Manager, ensure daily, weekly, and monthly goals within the distribution facility are achieved
- As the Distribution Manager, responsible for 180 hourly associates and 6 Supervisors. Oversees all aspects of the operation to include Freight, Order Procurement and Facility Management
- Adapted 5S and Lean practices which resulted in a reduction of Cost per Unit and increased efficiencies throughout the operation
- Ensure daily work is performed in accordance with standard operating procedures
- In collaboration with the Director of Operations, implement distribution center programs that deliver continuous improvements in efficiency
- Leverage systems inquiry, available data and reporting, and visual inspection to monitor available workload throughout the day
- With the Distribution Supervisors, create work schedules that optimize each processing area and ensure all daily orders are processed accurately, efficiently, and within service level standards

Jason S. Uncapher

Sr. Operations Manager

- Ensure compliance with SOPs in the overall enhancement of inventory integrity and the effective coordination of warehouse functions and activities
- In collaboration with Planning and Procurement, resolve issues and optimize flow within the distribution pipeline from vendor to customer
- Oversees Returns department, processes over 1400 credit-memos daily valued at $210,000
- Ensure a cross-trained workforce is available for redeployment to alternate areas, as required, based on fluctuating business demands
- Leverage available audit and accuracy reporting to identify and correct performance shortfalls that compromise quality execution
- Partner with management in resolving issues and reducing errors
- Participate in the interviewing and selection of new hires
- Lead regular meetings with direct reports and distribution team members, as required
- Coach and monitor the development of distribution center Supervisors, providing performance feedback
- Clearly communicate goals, expectations, and specific directions to ensure direct reports successfully execute their respective roles in delivering value to our customers
- Document, review, investigate and respond to employee needs, concerns and questions
- Follow and uphold all OSHA guidelines, policies and safety regulations, inspecting physical condition of the warehouse and equipment
- Report and document all equipment issues and safety related incidents to senior management
- Partner with Director of Operations and Facilities Management to resolve safety issues

DISTRIBUTION SUPERVISOR (10/2013 – 10/2016)
ABB OPTICAL GROUP, Coral Springs, FL

- Supervises all distribution morning operations, ensuring all work is performed in accordance with standard operating procedures
- Oversees the daily performance of approximately 30-35 hourly associates, ensuring that established goals are met for production, accuracy, and service levels
- Provides training, coaching and development and written performance feedback
- Leverage systems, available data and reporting and visual inspection to monitor available workload throughout the day
- Ensures a cross-trained workforce is available for redeployment to alternate areas, as required, based on fluctuating business demands
- Coordinates and prioritize special requests, ensuring that customer needs are met daily
- Interacts with peers, management, and internal and external business partners, resolving issues and optimizing flow within the distribution pipeline from vendor to customer
- Participates in the interview and selection of new hires in accordance the selection standards set by management
- Partners with management in resolving issues and reducing errors, following a quality cycle approach
- Schedules and lead regular meetings such as the daily team huddles and meetings with direct reports
- Reviews and analyzes both individual and area performance data and production reporting

MILITARY LOGISTICS PLANNER/ PROCUREMENT SUPERVISOR **June 2006 – August 2013**
UNITED STATES AIR FORCE, Honolulu, HI

- Managed $40m yearly budget ($35m operating/$5m MILCON); developed strategic missions /priorities; briefed recommendations to Commander, Joint POW/MIA Accounting Command (CJPAC)
- Responsible for overseeing seven helicopter & logistic contracts in addition to nine warehouses in seven countries with over 18,000-line items valued at $12m. Germany, PNG, Thailand, Laos, Vietnam, U.S., Cambodia
- Managed $500K Government Purchase Card account, $5m in facilities and $1.26m General Services Administration vehicle lease program
- Managed a variety of analytically demanding department wide Human Resources (HR) issues which required the generation of innovations, solutions, concepts, or principles

Jason S. Uncapher

Sr. Operations Manager

- Represented the command at several PACOM & EUCOM general officer-level planning events that ensured the accurate translation of their higher directives and policies into our comprehensive recovery and investigative plans
- Oversaw logistic requirements in support of 2010 United States Congress National Defense Authorization Act mandating the identification of 200 identifications
- Directed staff in oversight of all installation including facility management, utilities, wastewater, engineering, information technology, human resources, business processes improvement, strategic communication, safety, environmental stewardship, security, law enforcement, contracting & acquisition, operations, planning, logistics & budgeting.

EDUCATION

UNIVERSITY OF PHOENIX
Master of Business Administration (MBA)

AMERICAN PUBLIC UNIVERSITY
Bachelor of Science, Business Administration

SUMMARY OF QUALIFICATIONS

- Project Management, Product Management, Business Analysis, Project Planning, Performance Testing, Training & Development, Requirements Analysis, Quality Assurance, Software Implementation, System Documentation, Technical Support, Business Processes, Locus Robotics / Automation.
- MS Office, Excel, Outlook, Visio, PowerPoint, SharePoint, Word, Microsoft Project.

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 ABB/CON-CISE OPTICAL GROUP LLC MDEG License # (if applicable) _____

Physical Address 12301 NW 39th Street

City Coral Springs State FL Zip 33065

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email _____

Section 2: Personal Information

First Jason Middle Sean Last Uncapher

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] West Sample Road

City Coral Springs State FL Zip 33065

Telephone [redacted] Email juncapher@abboptical.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		06/2015 - 04/2017	
Address	City	State	Zip
4035 S. Riverpoint Parkway	Phoenix	AZ	85040
Diploma/Degree obtained, if any			
MBA			

School Name		From - To (MM/YY – MM/YY)	
American Public University		11/2010 - 08/2013	
Address	City	State	Zip
111 W. Congress Street	Charles Town	WV	25414
Diploma/Degree obtained, if any			
BA			

School Name		From - To (MM/YY – MM/YY)	
McArthur High School		09/1987 - 05/1991	
Address	City	State	Zip
6501 Hollywood Blvd.	Hollywood	FL	33024
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/2021 - Present	[redacted] W. Sample Road	Coral Springs	FL	33065
11/2010 - 4/2021	[redacted] NW 12th Court	Coral Springs	FL	33071
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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)
ABB/CON-CISE OPTICAL GROUP LLC			10/2013 - Present
Business Address	**City**	**State**	**Zip**
12301 NW 39th Street	Coral Springs	FL	33065
Phone	**Title**	**Number of Employed Hours**	
800-852-8089	Sr. Operations Manager	40 / week	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
United States Airforce			06/1993 - 08/2013
Business Address	**City**	**State**	**Zip**
Hickam Joint Air Force Base	Hickam Field	HI	96853
Phone	**Title**	**Number of Employed Hours**	
808-449-8624	Superintendent, JF Operations	40 / week	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description 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)

03-31-22
Date

I, Jason Sean Uncapher, **certify that as the MDEG Administrator for**

ABB/CON-CISE OPTICAL GROUP LLC,

that I (initial that you have read and meet the following requirements):

1. JSU Have a high school diploma or its equivalent;
2. JSU 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. JSU 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. JSU 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 Uncapher
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

03-30-22
Date

Board Use Only	Date Received:

Last Name	First Name	Location Description
Abdolkarim	Fawzi	Florida
Abernathy	Eric	Florida
Aguilar	Mayra	Florida
Almonte	Luis	Florida
Almonte	Ashley	Florida
Ariza Cortes	Diana	Florida
Asch-Johnston	Karen	Florida
Ashmeade	Makeba	Florida
Aure Perez	Avril	Florida
Ayala	Mary	Florida
Baisley	Michele	Florida
Ballestas	Adrian	Florida
Ballesteros Rengifo	Kelly	Florida
Barrera	Esmeralda	Florida
Barrios	Irma	Florida
Bastin	Lillian	Florida
Becker	Kyle	Florida
Beckford	Jessica	Florida
Belanger	Justin	Florida
Bell	Alana	Florida
Beltran Morales	Ingrid	Florida
Bien Aime	Wudmaill	Florida
Burton	Gerald	Florida
Busch	Keith	Florida
Byrd	Margarita	Florida
CAMARA TAFURO	Diana	Florida
Campbell	Shana	Florida
Cardenas	Margarita	Florida
Carmona	Lianna	Florida
Carmona	Anthony	Florida
Carter	Shanique	Florida
Castro	Juan	Florida
Cecchini	Joshua	Florida
Charles	Cindy	Florida
Chin-Quee	Adam	Florida
Clarke	Khobie	Florida
Clement	Crystel	Florida
Cohen	Spencer	Florida
Contreiras	Justin	Florida
Coronado Ulloa	Williams	Florida
Correa Paulino	Wendy	Florida
Cosme	Leslie	Florida
Cox	Dawins	Florida
Crawford	Deigo	Florida
Cruz	Rene	Florida
Davila	Jayvien	Florida
Davis	Daequann	Florida
Daza Maggi	Omar	Florida
De Simone	Michael	Florida
Del Toro Hernandez	Steve	Florida
Delgado Munar	David	Florida

Deliard	Jovana	Florida
Desir	Alikah	Florida
Desrosiers	Marcus	Florida
Diago	Carlos	Florida
Doyle	Shakeva	Florida
Drew	Camryn	Florida
Elas	Vanessa	Florida
Escobar	Kimberly	Florida
Evelyn	Jinan	Florida
Farooqi	Tanvir	Florida
Farquharson	Kamara Owana	Florida
Fiala	Deborah	Florida
Fiset	Frederick	Florida
Flores Rodriguez	Suyin	Florida
Frederick	Jacqueline	Florida
Gafur	Shoaib	Florida
Gallego Rincon	Luz	Florida
Garcia	Richard	Florida
Garcia Rodriguez	Saul	Florida
Garcia Romero	Walter	Florida
Gardner	Demetrius	Florida
George	Ester	Florida
Giraldo	David	Florida
Gomez	Tyler	Florida
Gomez	Sandra Madeline	Florida
Gomez	Tiana	Florida
Gonzalez	Franklin	Florida
Gonzalez Ballesteros	Sugey	Florida
Gonzalez Ruiz	Santiago	Florida
Grimes Jr	Samuel	Florida
Guere Rangel	Daniela	Florida
Guerrero	Greer	Florida
Gutierrez	Lourdes	Florida
Hernandez	Damaris	Florida
Hernandez	Anais	Florida
Hernandez Claveria	Carlos	Florida
Herrera	Joseph	Florida
Hinojosa	Marcos	Florida
Hoang	Truc	Florida
Hodgett	Carly	Florida
Holmes	Jalen	Florida
Hughes	Nicole	Florida
Hutchins	Charles	Florida
Iiyama	Ayami	Florida
Ishtiaq	Shazia	Florida
Jean	Kaitlyn-Marie	Florida
Jerez De Badell	Mayela	Florida
Jimenez	Luis	Florida
Jimenez	Ivette	Florida
Jimenez Flores	Aron	Florida
Josephs Sinclair	Trishana	Florida
Juarez Vidal	Evelyn	Florida

Juarez Vidal	David	Florida
Jules	Arielle	Florida
Kaplan	Bryan	Florida
Keveles	Ashley	Florida
Keveles	Daniel	Florida
King Jr	Kevious	Florida
Kirkland	Dashon	Florida
Lawrence	Nadine	Florida
Leon	Daniel	Florida
Levy	Thea	Florida
Linares	Nancy	Florida
Long Jr	Lorenzo	Florida
Lopez Castillo	Sandra	Florida
Lopez Chicuazuque	Nelly	Florida
Louis	Bianca	Florida
Louis	Bryan	Florida
Lue	Jason	Florida
Luke	Michael	Florida
Lupton	Leah	Florida
Magpayo	Samanthaailene	Florida
Manrique De Gomez	Claudia	Florida
Manuszewski	Colin	Florida
Marcellus	Aldrean	Florida
Marques	Maria	Florida
Martinez	Jesenia	Florida
McCarthy	Randolph	Florida
McDonald	Everald	Florida
McKenzie	Deshawn	Florida
Medina Alonso	Ileana	Florida
Mendez	Bryan	Florida
Merisier	Stephanie	Florida
Meza Diaz	Doaldo	Florida
Meza Monsalve	Luz	Florida
Mills	Abigail	Florida
Mohammed	Adam	Florida
Montenegro	Adila	Florida
Moore	D'sanei	Florida
Morales	Maria	Florida
Morales Rodriguez	Rafael	Florida
Murphy	Jasmine	Florida
Negreira	Rodrigo	Florida
Nethersole	Tyler	Florida
Nykanen	Travis	Florida
Nykanen	Trevor	Florida
Nykanen	Alicia	Florida
Oberheim	Caitlin	Florida
Ochoa	Nellie	Florida
Ochoa Campozano	Alexandra	Florida
Orozco	Alba	Florida
Ortega	Andrea	Florida
Panton	Jhanelle	Florida
Pelaez Pino	Gladys	Florida

Peoples	Anaee	Florida
Perdomo	Beatriz	Florida
Perez Mora	Betsymar	Florida
Perry	David	Florida
Pierre	Jean	Florida
Prieto	Isabel	Florida
Prosper	Michneidrede	Florida
Quezada	Raul	Florida
Quintero Bustacara	Nubia	Florida
Raby	Demetri	Florida
Ramdin	Leelawaite	Florida
Raymundo	Gio	Florida
Recalde	Jorge	Florida
Redley	Nickeisha	Florida
Reid	Natalie	Florida
Rengifo Alvarez	Franceneth	Florida
Rios Martinez	Mariangel	Florida
Rodriguez	Camila	Florida
Rodriguez	Richard	Florida
Safa	Micaela	Florida
Saintilbert	Samantha	Florida
Samkarran	Nadira	Florida
Sanchez	Angela	Florida
Sanchez	Leimarie	Florida
Sanchez Cardona	Martha	Florida
Sanchez Materan	Yinett	Florida
Sandoval-Campos	Michelle	Florida
Sankar	Christian	Florida
Santana	Maxamillian	Florida
Schuerman	Sean	Florida
Skeen	Janae	Florida
Tennant	Tameka	Florida
Trespalacios Palomino	Leonor	Florida
Uber	Ryan	Florida
Uncapher	Jason	Florida
Uribe	Elisabeth	Florida
Vaillant Labaut	Yailet	Florida
Valdes-Carvajal	Monique	Florida
Valles Rodriguez	Marta	Florida
Vega	Amanda	Florida
Vernelus	Eldia	Florida
Vernelus	Ebenka	Florida
Vidal	Umero	Florida
Vilchez De Galban	Noris	Florida
Walcott	Johnathon	Florida
Williams	Ariel	Florida
Zambrano	Diana	Florida
Bolivar	Hildebrando	Florida
Brown	Audley	Florida
Wright	Wilton	Florida
Hamm	Kimeshia	Florida
Melendez Gimon	Corina	Florida

Moy	Jessica	Florida
Pagan	Alan	Florida
Ramirez	Adrian	Florida
Santos	Sarienka	Florida
St. Hilaire	Valerie	Florida
Stanny	Marc	Florida
Gantt	Jennifer	Florida
Molina	Jose	Florida
Muir	Chelsea	Florida
Stovka	Sandra	Florida
Chapman	Aaron	Florida
Solimini	Steven	Florida
Araujo	Deborah	Florida
Augetinea Bacic	Chelsea	Florida
Austral	Simon	Florida
Bailey	Nakia	Florida
Bustillo	Ernesto	Florida
Calvay	Hector	Florida
Carbbins	Brandon	Florida
Carey	Krista	Florida
Clarke	Nur	Florida
Claudio	Soraida	Florida
Cokely	Angelic	Florida
Cox	Nancy	Florida
Diaz	Stephanie	Florida
Franco	Jomaeler	Florida
Gibson	Kahlil	Florida
Gomez Buitrago	Juan	Florida
Griffiths	LaCreasha	Florida
Groves	Zaneta	Florida
Hernandez	Melanie	Florida
Lancaster	Deanna	Florida
Lealiiee	Elizabeth	Florida
Llanos	Jessica	Florida
McCool	Sharon	Florida
Nash	Evelyn	Florida
Placucci	Bruna	Florida
Purdy	Yolanda	Florida
Radcliffe	Kobe	Florida
Raffony	Matthew	Florida
Ramos	Adriel	Florida
Ramos	Belinda	Florida
Rogers	Faedra	Florida
Samuel	Marisa	Florida
Sanderson	Pamela	Florida
Santoro	Alyssa	Florida
Santos	Janeth	Florida
Saunders	Tyanna	Florida
Schneyer	Lauren	Florida
Smith	Sharicka	Florida
Straw	Shaki	Florida
Truong	Cathy	Florida

Walters	Saffronica	Florida
Williams	Christopher	Florida
Wilson	Charlie	Florida
Penot	Thomas	Florida
Williams	Bart	Florida
Dari	Michael	Florida
Alvarez	Angel	Florida
Burke III	Thomas	Florida
Collins	Victoria	Florida
Delgado	Jeannette	Florida
Mish	Jonathan	Florida
Pearl	Scott	Florida
See	Aaron	Florida
Tessel	Bart	Florida
Baker	Stephanie	Florida
Dickman	Kevin	Florida
Sugg	Elisa	Florida
Swanson	Nora	Florida
Alam	Faizan	Florida
Arce	Johnathan	Florida
Argudo	Walter	Florida
Baisley	Patrick	Florida
Beans	Lorrane	Florida
Blagoev	Vania	Florida
Breeden	Kayla	Florida
Breff	Belkys	Florida
Chiricosta	Justine	Florida
Clervoix	Wisline	Florida
Downs	Amy	Florida
Eugene	Osse	Florida
Fulmore	Alexea	Florida
Garcia	Crystal	Florida
Garcia Ruiz	Danay	Florida
Hamami	Dana	Florida
Harrison	Samoye	Florida
Jones	Nikole	Florida
Laforest	Benjamin	Florida
Levaggi-Bendahan	Ingrid	Florida
Lherisson	Briannah	Florida
Lockhart	Deairrington	Florida
Lyons	Duchane	Florida
Meekins III	George	Florida
Meriel	Anderson	Florida
Meves	David	Florida
Meyer	Emilio	Florida
Miller	Melanie	Florida
Montoban	Rebecca	Florida
Monzon	Patrick	Florida
Mordon	Kyle	Florida
Ng'oma	Dingase	Florida
Ramirez	Lina	Florida
Registre	Samantha	Florida

Rooks	Janet	Florida
Samudio	Elsa	Florida
Samuels	Sophia	Florida
Sookhan	Jacquese	Florida
Stahl	Kevin	Florida
Tanon	Monica	Florida
Underwood	Allison	Florida
Choy Sing	Ken	Florida
Gonzalez	Yessenia	Florida
James	Rashida	Florida
Peterson	Kristen	Florida
Bauer	Christian	Florida
Paixao	Fabio	Florida
Patel	Meghaben	Florida
Romney	Randi	Florida
Downing	Gregory	Florida
Lleverino	Raymundo	Florida
Peraza	Eric	Florida
Dhandapani	Dhakshnamoorthy	Florida
Thamizharasi Jayaprakasam	Porselvan	Florida
Cruz	Emmanuel	Florida
Lee	Danielle	Florida
Duran-Cely	Zulma	Florida
Mahadeo	Jagat	Florida
Munoz	Jason	Florida
Stringer	Scott	Florida
Zaremba	Jason	Florida
Morales	Adolfo	Florida
Woodson	Alecsander	Florida
Da Silva	Glauco	Florida
Emmanuel	Anthony	Florida
Sawant	Nitin	Florida
Vargas Suarez	Enrique	Florida
Chocron	Levi	Florida
Ramirez	Luis	Florida
Sanz	Kirdson	Florida
Amrogowicz	Mark	Florida
Ford	Kevin	Florida
Morone	Frank	Florida
Briceno Solano	Natalia	Florida
Martinez	Eduardo	Florida

411

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: ABB/CON-CISE OPTICAL GROUP LLC d/b/a ABB Optical Group

Physical Address: 4 Skyline Drive

City: Hawthorne State: NY Zip: 10532

Mailing Address (if different from physical address): 12301 NW 39th Street

City: Coral Springs, FL State: FL Zip: 33065

Telephone: 800-852-8089 Website: https://www.abboptical.com/

Name of Designated Representative (DR): ~~Michael E. Dell~~ Christina Day

Licensing Company Email: n/a DR Email: MDell@abboptical.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: Contact Lenses

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: Johnson & Johnson Vision Care Inc.
Address: 7500 Centurion Parkway, Suite 100 City: Jacksonville State: FL Zip: 32256

Name: CooperVision Inc.
Address: 209 High Point Drive City: Victor State: NY Zip: 14564

Name: Alcon Laboratories, Inc.
Address: 6201 South Freeway City: Fort Worth State: TX Zip: 76134-209

Name: Bausch & Lomb Incorporated
Address: 1400 N Goodman St. City: Rochester State: NY Zip: 14609-359

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): ABB Concise Acquisition, LLC
Corporation/Organization Name: ABB/CON-CISE OPTICAL GROUP LLC d/b/a ABB Optical Group
Mailing Address: 12301 NW 39th Street
City: Coral Springs State: FL Zip: 33065
Telephone: 800-852-8089 Email: MDell@abboptical.com
Contact Person Name: Michael E. Dell

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/ Applicant is 100% owned by another LLC and therefore exempt from this requirement		✓	✓	✓
• **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.

Michael E. Dell Gary Comm

Print Name of Authorized Person Submitting Application

Michael E. Dell

Original signature of Authorized Person (copies or stamps not accepted)

04/13/2022

Date

Board Use Only	Date Received: _____	Amount: $500 CC Processed 5/25/22

1. Officers:

   a. Thomas A. Burke, President and Chief Executive Officer
      12301 NW 39th Street
      Coral Springs, FL 33065
      PH: 800-852-8089
      (Work Address)
      DOB: [redacted]

   b. Michael J. Bono, Chief Financial Officer & Treasurer
      12301 NW 39th Street
      Coral Springs, FL 33065
      PH: 800-852-8089
      (Work Address)
      DOB: [redacted]

   c. Michael E. Dell, General Counsel & Secretary
      12301 NW 39th Street
      Coral Springs, FL 33065
      PH: 800-852-8089
      (Work Address)
      DOB: [redacted]

2. Ownership

ABB Concise Acquisition, LLC owns 100% of ABB/CON-CISE OPTICAL GROUP LLC

Nevada Board of Pharmacy
Attention: Mark Sedar

July 27, 2022

Re: ABB/Con-Cise Optical Group LLC

Dear Mark,

I am writing to document our conversation on July 27, 2022. In June 1989, I was charged with a DUI in the State of Pennsylvania, a misdemeanor offense at that time. I pleaded no contest, and after a 3-year probationary period was successfully completed, this charge was expunged from the records.

If you need additional information, please let me know.

Best Regards,

Mike Bono
CFO
ABB/Con-Cise Optical Group LLC

ABB Optical Group

February 25, 2022

Maria Herrera
Licensing Specialist
Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521

Re: Wholesale and MDEG Application to Sell Contact Lenses in the State of Nevada

Dear Ms. Herrera,

This letter is to confirm that the New York Board of Pharmacy or any other regulatory agency of the State of New York does not require ABB/CON-CISE OPTICAL GROUP LLC *"ABB") to be licensed for the sale of medical devices in its contact lens distribution business. Therefore, there have been no licensure surveys or inspections completed at the ABB New York facility.

If you have any questions, please do not hesitate to contact me. I can be reached at 305-432-6007.

Kind regards,

Michael E. Dell

Michael E. Dell
General Counsel and Secretary

MED/dps

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ABB/CON-CISE OPTICAL GROUP 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 NINTH DAY OF FEBRUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ABB/CON-CISE OPTICAL GROUP LLC" WAS FORMED ON THE TWELFTH DAY OF MARCH, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

4315614 8300

SR# 20220341251

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202620624

Date: 02-09-22

CD

Christina Day

Wappingers Falls, NY 12590 [redacted] [redacted]@gmail.com

PROFESSIONAL SUMMARY

Hardworking Distribution Manager with 20 years+ of experience planning and managing movement of goods in supply chains. Adept in evaluating business objectives to chart out best course of action. Strategic and organized with advanced skills in distribution.

SKILLS

- Receiving Oversight
- Warehouse Inspections
- Improvement Recommendations
- Process Monitoring
- Warehouse Safety Programs
- Inventory Reconciliation
- Daily Operations Management
- Distribution and Warehousing
- Distribution Reporting and Documentation
- Warehouse Organization
- Service Improvement Analysis

WORK HISTORY

DISTRIBUTION MANAGER

02/2003 to CURRENT

ABB Optical Group | Hawthorne, New York

- Scheduling and inventory systems to enhance productivity
- Develop standard and emergency operating procedures for receiving, handling, storing, shipping and salvaging products
- Manage operating budget, meeting department goals
- Hire, train and evaluate hundreds of distribution associates to meet department targets
- Boost warehouse operations performance by overseeing dispatching and setting optimal employee schedules
- Drive personnel performance by appraising job results, counseling personnel on needed improvements and disciplining substandard conduct
- Handled day-to-day shipping and receiving overseeing more than 8,000 packages per day
- Clean and maintain warehouse in compliance with OSHA safety standards

WAREHOUSE MANAGER

08/2001 to 02/2003

Wise Optical | Yonkers, NY

- Built motivated warehouse team to consistently accomplish operations goals and exceed performance targets
- Handled day-to-day shipping and receiving overseeing more than 5,000 packages per day
- Trained new staff on job duties, company policies and safety procedures for rapid onboarding

- Conducted research to address shipping errors and packaging mistakes
- Built continuous improvement culture that attracted and retained high-performing employees while reducing costs
- Built motivated warehouse team to consistently accomplish operations goals and exceed performance targets
- Drove personnel performance by appraising job results, counseling personnel on needed improvements and disciplining substandard conduct

CLAIMS SPECIALIST

02/1997 to 08/2001

Genesis Health plan | Yonkers, NY

- Escalated files with significant indemnity exposure to supervisor for further investigation
- Maintained strong knowledge of basic medical terminology to better understand services and procedures
- Generated, posted and attached information to claim files
- Maintained confidentiality of patient finances, records and health statuses.
- Checked documentation for accuracy and validity on updated systems
- Addressed average of 400 customer inquiries and complaints each week
- Reviewed 600 patient cases per week and verified insurance coverage information

DISTRIBUTION SUPERVISOR

06/1995 to 02/1997

Wise Optical | Yonkers, NY

- Implemented strategic plans as well as contributed to evaluation and analysis of business objectives
- Facilitated receiving and shipping and loading and unloading of goods, transferring products to designated storage sites
- Uncovered and resolved errors with minimal oversight
- Managed and maintained warehouse to comply with company policies and federal regulations
- Coordinated storage locations and product movements
- Scheduled pickups and deliveries to maintain smooth operations
- Collaborated with other departments on supply and quality issues
- Motivated workers to exceptional performance through implementation of new strategies
- Balanced schedule and customer demand against team capabilities and available resources to meet performance objectives
- Hired, trained and evaluated over 200 distribution associates to meet department targets

EDUCATION

High School Diploma *06/1992*

St. Helena Hs, The Bronx, NY

CERTIFICATIONS

- First Aid/CPR Certified

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 ABB/CON-CISE OPTICAL GROUP LLC

Physical Address 12301 NW 39th Street

City Coral Springs State FL Zip 33065

Mailing Address (if different from physical address) 4 Skyline Drive

City Hawthorne State NY Zip 10532

Telephone 800-852-8089 Website abboptical.com

Licensing Company Email mdell@abboptical.com

Section 2: Personal Information

First Christina Middle Ramona Last Day

Alias(es, nicknames, name changes, etc.) Christina Blaize

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ■ F ☐ X

Mailing Address [redacted] All Angels Hill Road

City Wappingers Falls State NY Zip 12590

Telephone [redacted] Email cday@abboptical.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. Helena		1988 - 1992	
Address	**City**	**State**	**Zip**
2050 Benedict Ave.	Bronx	NY	10462
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
11/2003 - Present	[redacted] All Angels Hill Road	Wappingers Falls	NY	12590
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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: ABB/CON-CISE OPTIAL GROUP LLC			From - To (MM/YY – MM/YY): 02/11/03 - Present
Business Address: 4 Skyline Drive	City: Hawthorne	State: NY	Zip: 10532
Phone: 914-347-7400	Title: Distribution Manager		Number of Employed Hours: 40 / week - 36,480+
Description of Duties: Overseeing 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			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Continue on next page if additional space is needed.

Applicant's initials 

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
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)

3/23/22
Date

Applicant's initials

I, Christina Davy, **certify that as the designated representative for**

ABB Optical Group,

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

Christina Davy

Print Name (First, Last)

Christina Davy

Original Signature (electronic, copies or stamps not accepted)

3/23/22

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.

Christina Day
Print Name (First, Last)

Christina Day
Original Signature (electronic, copies or stamps not accepted)

3/23/22
Date

Please have this section completed in the presence of a Notary Public.

State of Connecticut, ss. County of Fairfield

I, Christina Day, 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.

Christina Day
Original Signature

3-23-2022
Date

Subscribed and Sworn to before me this 23rd day of March 2022

Martina Cardona
Notary Public Signature

(Seal)

MARTINA CARDONA
Notary Public
Connecticut
My Commission Expires Sep 30, 2022

Applicant's initials

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider- Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/08/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG ABB/CON-CISE OPTICAL GROUP LLC MDEG License # (if applicable) _____

Physical Address 12301 NW 39th Street

City Coral Springs State FL Zip 33065

Mailing Address (if different from physical address) 4 Skyline Drive

City Hawthorne State NY Zip 10532

Telephone 800-852-8089 Website abboptical.com

Licensing Company Email mdell@abboptical.com

Section 2: Personal Information

First Christina Middle Ramona Last Day

Alias(es, nicknames, name changes, etc.) Christina Blaize

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☑ F ☐ X

Mailing Address [redacted] All Angels Hill Road

City Wappingers Falls State NY Zip 12590

Telephone [redacted] Email cday@abboptical.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
St. Helena		1988 - 1992	
Address	**City**	**State**	**Zip**
2050 Benedict Ave.	Bronx	NY	10462
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

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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
11/2003 - present	[redacted]All Angels Hill Road	Wappingers Falls	NY	12590
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From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: 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)	
ABB/CON-CISE OPTICAL GROUP LLC			02-11-03 - Present	
Business Address		City	State	Zip
4 Skyline Drive		Hawthorne	NY	10532
Phone	Title		Number of Employed Hours	
914-347-7400	Distribution Manager		40 / week	
Description of Duties				
Overseeing 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				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description 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:

Christine Doe

Original Signature (electronic, copies or stamps not accepted)

4/6/2022

Date

I, Christina Day, **certify that as the MDEG Administrator for**

ABB/CON-CISE OPTICAL GROUP LLC,

that I (initial that you have read and meet the following requirements):

1. CD Have a high school diploma or its equivalent;
2. CD Have
   a. CD 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. NA 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. CD 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. CD 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.

Christina Day
Print Name (First, Last)

Christina Day
Original Signature (electronic, copies or stamps not accepted)

4/6/2022
Date

Board Use Only	Date Received:

Last Name	First Name	Location Description
Pasato Leon	Paul	New York
Acosta Olaverria	Angel	New York
Aguilera Gonzalez	Anyi	New York
Alarcon	Gloria	New York
Allaico Guallpa	Davis	New York
Alvino	Norga	New York
Anguizaca Carchipulla	Marcia	New York
Arevalo	Jessica	New York
Arias Carchi	Rany	New York
Arias Lopez	Fanny	New York
Aristy Peguero	Altagracia	New York
Azar Chong	Astrid	New York
Badoiu	Maria	New York
Basora	Angel	New York
Beard	Zobeida	New York
Bell	Darrell	New York
Bermeo Perez	Zaida	New York
Bernal Apaza	Rosario	New York
Blanding Jr	Kevin	New York
Brito Moris	Yessica	New York
Brophy	Matthew	New York
Cabrera Encalad	Carlos	New York
Capellan	Jose	New York
Castro	Natalia	New York
Catania	Joseph	New York
Chamberlain	Aaron	New York
Chocano Carrillo	Marcos	New York
Ciro	Kenny	New York
Cisse	Dior	New York
Conce Bonilla	William	New York
Concepcion Gratereaux	Jolivette	New York
Cotton	Laila	New York
Cuevas Carrion	Jose	New York
Cuevas De Santana	Yohudaliza	New York
Day	Christina	New York
Deleg Deleg	Gloria	New York
Diaz Taveras	Elvin	New York
Duverge Martinez	Ana	New York
Encalada Guaman	Edison	New York
Espinoza Tapia	Mishelle	New York
Felix	Elvis	New York
Fernandez	Brian	New York
Fernandez Garcia	Henry	New York
Ferreiras	Ana	New York
Garcia Batista	Lissette	New York
Genao	Daniela	New York
Gonzalez	Fernando	New York
Guallpa Guaman	Rosa	New York
Guaman Llivisupa	Enma	New York
Guaman Vasquez	Ruth	New York
Guarda Suclupe	Yanina	New York

Guzman	Yadira	New York
Guzman Vasquez	Aaron	New York
Hernandez Olaverria	Stephanie	New York
Hernandez Olaverria	Merari	New York
Hook	Tynasha	New York
Hopkins Drago	Marie	New York
Jara Alava	Erika	New York
Jima	Manuel	New York
Lascano Robayo	Andres	New York
Lazo Quizhpi	Gladys	New York
Liriano	Keila	New York
Liriano Salcedo	Katherine	New York
Lopez Bojorquez	Irma	New York
Lora Cruz	Yasmin	New York
Loum	Semou	New York
Macas	Christopher	New York
Martich	Gregory	New York
Martinez	Maria	New York
Martinez De Fernandez	Fanny	New York
Martinez Garcia	German	New York
Melgar Martinez	Quemelin	New York
Miranda Portillo	Karen	New York
Mite Rendon	Maria	New York
Monge	Sandra	New York
Montoya Contreras	Andres	New York
Morales Portillo	Cindy	New York
Moran	Camilo	New York
Morocho Barreto	Mariuxi	New York
Munoz De Espinal	Norma	New York
Munoz Diaz	Celia	New York
Nivicela	Transito	New York
Nunez De Rodriguez	Yamelin	New York
Oleaga Abreu	Naomy	New York
Oleaga Abreu	Anyely	New York
Olivo Vargas	Jordany	New York
Osorio	Alejandra	New York
Ovalle Merejo	Agustin	New York
Ovalles Tavarez	Justin	New York
Pena Florian	Javier	New York
Perez Montano	Edward	New York
Persaud	Chandrapaul	New York
Pina	Jennifer	New York
Poguio Mora	Alexis	New York
Poston	Tiberius	New York
Quezada Caracundo	Erick	New York
Quintuna Morocho	Rosa	New York
Quispe	Salvador	New York
Ramon Soria	Jean	New York
Reyes	Dina	New York
Reyes Rosado	Juan	New York
Richmond	Kenroy	New York
Rivera	Xavier	New York

Rivera	Desiree	New York
Roa Poueriet	Luis	New York
Roa Poueriet	Jeffrey	New York
Robles Montero	Raysa	New York
Rodriguez Gomez	Mirian	New York
Rodriguez Munoz	Celine	New York
Roman Mendez	Romny	New York
Ruiz	Paulina	New York
Sagbay Llanzhi	Zoila	New York
Santos Javier	Rocio	New York
Scarlett	Jaime	New York
Scavone	Daniel	New York
Segura De La Rosa De Lajara	Santa	New York
Siguencia Perez	Zoila	New York
Silva	Jorge	New York
Soto Presinal	Elisa	New York
Strobino	Matthew	New York
Taveras	Larissa	New York
Taveras De Crespo	Niobe	New York
Taveras De La Cruz	Juan	New York
Taveras De La Cruz	Yeuri	New York
Tejada Camacho	Antonio	New York
Velasco	Edgar	New York
Ventura	Jahdiel	New York
Ventura	Yuleika	New York
Ventura Rodriguez	Alcibiades	New York
Veras	Milqueya	New York
Verdesoto Minchala	Zoila	New York
Watson	Kaseem	New York
Wynn	Karon	New York
Ferrante	Valentina	New York
Aarons	Denish	New York
Abreu Batista	Yasmil	New York
Abreu Cabrera	Michel	New York
Acosta Olaverria	Omar	New York
Aguirre Bravo	Karla	New York
Alberto Correa	Rafael	New York
Alcala Garcia	Juan	New York
Alcantara Beltre De Villa	Abdia	New York
Alexander	Ian	New York
Almonte	Nathanael	New York
Almonte	Andaliny	New York
Almonte	Damarys	New York
Almonte	Mirian	New York
Amaya Bohorquez	Ana	New York
Amin	Rajeshribahen	New York
Amin	Maheshkumar	New York
Andujar	Jaime	New York
Angomas	Shely	New York
Aponte Sierra	Jemmil	New York
Apuparo Siguencia	Rosa	New York
Arias	Jennifer	New York

Arias Lopez	Argenis	New York
Arias Lopez	Kewis	New York
Arias Rosales	Nancy	New York
Arpi Arpi	Ana	New York
Ayaub	Mohammed	New York
Banks	Matthew	New York
Barrero	Laura	New York
Barrero Chavarro	Paula	New York
Batista Nina	Juan	New York
Belton	Kevin	New York
Bencosme Trinidad	Genesis	New York
Bennett	Jamell	New York
Bernal Morocho	Jessica	New York
Bernard Guzman	Leuis	New York
Berrio	Katherine	New York
Blackman	Nigel	New York
Bracey III	William	New York
Bradley Fiserova	Lucie	New York
Bravo Tinizaray	Bertha	New York
Brito Barros	Maria	New York
Bueti Jr	Antonio	New York
Cabrera Polanco	Richard	New York
Cabrera Valdez	Luciano	New York
Campos Jr	Nehemias	New York
Carrasco	Paula	New York
Carvajal Rodriguez	Diana	New York
Casazola Morataya	Katerin	New York
Castillo	Ramona	New York
Castillo	Marien	New York
Castillo Hiciano	Victor	New York
Castillo Reyes	Edison	New York
Castro	Antonia	New York
Cepeda Capellan	Luis	New York
Champaign	Herbert	New York
Chapa Zhagui	Danny	New York
Chen	Ye	New York
Chimbo Cevallos	Eugenia	New York
Chunir Suscal	Barbarita	New York
Contrera Pena	Roberto	New York
Cordoba	Blanca	New York
Corona Nunez	Francisco	New York
Corona Nunez	Jenny	New York
Cox	Samantha	New York
Cruz	Nilda	New York
Cruz Rodriguez	Braudy	New York
Cuadros	Olga	New York
Cuervo Bautista	Nancy	New York
Cunningham	Damian	New York
Daniels	Rasheen	New York
David	Brandon	New York
Dawson	Grant	New York
De Jesus Mejia	Wily	New York

De Jesus Mejia	Alexandra	New York
De Jesus Mejia	Nieve	New York
De Jesus Mejia	Rudys	New York
De La Garza	Luis	New York
De La Rosa	Elizabeth	New York
De Leon Garcia	Rosa	New York
De Leon Garcia	Confesora	New York
Diaz	Darilys	New York
Escandon	Patricia	New York
Espinal Munoz	Luis	New York
Fernandez Camacho	Enmanuel	New York
Ferreiras	Andy	New York
Figuereo de Bautista	Nilda	New York
Fleischer	Daniel	New York
Frank	Joseph	New York
Garcia Batista	Gissette	New York
Garcia Brito	Santo	New York
Garcia Correa	Paola	New York
Garcia Cusme	Denys	New York
Garcia Sarmiento	Juleisy	New York
Garcia Sarmiento	Yunelsi	New York
Gati	Michael	New York
Geronimo Alvarez	Pamela	New York
Gomez Gonzalez	Jose	New York
Gomez Leon	Bairon	New York
Gomez Marrero	Pedro	New York
Gonzalez	Michael	New York
Gonzalez Brito	Jeury	New York
Gonzalez Paz	Julio	New York
Gonzalez Veras	Brando	New York
Gratereaux Martinez	Yajaira	New York
Guerra Chaparro	Julio	New York
Guerrero	Gloria	New York
Guevara	Francisca	New York
Gutelius	Humberto	New York
Gutierrez	Rosa	New York
Gutierrez Restrepo	Carlos	New York
Guzman	Chris	New York
Hanson	Trudian	New York
Hernandez Garcia	Jacqueline	New York
Hernandez Medina	Rosa	New York
Hiciano Alcantara	Melvin	New York
Hiciano Santos	Marleny	New York
Hinestroza Arango	Luz	New York
Jackson	Joey	New York
Jacobs	Dawn	New York
Jacobs	Michele	New York
James	Roshane	New York
Jimenez	Iris	New York
Jones	Mark	New York
Jones	Margo	New York
Jones Jr	Gary	New York

Joyner	Antonio	New York
Kalin	Chandler	New York
Kirshner	Kyle	New York
Kubicsko	Nicole	New York
Lam Bustamante	Lissette	New York
Lantigua	Fabiola	New York
Lantigua De Leon	Ashiled	New York
Largo Tito	Lady	New York
Lawrence	Keith	New York
Ledesma De Pichardo	Ana	New York
Lim	Edwin	New York
Lizardo Jimenez	Francisco	New York
Lopez	Luis	New York
Lopez	Anthony	New York
Lopez Salcedo	Soranlli	New York
Loughran	Brendan	New York
Lozano	Michael	New York
Macchiavello	Patricia	New York
Maldonado Pichardo	Yoleissy	New York
Maria Leonardo	Jose	New York
Marte De Leon	Lissette	New York
Martelli	Francesco	New York
Martinez	Santa	New York
Martinez De Reynoso	Marisela	New York
Matos Miranda	Luz	New York
McCullough	Tristian	New York
McGoldrick	Timothy	New York
Medina Robles	Yamilett	New York
Mejia Mateo	Pedro	New York
Mendez Matos	Heris	New York
Montes De Oca	Peter	New York
Morales Hernandez	Yessica	New York
Morocho Sumba	Miriam	New York
Moya	Yamiles	New York
Munoz	Joanny	New York
Negrette	Genoveva	New York
Nieto	Teresa	New York
Nivicela Tenempaguay	Silvia	New York
Owen	Devaro	New York
Padilla Alejo	Pablo	New York
Pasco	Democreto	New York
Patel	Vinod Kumar	New York
Paulino Cruz	Cristopher	New York
Paulino Reyes	Raynner	New York
Pazmino Paz	Katherine	New York
Pellow	Eric	New York
Pena Diaz	Rumaldo	New York
Perez	Carlos	New York
Perez Veras	Erika	New York
Pichardo Guzman	Hector	New York
Pinto Gutierrez	Raphael	New York
Poueriet Rijo	Huascar	New York

Pulla Yunga	Hilda	New York
Ramirez Poueriet	Nairobys	New York
Ramos Garcia	Teofilo	New York
Rana	Bhagawandas	New York
Renta	Roberto	New York
Reyes	Nancy	New York
Reynoso Martinez	Yenny	New York
Rhames	Charles	New York
Richey	John	New York
Richmond	Khadine	New York
Rios	Johnathan	New York
Rivera Mas De Gonzalez	Yoselin	New York
Rodriguez	Aleida	New York
Rodriguez Hernandez	Maura	New York
Rodriguez Mercado	Ramon	New York
Roman	Jarrid	New York
Rosa	Lilian	New York
Rosario	Hamphry	New York
Rosario Mercedes	Esthefany	New York
Rosario Ventura	German	New York
Rosario Ventura	Reyes	New York
Ruiz	Sandra	New York
Salamino	James	New York
Salazar	Jeffrey	New York
Sanchez	Luz	New York
Sanchez Reyes	Leon	New York
Sanchez Soto	Andria	New York
Sanchez Tigre	Gloria	New York
Sanchez Tovar	Maria	New York
Sandoval Laureano	Braderly	New York
Santiago	Jesus	New York
Sasaguay Arias	Maria	New York
Seemangal	Linda	New York
Sepulveda	Maria	New York
Serrano	Kenneth	New York
Serrano Valenzuela	Jhon	New York
Siciliano	Gianfranco	New York
Silverio	Vitervina	New York
Sincoff	Brian	New York
Soler Claudio	Jullian	New York
Sosa Arias	Erlin	New York
Sparrow	Veronica	New York
Sumba Bermeo	Angel	New York
Suppa III	John Michael	New York
Tabon-Rivera	Alcira	New York
Tapia	William	New York
Tavarez	Johnson	New York
Taveras De La Cruz	Yamilka	New York
Thiem	Michael	New York
Tigre Pani	Angel	New York
Tonuzco	Dora	New York
Trinidad Garcia	Fe	New York

Tucto	Natalia	New York
Uran Londono	Gabriela	New York
Urena Valeiron	Luis	New York
Urena Valeiron	Michael	New York
Valdez Capellan	Katherin	New York
Valdez Capellan	Crileysi	New York
Vasquez Garcia	Ismelda	New York
Velez Cano	Wilson	New York
Velez Rodriguez	Kelvin	New York
Veras Almonte	Radelyn	New York
Veras Orozco	Sebastian	New York
Verzola	Glenn	New York
Woythaler	Robert	New York
Yau Fernandez	Ronald	New York
Zaccagnino	Joseph	New York
Zanabria	Jason	New York
Zapata Herrera	Libia	New York
Zuleta	Gloria	New York
Acosta	David	New York
Arcan	Daniel	New York
Bueti	Rachael	New York
Hernandez	Julien	New York
Hidalgo	Pamela	New York
Hinds	Tiffany	New York
Orta	Jessica	New York
Acosta	Daniel	New York
Bacchus	Shaziela	New York
Bello	Brendan	New York
Castillo	Yvette	New York
Rybacki	Michael	New York
Soler-Claudio	Analissa	New York
Carrera Thola	Janet	New York
Fuentes	Jesse	New York
Rivera Mas	Beatriz	New York
Rodriguez Romero	Marlin	New York
Francosky	Christopher	New York
Folkers	Nicholas	New York
Glickman	Jeffrey	New York
Ruppert	Matthew	New York
Zonenashvili	Roza	New York

SUMITOMO MITSUI BANKING CORPORATION
277 Park Avenue
New York, NY 10172, U.S.A.

NEVADA STATE BOARD OF PHARMACY
985 DAMONTE RANCH PKWY, SUITE 206
RENO, NV 89521
(775) 850-1440 – (775) 850-1444 – FAX
pharmacy@pharmacy.nv,gov

PHARMACEUTICAL WHOLESALER IRREVOCABLE STANDBY LETTER OF CREDIT

Sumitomo Mitsui Banking Corporation, New York Branch
277 Park Avenue
New York, NY 10172
(Attn: Trade Credit Services Department)

Acknowledgment Receipt:

Fax: (212) 224-4566
Email: trade_credit_svc@smbcgroup.com

Applicant/Licensee:
ABB/CON-CISE OPTICALGROUP LLC

IRREVOCABLE STANDBY LETTER OF CREDIT NO.: LG/MIS/NY-214871

Effective Date: March 22, 2022
Expires at our counter (unless evergreen): March 22, 2023

To Beneficiary: Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Suite 206
Reno, NV 89521
Attn: Executive Secretary

1. At the request and on the instructions of ABB/CON-CISE OPTICALGROUP LLC, we, Sumitomo Mitsui Banking Corporation, New York Branch, hereby establish in favor of the Beneficiary, the Nevada State Board of Pharmacy (Board), this Irrevocable Standby Letter of Credit (Credit) in the principal sum of $100,000.00 [One Hundred Thousand and 00/100 United States Dollars].

2. This Credit is and has been established for the sole benefit of the Board pursuant to the terms of NRS 639.515 pertaining to the initial or renewal application filed by the Applicant/Licensee.

3. This Credit is intended by the parties to serve as a security device for the performance by Applicant/Licensee of its obligations under applicable Nevada law regarding Applicant/Licensee's operation as a pharmaceutical wholesaler.

SUMITOMO MITSUI BANKING CORPORATION
277 Park Avenue
New York, NY 10172, U.S.A.

NEVADA STATE BOARD OF PHARMACY
985 DAMONTE RANCH PKWY, SUITE 206
RENO, NV 89521
(775) 850-1440 – (775) 850-1444 – FAX
pharmacy@pharmacy.nv,gov

PHARMACEUTICAL WHOLESALER IRREVOCABLE STANDBY LETTER OF CREDIT

Sumitomo Mitsui Banking Corporation, New York Branch
277 Park Avenue
New York, NY 10172
(Attn: Trade Credit Services Department)

Applicant/Licensee:
ABB/CON-CISE OPTICALGROUP LLC

IRREVOCABLE STANDBY LETTER OF CREDIT NO.: LG/MIS/NY-214871

Effective Date: March 22, 2022
Expires at our counter (unless evergreen): March 22, 2023

To Beneficiary: Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Suite 206
Reno, NV 89521
Attn: Executive Secretary

1. At the request and on the instructions of ABB/CON-CISE OPTICALGROUP LLC, we, Sumitomo Mitsui Banking Corporation, New York Branch, hereby establish in favor of the Beneficiary, the Nevada State Board of Pharmacy (Board), this Irrevocable Standby Letter of Credit (Credit) in the principal sum of $100,000.00 [One Hundred Thousand and 00/100 United States Dollars].

2. This Credit is and has been established for the sole benefit of the Board pursuant to the terms of NRS 639.515 pertaining to the initial or renewal application filed by the Applicant/Licensee.

3. This Credit is intended by the parties to serve as a security device for the performance by Applicant/Licensee of its obligations under applicable Nevada law regarding Applicant/Licensee's operation as a pharmaceutical wholesaler.

SUMITOMO MITSUI BANKING CORPORATION
277 Park Avenue
New York, NY 10172, U.S.A.

4. The Board shall be entitled to draw upon this Credit by presentation of a Certificate of Drawing purporting to be duly executed in substantially the same form as Attachment A, attached hereto, at our office located at the address above.

5. The Certificate of Drawing shall be completed and purportedly signed by the Executive Secretary for the Board. Presentation by the Board of a completed Certificate of Drawing may be made in person or by courier provided that presentment by courier is followed by a confirmatory phone call to 212-224-4310, Attn: Trade Credit Services Department.

6. If presentation of a purportedly duly executed Certificate of Drawing as above Provided is made on a Business Day and such presentation is made on or before 10:00 a.m. New York Time, we shall satisfy such drawing request on the second Business Day following such request. If the drawing certificate is received after 10:00 a.m. New York Time, we will satisfy such drawing request on the third Business Day following such request. Payment shall be made to the Board, to an account designated by the Board, in immediately available funds, as the Board shall specify in writing.

7. Funds may be drawn in one or more drawings not to exceed the principal sum.

8. If demand for payment does not conform to the terms of the Credit, we shall give the Board prompt notice that the demand for payment was not effected in accordance with the terms of this Credit, state the reasons therefore, and await further instructions.

9. Upon being notified that the demand for payment was not effected in conformity with the Credit, the Board may correct any such non-conforming demand for payment.

10. All drawings under this Credit shall be paid with our funds. Each drawing honored by us hereunder shall reduce, *pro tanto,* the principal sum. By paying to the Board an amount demanded in accordance herewith, we make no representations as to the correctness of the amount demanded.

11. This Credit will be cancelled in whole or in part only upon receipt by us of a Certificate of Cancellation which shall be in the form of Attachment B, attached hereto and shall be completed and purportedly signed by the Executive Secretary of the Board.

12. Communications with respect to this Credit shall be in writing and addressed to us at the address above and shall specifically refer to this Credit by the number above.

13. This Credit may not be transferred or assigned, either in whole or in part.

14. This Credit shall be governed by the International Standby Practices Publication No. 590 of the International Chamber of Commerce, including any amendments, modifications or revisions thereof (the "ISP"), except to the extent that terms hereof are

SUMITOMO MITSUI BANKING CORPORATION
277 Park Avenue
New York, NY 10172, U.S.A.

inconsistent with the provisions of the ISP, in which case the terms of the Credit shall govern. This Credit shall be governed by the internal laws of the State of New York to the extent that the terms of the ISP are not applicable; provided that, in the event of any conflict between the ISP and such New York laws, the ISP shall control.

15. It is a condition of this Credit that it will be automatically extended without amendment for one (1) year from the expiration date hereof, or any future expiration date, unless at least ninety (90) days prior to any expiration date we send notice to you at the above address by registered mail or courier service that we elect not to consider this Credit extended for any such period.

THEREFORE,
has executed and delivered this Irrevocable Standby Letter of Credit to the Board as of the 22nd day of MARCH, 2022

SUMITOMO MITSUI BANKING CORPORATION
NEW YORK BRANCH

DocuSigned by:
Shayla Tramel
596FEF180170440...

SHAYLA TRAMEL
DIRECTOR

Attachment A

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

CERTIFICATE OF DRAWING

Sumitomo Mitsui Banking Corporation, New York Branch
277 Park Avenue
New York, NY 10172
(Attn: Trade Credit Services Department)

Applicant/Licensee :
ABB/CON-CISE OPTICALGROUP LLC

IRREVOCABLE STANDBY LETTER OF CREDIT NO.: LG/MIS/NY-214871

To Beneficiary: Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Suite
206 Reno, NV 89521
Attn: Executive Secretary

The undersigned, the Executive Secretary for the Nevada State Board of Pharmacy (Board) hereby certifies to the Issuer that:
1. A lawful order imposing fines and/or costs against the Applicant/Licensee has been entered that entitles the Board to draw against Irrevocable Standby Letter of Credit No. LG/MIS/NY-214871 (Credit).
2. The undersigned is authorized under the terms of the Credit to present this Certificate of Drawing as the sole means for demanding payment on the Credit.
3. The Board is therefore making a drawing under the Credit in the amount of $ (INSERT AMOUNT).
4. The amount demanded does not exceed the principal sum.
5. Sums received shall be used by the Board in accordance with the terms of the Credit.
6. The amount of drawing requested shall be payable to the Board in lawful, immediately available funds to be received by the Board at the above address.

THEREFORE, the undersigned has executed and delivered this Certificate of Drawing on this day of , 20 .

NEVADA STATE BOARD OF PHARMACY
By:
Larry L. Pinson, Pharm.D.
Executive Secretary

Attachment B

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

CERTIFICATE FOR CANCELLATION

Sumitomo Mitsui Banking Corporation, New York Branch
277 Park Avenue
New York, NY 10172
(Attn: Trade Credit Services Department)

Applicant/Licensee :
ABB/CON-CISE OPTICALGROUP LLC

IRREVOCABLE STANDBY LETTER OF CREDIT NO. LG/MIS/NY-214871:

To Beneficiary: Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Suite 206
Reno, NV 89521
Attn: Executive Secretary

The undersigned, the Executive Secretary for the Nevada State Board of Pharmacy (Board) hereby certifies to the Issuer that:
1. The license for which the Credit was issued has expired, been revoked, been cancelled, or otherwise is no longer in effect, thereby making the cancellation of the Credit appropriate.
2. The Board therefore requests the cancellation of the above-referenced Credit.

THEREFORE, the undersigned has executed and delivered this Certificate of Cancellation on this day of , 20 .

NEVADA STATE BOARD OF PHARMACY
By:
Larry L. Pinson, Pharm.D.
Executive Secretary

ACORD

CERTIFICATE OF LIABILITY INSURANCE

1235

DATE (MM/DD/YYYY) 02/09/2022

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: Willis Towers Watson Certificate Center	
Willis Towers Watson Northeast, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	PHONE (A/C, No, Ext): 1-877-945-7378	FAX (A/C, No): 1-888-467-2378
	E-MAIL ADDRESS: certificates@willis.com	

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
ABB/ Con-Cise Optical Group LLC 12301 NW 39th St. Coral Springs, FL 330652403	INSURER A: Hartford Fire Insurance Company	19682
	INSURER B: Trumbull Insurance Company	27120
	INSURER C: Hartford Casualty Insurance Company	29424
	INSURER D: Hartford Insurance Company of Illinois	38288
	INSURER E: Everest Indemnity Insurance Company	10851
	INSURER F: Pacific Insurance Company Limited	10046

COVERAGES **CERTIFICATE NUMBER:** W23906959 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:			10UENDD4151	06/30/2021	06/30/2022	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG $	$ 1,000,000 $ 300,000 $ 10,000 $ 1,000,000 $ 2,000,000 $ $
B	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY			10 UEN DH4638	06/30/2021	06/30/2022	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) $	$ 1,000,000 $ $ $ $
C	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION $ 10,000			10RHUDD2942	06/30/2021	06/30/2022	EACH OCCURRENCE AGGREGATE $	$ 15,000,000 $ 15,000,000 $
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N No If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		10 WE AD4M2D	06/30/2021	06/30/2022	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 1,000,000 $ 1,000,000 $ 1,000,000
E	Cyber/Tech E&O Liability			CYBP000516-211	02/01/2021	03/03/2022		$5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

SEE ATTACHED

CERTIFICATE HOLDER

Sample

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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The ACORD name and logo are registered marks of ACORD

SR ID: 22197726 BATCH: 2407145

AGENCY CUSTOMER ID: _____

LOC #: _____

ACORD®

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Willis Towers Watson Northeast, Inc.	ABB/ Con-Cise Optical Group LLC 12301 NW 39th St. Coral Springs, FL 330652403
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

INSURER AFFORDING COVERAGE: Pacific Insurance Company Limited NAIC#: 10046

POLICY NUMBER: 10UGAAK3Y4S-016 EFF DATE: 06/30/2021 EXP DATE: 06/30/2022

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Products Liability	Limit	$10,000,000

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SR ID: 22197726 BATCH: 2407145 CERT: W23906959

4JJ

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: Exel Inc. dba DHL Supply Chain (USA)

Physical Address: 3299 Tchulatech Dr., Suite 110

City: Memphis State: TN Zip: 38118

Mailing Address (if different from physical address): 360 Westar Blvd, Dept. 555

City: Westerville State: OH Zip: 43082

Telephone: 901-571-6419 Website: www.exel.com

Name of Designated Representative (DR): Erika Berry

Licensing Company Email: regulatory@dhl.com DR Email: erika.berry@dhl.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: Medical Devices (Rx and Non-Rx)

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: 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: 3299 Tchulatech Dr., Suite 110

City: _____ State: _____ Zip: _____

Telephone: 901-571-6419 Email: erika.berry@dhl.com

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Massachusetts

Parent Company (if any): DPWN Holdings (USA) Inc

Corporation/Organization Name: Exel Inc. dba DHL Supply Chain (USA)

Mailing Address: 360 Westar Blvd, Dept. 555

City: Westerville State: OH Zip: 43082

Telephone: 614-865-8500 Email: regulatory@dhl.com

Contact Person Name: Mark A. Smolik

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: Memphis State: TN Zip: 72301

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: Exel Inc. dba DHL Supply Chain (USA)

Business Address: 3299 Tchulatech Dr., Suite 110,

City: West Memphis State: AR Zip: 72301

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.

Mark A. Smolik
Print Name of Authorized Person Submitting Application

→ Mark A. Smolik
Original signature of Authorized Person (copies or stamps not accepted)

→ 4/4/22
Date

Board Use Only	Date Received: _____	Amount: 500 CHECK # 046935

Exel Inc dba DHL Supply Chain (USA) 3299
Tchulatech Drive Suite 110
Memphis, TN 38118
614-865-8802

Qualifications
Medical Devices

Rank: Third Party Logistics

Facility License Number: 00007393
Status: Licensed
Date of Original Licensure: 05/27/2022
Date of Expiration: 05/31/2024
No Disciplinary Actions

Verified
8/9/22
MS

The Commonwealth of Massachusetts

Secretary of the Commonwealth

State House, Boston, Massachusetts 02133

William Francis Galvin
Secretary of the
Commonwealth

Date: January 07, 2022

To Whom It May Concern :

I hereby certify that according to the records of this office.

EXEL INC.

is a domestic corporation organized on **June 01, 1983** . under the General Laws of the Commonwealth of Massachusetts. I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution: that articles of dissolution have not been filed by said corporation: that. said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.

In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

Certificate Number: 22010143980

Verify this Certificate at: http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx

Processed by: tad

Exel Inc. dba DHL Supply Chain (USA)

Business Description

Exel Inc. dba DHL Supply Chain (USA) has been at the forefront of innovative supply chain solutions for the life sciences and healthcare industries for 20 years. As a trusted global partner we create agile, highly responsive supply chains capable of transporting critical, sensitive and valuable products, even to the world's most rugged and remote locations.

Our extensive experience of supplying logistical solutions to the life sciences and healthcare sector has enabled us to develop specific expertise in the following areas: Vaccines, Generic Pharmaceuticals, Controlled Substances, Over The Counter (OTC) Medication, and Animal Health. For each of these areas we have experts working with our customers to optimize their supply chains.

A connected global footprint and industry expertise
With over 120 sites in 40 countries and 4,500 dedicated healthcare staff, serving 250 life sciences and healthcare customers worldwide, we're always there to offer a safe pair of hands. We have the scale and experience to implement healthcare logistics solutions across the world.

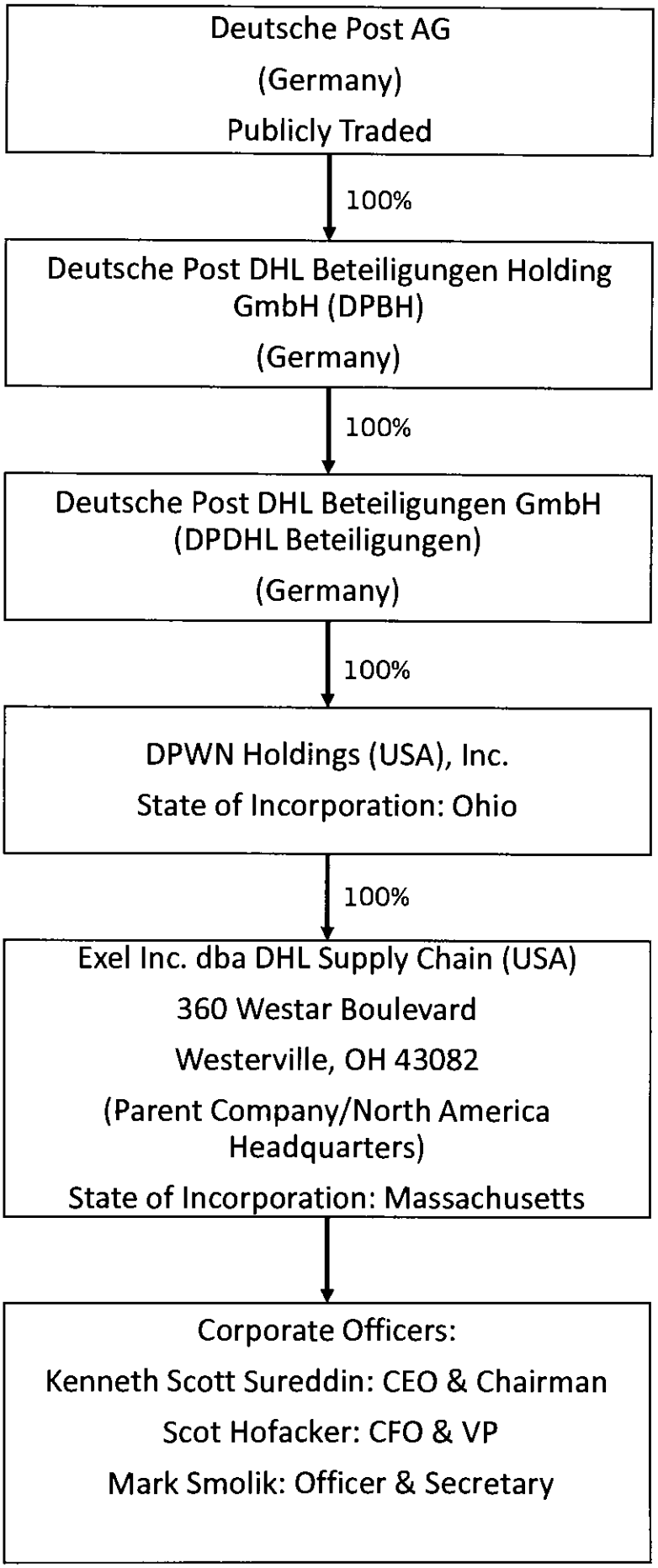
Quality and regulatory compliance
For our customers, deep sector expertise is vital to track, comprehend, and comply with essential and increasing rules and regulations for the storage, transportation and delivery of pharmaceuticals, medical equipment and patient-specific treatments.

With our Global Quality Assurance group of over 100 individuals driving operational consistency and governance we're always up to date with the latest changes in local and international regulations. Our global network provides highly controlled environments and we ensure full GxP (Good Practice) compliance from origin to destination.

Health, safety and security
We help to achieve high standards on health, safety and security through extensive training and timely monitoring. We offer consulting on global safety regulations and conduct regular inspections and process audits of our facilities.

Corporate Officer Information:

Name:	Kenneth Scott Sureddin	Scot Kevin Hofacker	Mark Andrew Smolik
Title:	Chairman/CEO	VP/CFO	Officer/Secretary
Email	scott.sureddin@dhl.com	scot.hofacker@dhl.com	mark.smolik@dhl.com
Office Address:	360 Westar Blvd, Westerville OH 43082	360 Westar Blvd, Westerville OH 43082	360 Westar Blvd, Westerville OH 43082
Office Phone:	614-865-8500	614-865-8500	614-865-8500
% Ownership	0	0	0


Deutsche Post AG
(Germany)
Publicly Traded
100%
Deutsche Post DHL Beteiligungen Holding GmbH (DPBH)
(Germany)
100%
Deutsche Post DHL Beteiligungen GmbH (DPDHL Beteiligungen)
(Germany)
100%
DPWN Holdings (USA), Inc.
State of Incorporation: Ohio
100%
Exel Inc. dba DHL Supply Chain (USA)
360 Westar Boulevard
Westerville, OH 43082
(Parent Company/North America Headquarters)
State of Incorporation: Massachusetts
Corporate Officers:
Kenneth Scott Sureddin: CEO & Chairman
Scot Hofacker: CFO & VP
Mark Smolik: Officer & Secretary

List of Employees –

Shelly Leggett – General Manager

Aaron Eller – Operation Manager

Erika Berry – Sr Field Quality Specialist

RIDER

To be attached to and form part of:

Bond Number 016075066

dated April 15, 2017

issued by the LIBERTY MUTUAL INSURANCE COMPANY

in the amount of $ 100,000.00

on behalf of EXEL, INC. DBA DHL SUPPLY CHAIN (USA)
(Principal)

and in favor of THE STATE OF NEVADA
(Obligee)

Now therefore, it is agreed that in consideration of the premium charged, the attached bond shall be amended as follows:

Adding the following location:

- 3299 Tchulatech Dr., Suite 110, Memphis, TN 38118

It is further understood and agreed that all other terms and conditions of this bond shall remain unchanged.

This Rider is to be Effective this 11th day of May, 2022.

Signed, Sealed & Dated this 11th day of May, 2022.

EXEL, INC. DBA DHL SUPPLY CHAIN (USA)
(Principal)

By: _____

LIBERTY MUTUAL INSURANCE COMPANY
(Surety)

By: _____
Pedro Gonzalez Jr., Attorney-in-Fact

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: **8207389-016018**

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Claudette Alexander Hunt, Pedro Gonzalez, Jr.

of the city of Miami state of FL each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 24th day of February, 2022.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: _____
David M. Carey, Assistant Secretary

State of PENNSYLVANIA
County of MONTGOMERY ss

On this 24th day of February, 2022 before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.

Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2025
Commission number 1126044
Member, Pennsylvania Association of Notaries

By: _____
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney.
Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII – Execution of Contracts: Section 5. Surety Bonds and Undertakings.
Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 11th day of May, 2022.

By: _____
Renee C. Llewellyn, Assistant Secretary

LMS-12873 LMIC OCIC WAIC Multi Co 02/21

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com.

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane
Reno, NV 89509
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 016075066

Application/License No. _____

EXEL, INC. DBA DHL SUPPLY CHAIN (USA), doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
570 Polaris Parkway, Dept. 555 Westerville, OH 43082, as
Address of Applicant/Principal
PRINCIPAL, and LIBERTY MUTUAL INSURANCE COMPANY, a
Surety Company
corporation organized under the laws of the state of MA
State of Incorporation
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
175 Berkeley Street Boston, MA 02116 as
Address of Surety
SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on 4/15/2017.
Effective Date

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 17th day of April, 2017.

APPLICANT/PRINCIPAL
EXEL, INC. DBA DHL SUPPLY CHAIN (USA)

_____
Authorized Representative

SURETY COMPANY
LIBERTY MUTUAL INSURANCE COMPANY

Claudette Alexander Hunt
Surety Company's Representative

Claudette Alexander Hunt, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

_____
Witness

_____
Witness

SIGNED and SEALED in the presence of:

_____
Witness Jeannie Reinoso

_____
Witness Camille M. Cruz

Countersigned by:

n/a
Nevada Resident Agent

THIS POWER OF ATTORNEY IS NOT VALID UNLESS IT IS PRINTED ON RED BACKGROUND.
This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Certificate No. 7366328

American Fire and Casualty Company
The Ohio Casualty Insurance Company
Liberty Mutual Insurance Company
West American Insurance Company

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That American Fire & Casualty Company and The Ohio Casualty Insurance Company are corporations duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Camille M. Cruz; Claudette Alexander Hunt; Jacqueline Jordan Hampton

all of the city of Miami, state of FL each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 17th day of May, 2016.

American Fire and Casualty Company
The Ohio Casualty Insurance Company
Liberty Mutual Insurance Company
West American Insurance Company

By: David M. Carey
David M. Carey, Assistant Secretary

STATE OF PENNSYLVANIA ss
COUNTY OF MONTGOMERY

On this 17th day of May, 2016, before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of American Fire and Casualty Company, Liberty Mutual Insurance Company, The Ohio Casualty Insurance Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at Plymouth Meeting, Pennsylvania, on the day and year first above written.

COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
Teresa Pastella, Notary Public
Plymouth Twp., Montgomery County
My Commission Expires March 28, 2017
Member, Pennsylvania Association of Notaries

By: Teresa Pastella
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of American Fire and Casualty Company, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS – Section 12. Power of Attorney. Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII – Execution of Contracts – SECTION 5. Surety Bonds and Undertakings. Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Gregory W. Davenport, the undersigned, Assistant Secretary, of American Fire and Casualty Company, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 17 day of April, 2017.

By: Gregory W. Davenport
Gregory W. Davenport, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

To confirm the validity of this Power of Attorney call 1-610-832-8240 between 9:00 am and 4:30 pm EST on any business day.

LMS_12873_122013

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Exel Inc. dba DHL Supply Chain (USA)

Physical Address: 3299 Tchulatech Dr., Suite 110

City: Memphis State: TN Zip: 38118

Mailing Address (if different from physical address): 360 Westar Blvd, Dept. 555

City: Westerville State: OH Zip: 43082

Telephone: 901-571-6419 Website: www.exel.com

Licensing Company Email: regulatory@dhl.com

Section 2: Personal Information

First: Erika Middle: _____ Last: Berry

Alias(es, nicknames, name changes, etc.): NA

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☑ F ☐ X

Mailing Address: [redacted] Tchulatech Dr., Suite [redacted]

City: Memphis State: TN Zip: 38118

Telephone: [redacted] Email: erika.berry@dhl.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's initials: EB

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Capella University		09 / 2010 - 12 / 2013	
Address	**City**	**State**	**Zip**
225 South 6th Street	Minneapolis	MN	55402
Diploma/Degree obtained, if any			
Associates			

School Name		From - To (MM/YY – MM/YY)	
Earle High School		09 / 1991 - 05 / 1995	
Address	**City**	**State**	**Zip**
1401 3rd Street	Earle	AR	72331
Diploma/Degree obtained, if any			
HS Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/18 - Present	[redacted] West Oliver Avenue	Memphis	AR	72301
07/12 - 04/18	[redacted] South 19th Street	West Memphis	AR	72301

Applicant's initials EB

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: DHL Supply Chain				From - To (MM/YY – MM/YY): 06/2021-Present
Business Address: 6200 Global Drive		City: Memphis	State: TN	Zip: 38141
Phone: 901-571-6419	Title: Field Quality Specialist			Number of Employed Hours: 2320
Description of Duties: Managing the QMS, Supports training of Quality Records, Perform Quality and GxP audits to process to conformance to procedures & Issues and monitors non-conformance (CAPA) documentation and monitoring trends.				
Business Name: FedEx Supply Chain				From - To (MM/YY – MM/YY): 06/2018-06/2021
Business Address: Holmes Road		City: Memphis	State: TN	Zip: 38118
Phone: NA	Title: Documentation Specialist			Number of Employed Hours: 6240
Description of Duties: Create and Update procedures within the QMS, handle CAPA and Change Controls. Perform audits to ensure in conformance.				
Business Name				From - To (MM/YY – MM/YY)
Business Address		City	State	Zip
Phone	Title			Number of Employed Hours
Description of Duties				
Business Name				From - To (MM/YY – MM/YY)
Business Address		City	State	Zip
Phone	Title			Number of Employed Hours
Description of Duties				
Business Name				From - To (MM/YY – MM/YY)
Business Address		City	State	Zip
Phone	Title			Number of Employed Hours
Description of Duties				

Continue on next page if additional space is needed.

Section 7: 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: Exel Inc. dba DHL Supply Chain (USA)			From - To (MM/YY – MM/YY): 06/21 - Present	
Business Address: 3299 Tchulatech Dr., Suite 110,	City: Memphis		State: TN	Zip: 38118
Phone: 901-571-6419	Title: Sr. Field Quality Specialist		Number of Employed Hours: 7,080	
Description of Duties: Managing the QMS, Supports training of Quality Records, Perform Quality and GxP audits to process to conformance to procedures & Issues and monitors non-conformance (CAPA) documentation and monitoring trends.				
Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				
Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				
Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title		Number of Employed Hours	
Description 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 EB

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?	☐	☑

DHL Supply Chain

July 25, 2022

To: Nevada Board of Pharmacy

From: Erika Berry, Sr. Field Quality Specialist

RE: Background Response

To Whom This May Concern:

Driving on Suspended License around 2015 in June (I believe). I took my son to visit MSU (Mississippi State University), we were leaving and I needed to turn around. So I followed other vehicles into this parking lot however after I turned I noticed the arrows on the ground pointing in the opposite direction I was turning. It was already to late to turn around so I had to continue with the turn. After I turned the police stopped me. Of course I gave my driver's license and proof of insurance. A very long time later, I noticed more and more police cars coming, so I am getting nervous as to what did I do. Finally, the police said that I was driving on Suspended License. A couple of weeks before this incident I was stopped by the police (in Memphis, TN) for speeding and received a ticket but I told the police officer that it just happened why would they suspend my license. The police officer stated that I need to get in contact with Forest City, AR to find out about it. I said I have not received a ticket in Forest City what are you talking about.

I was booked and released out of MS police station. The next day I called Forest City about this suppose ticket I received that got my license suspended. I talked to the clerk and she said this ticket was back in 1995 I believe. I did not have license in 1995 nor did I remember getting stopped in someone else's car that I could have possibly been driving. This was a 20 year old ticket and they just now decided to suspend my license (since I did not have license until I was almost 20). The clerk said I had to come to court, I could not just pay the ticket. I went to court and the judge immediately dismissed the ticket. I was to call the court house in MS and let them know the outcome of the suspended license. I let them know and went and paid to get my license remitted.

I received the call from Nevada that I need to get some information or make a statement as to why this is on my background. I did call Forest City to see if I can get any information about this incident, and the lady stated that I could only send in a self-addressed envelope and requested information and they will mail it back to me. However, it will only state generic information. I have not received that paperwork and I decided to recount the steps on how this happened. This statement is true to my remembrance on the events and how it ended up that I was driving on suspended license and did not know anything about it. I am hoping this statement is enough information for an explanation of negative items in my background. If you have further concerns please feel free to give me a call at [redacted].

Sincerely,

Erika Berry

Erika Berry

Sr. Field Quality Specialist

I, Erika Berry, **certify that as the designated representative for**

Exel Inc. dba DHL Supply Chain (USA),

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Erika Berry

Print Name (First, Last)

→ Erika Berry

Original Signature (electronic, copies or stamps not accepted)

→ 31 MAR 2022

Date

Applicant's initials EB

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Erika Berry

Print Name (First, Last)

→ Erika Berry

Original Signature (electronic, copies or stamps not accepted)

→ 31 MAR 2022

Date

Please have this section completed in the presence of a Notary Public.

State of Arkansas, ss. County of Faulkner

I, Erika Berry, 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.

→ Erika Berry

Original Signature

→ 31 MAR 2022

Date

Subscribed and Sworn to before me this 31st day of March.

→ Robin Jordan

Notary Public Signature

ROBIN JORDAN
NOTARY PUBLIC-STATE OF ARKANSAS
FAULKNER COUNTY
MY COMMISSION EXPIRES 08-08-2027
COMMISSION # 12701801

(Seal)

Applicant's initials EB


ARKANSAS
DRIVER'S LICENSE
The Natural State
DL
CLASS D
DLN: [redacted]
DOB: [redacted]
BERRY
ERIKA
M
[redacted] 19TH ST
WEST MEMPHIS, AR 72301 4623
Issued:
02-29-2016
Expires:
02-20-2024
Sex:
F
Height:
5-05
Eyes:
BRO
Endors:
Restr:
1802

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 Exel Inc. dba DHL Supply Chain (USA)

Physical Address 3299 Tchulatech Dr., Suite 110

City Memphis State TN Zip 38118

Mailing Address (if different from physical address) 360 Westar Blvd, Dept 555

City Westerville State OH Zip 43082

Telephone 901-571-6419 Website www.dhl.com

Licensing Company Email regulatory@dhl.com

Section 2: Personal Information

First Mark Middle Andrew Last Smolik

Alias(es, nicknames, name changes, etc.) NA

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] Westar Blvd Dept [redacted]

City Westerville State OH Zip 43082

Telephone [redacted] Email regulatory@dhl.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	☐	☑
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	☐	☑
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	☐	☑

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)	☐	☑
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	☐	☑

Applicant's initials EB

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
John Carroll University		8/80 - 5/84	
Address	**City**	**State**	**Zip**
20700 North Park Boulevard	University Heights	OH	44118
Diploma/Degree obtained, if any			
Bachelor of Arts, Political Science			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
11/03 - Present	[redacted] Macneil Drive	Dublin	OH	43017
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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 EB

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: Exel Inc. dba DHL Supply Chain (USA)			From - To (MM/YY – MM/YY): 04-09 - Present
Business Address: 360 Westar Blvd Dept 555	City: Westerville	State: OH	Zip: 43082
Phone: 614-865-8500	Title: Officer/Secretary		
Description of Duties: Responsible for leading the legal, commercial contracts, compliance and economic development departments throughout America.			
Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			
Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			
Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			
Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)	☐	☑
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?	☐	☐
3. Have you ever had a civil or criminal record expunged or sealed by a court order?	☐	☑
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	☐	☑
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	☐	☑
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	☐	☑
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?	☐	☑
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.	☐	☑
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).	☐	☑
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑

Applicant's initials EB

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to 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 A. Smolik
Print Name (First, Last)

→ Mark A. Smolik
Original Signature (electronic, copies or stamps not accepted)

→ 4/4/22
Date

Please have this section completed in the presence of a Notary Public.

State of Ohio, ss. County of Delaware

I, Mark A. Smolik, 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 A. Smolik
Original Signature

→ 4/4/22
Date

Subscribed and Sworn to before me this 4 day of April-2022

→ Lori Hill
Notary Public Signature

LORI HILL
NOTARY PUBLIC • STATE OF OHIO
My commission expires Feb. 7, 2026

(Seal)

Applicant's initials EB

4KK

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (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: Direct Customer Solutions, LLC

Physical Address: 4277 Hwy 412 South

City: Bells State: TN Zip: 38006

Mailing Address (if different from physical address): 96 American Dr Ste 100A

City: Jackson State: TN Zip: 38301

Telephone: 731-574-2060 Website: www.directcustomersolutions.com

Name of Designated Representative (DR): Jesse Walters

Licensing Company Email: hmiller@directcustomersolutions DR Email: jwalters@directcustomersolutions.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: Legend Drugs	■ 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 # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**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)

6/2/22
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: N/A
Address: _____ City: _____ State: _____ Zip: _____
Name: N/A
Address: _____ City: _____ State: _____ Zip: _____
Name: N/A
Address: _____ City: _____ State: _____ Zip: _____
Name: N/A
Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: N/A
Parent Company (if any): _____
Corporation Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: N/A
Parent Company (if any): _____
Corporation/Organization Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____

Section 6: Partnership

Partnership Name: Direct Customer Service, LLC
Mailing Address: 96 American Dr, Ste 100A
City: Jackson State: TN Zip: 38301
Telephone: 731-574-2060 Email: hmiller@directcustomersolutions.com
Contact Person Name: Holly Miller

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/		✓	✓	✓
• **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.

Direct Customer Solutions, LLC

Facility Name

Jesse Walters

Print Name of Authorized Person Submitting Application

Jesse Walter

Original signature of Authorized Person (copies or stamps not accepted)

6/2/22

Date

Board Use Only	Date Received: _____	Amount: 1,000 CC Waived

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: Direct Customer Solutions, LLC

Address: 4277 Hwy 412 South

City: Bells State: TN Zip: 38006

I hereby authorize the TN Dept. Of Health to furnish to the Nevada State Board of Pharmacy, the information requested below.

Signature of Applicant Holly Nuss

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
7658	licensed	3/30/2022	3/31/2024

Has this license been encumbered in any way?	Type of Encumbrance: (if any)
☐ Yes ☑ No	☐ Revoked ☐ Surrendered ☐ Limited ☐ Suspended ☐ Restricted ☐ Probation Please attach copies of any pertinent legal documents

USE REVERSE SIDE OF THIS FORM FOR EXPLANATIONS IF NECESSARY

Has the applicant been convicted of any federal, state or local laws relating to drug samples, wholesale or retail drug distribution, or distribution of controlled substances? (If yes, please explain)	☐ Yes ☑ No
Has the applicant furnished any false or fraudulent material in any applications made in connection with drug manufacturing or distribution? (if yes, please explain)	☐ Yes ☑ No
Have any inspections of the applicant resulted in deficient ratings? (If yes, please explain)	☐ Yes ☑ No
Has applicant met all licensing requirements of your state? (If no, please explain)	☑ Yes ☐ No

Signature of State Official	Title	State	Date	State
Sheila W Burns	Admin Director	TN	4/20/2022	

12949157
31331

State of Tennessee
Department of Health

BOARD OF PHARMACY
THIRD PARTY LOGISTICS
DIRECT CUSTOMER SOLUTIONS, LLC
4277 HIGHWAY 412 S
BELLS TN 38006

This is to certify that all requirements of the State of Tennessee have been met.

ID NUMBER: 0000007658
EXPIRATION DATE: 03/31/2024

CONTROLLED SUBSTANCE REGISTRATION

Jennifer L. Rutherford Esq
ASSISTANT COMMISSIONER: HEALTH LICENSURE & REGULATION

Lisa Piercey MD
COMMISSIONER

DCF171

12949156
31330

State of Tennessee
Department of Health

BOARD OF PHARMACY
WHOLESALE/DISTRIBUTOR
DIRECT CUSTOMER SOLUTIONS, LLC
4277 US-412
BELLS TN 38006

This is to certify that all requirements of the State of Tennessee have been met.

ID NUMBER: 0000007541
EXPIRATION DATE: 03/31/2024

CONTROLLED SUBSTANCE REGISTRATION

Jennifer L. Rotnamy Esq
ASSISTANT COMMISSIONER: HEALTH LICENSURE & REGULATION

Lisa Piercey MD
COMMISSIONER

DCF171

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

JESSE WALTERS
HOLLY MILLER
4277 HIGHWAY 412 S
BELLS, TN 38006

July 19, 2022

Request Type: Certificate of Existence/Authorization
Request #: 0485668

Issuance Date: 07/19/2022
Copies Requested: 1

Document Receipt

Receipt # : 007386581 — Filing Fee: $20.00

Payment-Credit Card - State Payment Center - CC #: 3832845819 — $20.00

Regarding: **Direct Customer Solutions, LLC**

Filing Type:	Limited Liability Company - Domestic	Control # :	1041408
Formation/Qualification Date:	07/23/2019	Date Formed:	07/23/2019
Status:	Active	Formation Locale:	TENNESSEE
Duration Term:	Perpetual	Inactive Date:	
Business County:	CROCKETT 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

Direct Customer Solutions, LLC

* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;

* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

* has filed the most recent annual report required with this office;

* has appointed a registered agent and registered office in this State;

* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

Processed By: Cert Web User

Verification #: 054937729

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

DIRECT CUSTOMER SOLUTIONS, LLC
HOLLY MILLER
STE 100A
96 AMERICAN DR
JACKSON, TN 38301

May 18, 2022

Request Type: Certificate of Existence/Authorization
Request #: 0476280

Issuance Date: 05/18/2022
Copies Requested: 1

Document Receipt

Receipt # : 007246034 — Filing Fee: $20.00

Payment-Credit Card - State Payment Center - CC #: 3829471812 — $20.00

Regarding: **Direct Customer Solutions, LLC**

Filing Type:	Limited Liability Company - Domestic	Control # :	1041408
Formation/Qualification Date:	07/23/2019	Date Formed:	07/23/2019
Status:	Active	Formation Locale:	TENNESSEE
Duration Term:	Perpetual	Inactive Date:	
Business County:	CROCKETT 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

Direct Customer Solutions, LLC

* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;

* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

* has filed the most recent annual report required with this office;

* has appointed a registered agent and registered office in this State;

* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

Processed By: Cert Web User

Verification #: 053770622

DIRECT CUSTOMER SOLUTIONS

Ownership/Officers

Direct Customer Solutions, LLC

4277 Hwy 412 S. Bells, TN 38006

Steve Carroll Shirley-CEO 48%

[redacted] Rutledge Street #301

Nashville TN 37210

Ph. [redacted]

DOB. [redacted]

SSN. [redacted]

Darren Thomas Shirley- President 28%

[redacted] Green Meadow Dr Glasgow, KY 42141

Ph. [redacted]

DOB. [redacted]

SSN. [redacted]

Jerry Gale Shirley- Treasurer 12%

[redacted] Hummingbird Hill Westmoreland, TN 37186

Ph. [redacted]

DOB. [redacted]

SSN. [redacted]

DIRECT CUSTOMER SOLUTIONS

Jerry Brian Shirley- Secretary 12%

[redacted] Pinnacle Estates Glasgow, KY 42141

Ph. [redacted]

DOB. [redacted]

SSN. [redacted]

Jesse A Walters- EVP

[redacted] Buddy Ln Finger, TN 38334

Ph. [redacted]

DOB. [redacted]

SSN. [redacted]

DIRECT CUSTOMER SOLUTIONS

Owners/Officers

Steve Shirley-CEO

Address-[redacted] Rutledge St. #301 Nashville, TN 37210

Phone-[redacted]

DOB-[redacted]

Darren Shirley- President

Address-[redacted] Green Meadow Dr Glasgow, KY 42141

Phone-[redacted]

DOB-[redacted]

Jerry Shirley- Treasurer

Address-[redacted] Hummingbird Hill Westmoreland, TN 37186

Phone-[redacted]

DOB-[redacted]

Brian Shirley- Secretary

Address-[redacted] Pinnacle Estates Glasgow, KY 42141

Phone-[redacted]

DOB-[redacted]

DIRECT CUSTOMER SOLUTIONS

Jesse Walters- EVP/Officer

Address- [redacted] Buddy Ln Finger, TN 38334

Phone-[redacted]

DOB-[redacted]

List of all employees at Direct Customer Solutions

Last Name	First Name	Position
Hassell	Kenneth	Director of Facilities
Stitts	Torrence	Warehouse Manager
Saputo	Simon	Controller
Walters	Jesse	Executive Vice President
Toback	Jeremy	VP Operations
Douglas	Shawn	Warehouse Technician
Harris	Charlene	HR Manager
Springfield	Gregory	Office Manager
Hames	Deborah	Client Services Manager
Pendleton	Angela	Warehouse Supervisor
Vinson	Sherry	Warehouse Technician
Mayeski	Ullrich	Director of Quality
Johnson	Ticie	Team Lead
Mckee	Wesley	QA Manager
Miller	Holly	Compliance Coordinator
Mott	Kristine	Quality Team Lead
Pugh	Carol	Quality Technician
Shirley	Steve	CEO
Shirley	Darren	President
Shirley	Brian	Secretary
Shirley	Jerry	Treasurer
Belcher	Jonathan	CPA-Chief Financial Officer
Garner	Melissa	VP Human Resources
Olsen	Greg	VP Sales and Marketing
Tuller	Jeffrey	VP of Third Party Logistics
Tallent	Tim	VP Market Access & 340B
Keeth	Adam	Senior Director of Sales & Strategic Accounts
Wells	William	VP IT Infrastructure and Operations

Direct Customer Solutions, LLC

Leadership employees/Holder of Indebtedness

Steve Shirley-CEO

Darren Shirley-President

Jerry Shirley-Treasurer

Brian Shirley-Secretary

Jesse Walters-Executive VP

Jonathan Belcher/CPA- Chief Financial Officer

Melissa Garner- VP Human Resources

Greg Olsen- VP Sales and Marketing

Jeffrey P. Tuller-VP of Third-Party Logistics

Tim Tallent- VP Market Access & 340B

Adam Keeth- Senior Director of Sales & Strategic Accounts

Jeremy Toback- VP Operations

Ullrich Mayeski- Director of Quality

William Wells- VP- IT Infrastructure and Operations

DIRECT CUSTOMER SOLUTIONS

Registered Agent

CT Corporation Systems

701 S Carson St #200

Carson City, NV 89701

Ph: (775)-571-5005

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. 7901016543

Application/License No. _____

Direct Customer Solutions, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 4277 Highway 412 South, Bells, TN 38006 (Address of Applicant/Principal), as PRINCIPAL, and Nationwide Mutual 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 707 Philadelphia Pike, Wilmington DE 19809 (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 25, 2022 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 25th day of May, 2022.

APPLICANT/PRINCIPAL
Direct Customer Solutions, LLC

Authorized Representative

SURETY COMPANY
Nationwide Mutual Insurance Company

Surety Company's Representative

Joseph T. Catania, 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

Power of Attorney

KNOW ALL MEN BY THESE PRESENTS THAT:

Nationwide Mutual Insurance Company, an Ohio corporation

hereinafter referred to severally as the "Company" and collectively as "the Companies" does hereby make, constitute and appoint:
RICHARD G ANDERSON; JOSEPH T CATANIA; DENISE A MEDLAR; GINA M SEMONELLE;

each in their individual capacity, its true and lawful attorney-in-fact, with full power and authority to sign, seal, and execute on its behalf any and all bonds and undertakings, and other obligatory instruments of similar nature, in penalties not exceeding the sum of

UNLIMITED

and to bind the Company thereby, as fully and to the same extent as if such instruments were signed by the duly authorized officers of the Company; and all acts of said Attorney pursuant to the authority given are hereby ratified and confirmed.

This power of attorney is made and executed pursuant to and by authority of the following resolution duly adopted by the board of directors of the Company:

"RESOLVED, that the president, or any vice president be, and each hereby is, authorized and empowered to appoint attorneys-in-fact of the Company, and to authorize them to execute and deliver on behalf of the Company any and all bonds, forms, applications, memorandums, undertakings, recognizances, transfers, contracts of indemnity, policies, contracts guaranteeing the fidelity of persons holding positions of public or private trust, and other writings obligatory in nature that the business of the Company may require; and to modify or revoke, with or without cause, any such appointment or authority; provided, however, that the authority granted hereby shall in no way limit the authority of other duly authorized agents to sign and countersign any of said documents on behalf of the Company."

"RESOLVED FURTHER, that such attorneys-in-fact shall have full power and authority to execute and deliver any and all such documents and to bind the Company subject to the terms and limitations of the power of attorney issued to them, and to affix the seal of the Company thereto; provided, however, that said seal shall not be necessary for the validity of any such documents."

This power of attorney is signed and sealed under and by the following bylaws duly adopted by the board of directors of the Company

Execution of Instruments. Any vice president, any assistant secretary or any assistant treasurer shall have the power and authority to sign or attest all approved documents, instruments, contracts, or other papers in connection with the operation of the business of the company in addition to the chairman of the board, the chief executive officer, president, treasurer or secretary; provided, however, the signature of any of them may be printed, engraved, or stamped on any approved document, contract, instrument, or other papers of the Company.

IN WITNESS WHEREOF, the Company has caused this instrument to be sealed and duly attested by the signature of its officer the 27th day of February, 2019.

Antonio C. Albanese, **Vice President** of Nationwide Mutual Insurance Company

NATIONWIDE MUTUAL INSURANCE COMPANY SEAL COLUMBUS, OH

ACKNOWLEDGMENT

STATE OF NEW YORK, COUNTY OF NEW YORK: ss
On this 27th day of February, 2019, before me came the above-named officer for the Company aforesaid, to me personally known to be the officer described in and who executed the preceding instrument, and he acknowledged the execution of the same, and being by me duly sworn, deposes and says, that he is the officer of the Company aforesaid, that the seal affixed hereto is the corporate seal of said Company, and the said corporate seal and his signature were duly affixed and subscribed to said instrument by the authority and direction of said Company.

Suzanne C. Delio
Notary Public, State of New York
No. 02DE6126649
Qualified in Westchester County
Commission Expires September 16, 2021

Notary Public
My Commission Expires
September 16, 2021

CERTIFICATE

I, Laura B. Guy, Assistant Secretary of the Company, do hereby certify that the foregoing is a full, true and correct copy of the original power of attorney issued by the Company; that the resolution included therein is a true and correct transcript from the minutes of the meetings of the boards of directors and the same has not been revoked or amended in any manner; that said Antonio C. Albanese was on the date of the execution of the foregoing power of attorney the duly elected officer of the Company, and the corporate seal and his signature as officer were duly affixed and subscribed to the said instrument by the authority of said board of directors; and the foregoing power of attorney is still in full force and effect.

IN WITNESS WHEREOF, I have hereunto subscribed my name as Assistant Secretary, and affixed the corporate seal of said Company this 25th day of May, 2021.

Laura B. Guy
Assistant Secretary

BDJ 1(02-19)00

This document is void if VOID imprint in the BLUE strip on the right. The Nationwide watermark on the back of the paper will be missing from the upper right-hand corner. Contact us at 1-800-882-2822 if this document is void or if you have any questions.

Barbara D. Richardson, Commissioner of Insurance

Non-Resident Producer

Casualty, Property

JOSEPH T CATANIA

707 PHILADELPHIA PIKE
WILMINGTON, DE 19809

is authorized to transact business as described above

License No: 996059 Issue Date: 11-03-2014 Expiration Date: 12-01-2023

Generated by Sircon 226215229

Nevada Division of Insurance

THIS IS TO CERTIFY THAT

JOSEPH T CATANIA
707 PHILADELPHIA PIKE, WILMINGTON, DE 19809

LICENSE NUMBER: 996059

IS HEREBY AUTHORIZED TO TRANSACT BUSINESS IN ACCORDANCE TO THE LICENSE DESCRIPTION SHOWN BELOW:

Non-Resident Producer
Casualty, Property

Issue Date: 11-03-2014 Expiration Date: 12-01-2023

Generated by Sircon 226215229

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: Direct Customer Solutions, LLC

Physical Address: 4277 Hwy 412 South

City: Bells State: TN Zip: 38006

Mailing Address (if different from physical address): ~~96 American Dr. Ste 100A~~ HM 96 American Dr. Ste 100A

City: Jackson State: TN Zip: 38301

Telephone: 731-574-2060 Website: www.directcustomersolutions.com

Licensing Company Email: n/a

Section 2: Personal Information

First: Jesse Middle: Almond Last: Walters

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] Buddy Ln

City: Finger State: TN Zip: 38334

Telephon[redacted] Email: jwalters@directcustomersolutions.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: Dec 1992 to: June 2016

Military Occupation/Specialty: 6173 / 8412

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: [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)	
VILLANOVA UNIVERSITY			8/2016 - 6/2018	
Address		City	State	Zip
800 E. LANCASTER AVE		VILLANOVA	PA	19085
Diploma/Degree obtained, if any				
M.S. HRD/ORG DEV				
School Name			From - To (MM/YY – MM/YY)	
LIPSCOMB UNIVERSITY			8/14 - 6/16	
Address		City	State	Zip
One University Park Dr		NASHVILLE	TN	37204
Diploma/Degree obtained, if any				
B.S.				
School Name			From - To (MM/YY – MM/YY)	
American Military University			8/12 - 6/14	
Address		City	State	Zip
10110 Battleview Pkwy		MANASSAS	VA	20109
Diploma/Degree obtained, if any				
ASSOCIATES				
School Name			From - To (MM/YY – MM/YY)	
FLOYD CENTRAL HIGH School			8/88 - 6/92	
Address		City	State	Zip
6575 OLD VINCINNES Rd		FLOYD KNOBS	IN	47119
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
3/19 - Present	[redacted] BUDDY LANE	FINGER	TN	38334
3/12 - 3/19	[redacted] GREEN FIELD LANE	CASTALIAN SPRINGS	TN	38301
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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)	
Direct Customer Solutions, LLC			07/19-Present	
Business Address	**City**		**State**	**Zip**
4277 Hwy 412 S.	Bells		TN	38006
Phone	**Title**		**Number of Employed Hours**	
731-300-1742	Executive Vice President/Person in Charge		10,000	
Description of Duties				
Oversea all daily operations of the facility				

Business Name			From - To (MM/YY – MM/YY)	
R&S Solutions, LLC			03/18-Present	
Business Address	**City**		**State**	**Zip**
96 American Dr Ste 100A	Jackson		TN	38301
Phone	**Title**		**Number of Employed Hours**	
731-574-2060	Executive Vice President		35000	
Description of Duties				
Oversea all daily operations of the facility/responsible for PN2				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Section 7: 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)	
R4S Solutions			3/18 – Present	
Business Address		**City**	**State**	**Zip**
96 American Dr		Jackson	TN	38301
Phone	**Title**		**Number of Employed Hours**	
	Executive Vice President		35,000	
Description of Duties				
Over all Operations of Facility / Responsible for PN2				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Applicant's initials _____

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
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:

Jane Walters

Original Signature (electronic, copies or stamps not accepted)

4/12/2022

Date

Applicant's initials

I, JESSE WALTERS, **certify that as the designated representative for**

R&S Solutions,

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

JESSE WALTERS

Print Name (First, Last)

Jesse Walters

Original Signature (electronic, copies or stamps not accepted)

4/13/2022

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.

JESSE WALTERS
Print Name (First, Last)

Jesse Walters
Original Signature (electronic, copies or stamps not accepted)

4/13/22
Date

Please have this section completed in the presence of a Notary Public.

State of Tennessee, ss. County of Madison

I, JESSE WALTERS, 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.

Jesse Walters
Original Signature

4/13/22
Date

Subscribed and Sworn to before me this 13th day of April.

Kathy Hassell
Notary Public Signature

KATHY HASSELL
STATE OF TENNESSEE NOTARY PUBLIC
(Seal)
MADISON COUNTY

My Commission Expires
November 28, 2022

Applicant's initials JP

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 Direct Customer Solutions, LLC

Physical Address 4277 Highway 412 South

City Bells State TN Zip 38006

Mailing Address (if different from physical address) 96 American Drive, Suite 100A

City Jackson State TN Zip 38301

Telephone (855) 655-7556 Website www.directcustomersolutions.com

Licensing Company Email hmiller@rssolutions.com

Section 2: Personal Information

First Jerry Middle Brian Last Shirley

Alias(es, nicknames, name changes, etc.)

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] Pinnacle Estates

City Glasgow State KY Zip 42141

Telephone [redacted] Email bshirley@apacepak.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 BS

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Lindsey Wilson College		1995-1999	
Address	**City**	**State**	**Zip**
210 Lindsey Wilson St	Columbia	KY	42728
Diploma/Degree obtained, if any: Biology Major			

School Name		From - To (MM/YY – MM/YY)	
Allen County-Scottsville High School		1991-1995	
Address	**City**	**State**	**Zip**
570 W Oliver St	Scottsville	KY	42164
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
2005 - Present	[redacted] Pinnacle Estates	Glasgow	KY	42141
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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 BS

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)	
Direct Customer Solutions, LLC			07/23/2019-Present	
Business Address	**City**	**State**	**Zip**	
4277 Highway 412 South	Bells	TN	38006	
Phone	**Title**			
(855) 655-7556	Partner			
Description of Duties				
Assist in Financial Capital Investment				

Business Name			From - To (MM/YY – MM/YY)	
R&S Solutions LLC			06/2017 - Present	
Business Address	**City**	**State**	**Zip**	
96 American Dr., Ste. 100A	Jackson	TN	38301	
Phone	**Title**			
(855) 655-7556	Partner			
Description of Duties				
Assist in Financial Capital Investment				

Business Name			From - To (MM/YY – MM/YY)	
Tracy Properties			2002 - Present	
Business Address	**City**	**State**	**Zip**	
8407 Austin Tracy Rd	Fountain Run	KY	42133	
Phone	**Title**			
800 626-0208	Partner			
Description of Duties				
Managing all the inventory coming from the packaging plant to warehouse and back out unto all the suppliers. Managing vendors product line for repackaging				

Business Name			From - To (MM/YY – MM/YY)	
Apace Packaging LLC			2005-Present	
Business Address	**City**	**State**	**Zip**	
12945 Fountain Run Rd.	Fountain Run	KY	42133	
Phone	**Title**			
270-434-2722	National Account Manager			
Description of Duties				
Assist in Financial Capital Investment				

Business Name			From - To (MM/YY – MM/YY)	
R&S Northeast LLC			2002-2020	
Business Address	**City**	**State**	**Zip**	
8407 Austin Tracy Rd	Fountain Run	KY	42133	
Phone	**Title**			
	Supply Chain Manager			
Description of Duties				
Manage customer relations				

Continue on next page if additional space is needed.

Applicant's initials RS

Business Name			From - To (MM/YY – MM/YY)	
Triple S Enterprises, LLC			2000-Present	
Business Address		City	State	Zip
231 Green Meadow Drive, PO Box 1478		Glasgow	KY	42142
Phone	Title			
	Partner			
Description of Duties				
Assist in Financial Capital Investment				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	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 TS

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?		N/A
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 _____

N/A

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

4-30-22
Date

Applicant's initials TB

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Brian Shirley
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4-30-22
Date

Please have this section completed in the presence of a Notary Public.

State of Kentucky, ss. County of Barren

I, Brian Shirley, 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

4-30-22
Date

Subscribed and Sworn to before me this 30th day of April.

Notary Public Signature

Brittany Rae Shirley
Notary Public, ID KYNP19187
State at Large, Kentucky
My Commission Expires on Nov. 30, 2024

(Seal)

Applicant's initials BRS

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 Direct Customer Solutions, LLC

Physical Address 4277 Highway 412 South

City Bells State TN Zip 38006

Mailing Address (if different from physical address) 96 American Drive, Suite 100A

City Jackson State TN Zip 38301

Telephone (855) 655-7556 Website www.directcustomersolutions.com

Licensing Company Email hmiller@rssolutions.com

Section 2: Personal Information

First Jerry Middle Gale Last Shirley

Alias(es, nicknames, name changes, etc.)

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] Hummingbird Hill

City Westmoreland State TN Zip 37186

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?		N/A

Applicant's initials JS

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
Graduated Kentucky College of Barbering, Barber School			Sept 1962 - May 1963	
Address		City	State	Zip
11320 North Preston Highway		Louisville	KY	40229
Diploma/Degree obtained, if any				
Graduated/Barber				
School Name			From - To (MM/YY – MM/YY)	
Austin-Tracy High School			1958-1962	
Address		City	State	Zip
2477 Austin Tracy Rd		Lucas	KY	42156
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 - Present	[redacted]Hummingbird Hill	Westmoreland	TN	37186
1973 - Present	[redacted]New Glasgow Rd.	Scottsville	KY	42164
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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 JS

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)
Direct Customer Solutions, LLC			07/23/2019-Present
Business Address	**City**	**State**	**Zip**
4277 Highway 412 South	Bells	TN	38006
Phone	**Title**		
(855) 655-7556	Partner		

Description of Duties
Board Member
Assist in Financial Capital Investment

Business Name			From - To (MM/YY – MM/YY)
Jackson Two, LLC			07/2019 - Present
Business Address	**City**	**State**	**Zip**
96 American Dr., Ste. 100A	Jackson	TN	38301
Phone	**Title**		
(855) 655-7556	Partner		

Description of Duties
Board Member
Assist in Financial Capital Investment

Business Name			From - To (MM/YY – MM/YY)
R&S Solutions LLC			06/2017 - Present
Business Address	**City**	**State**	**Zip**
96 American Drive Ste. 100A	Jackson	TN	38301
Phone	**Title**		
(855) 655-7556	Partner		

Description of Duties
Board Member
Assist in Financial Capital Investment

Business Name			From - To (MM/YY – MM/YY)
Jackson One LLC			04/2016 - Present
Business Address	**City**	**State**	**Zip**
35 Taylor Lane	Lafayette	TN	37083
Phone	**Title**		
(855) 655-7556	Partner		

Description of Duties
Board Member
Assist in Financial Capital Investment

Business Name			From - To (MM/YY – MM/YY)
AvKare, LLC			2007-2017
Business Address	**City**	**State**	**Zip**
615 N 1ST ST	Pulaski	TN	38478
Phone	**Title**		
(931) 292-6222	Partner		

Description of Duties
Owner/Partner/Board Member
Assist and oversee all corporate functions

Continue on next page if additional space is needed.

Applicant's initials JS

Business Name			From - To (MM/YY – MM/YY)	
Apace Packaging LLC			2005-Present	
Business Address	City		State	Zip
12945 Fountain Run Rd.	Fountain Run		KY	42133
Phone	Title			
270-434-2722	Partner			
Description of Duties				
Board Member Assist in Financial Capital Investment				

Business Name			From - To (MM/YY – MM/YY)	
Tracy Properties			2002 - Present	
Business Address	City		State	Zip
8407 Austin Tracy Rd	Fountain Run		KY	42133
Phone	Title			
	Partner			
Description of Duties				
Board Member Assist in Financial Capital Investment				

Business Name			From - To (MM/YY – MM/YY)	
R&S Northeast LLC			2002-2017	
Business Address	City		State	Zip
8407 Austin Tracy Rd	Fountain Run		KY	42133
Phone	Title			
800 626-0208	Vice-President			
Description of Duties				
Owner/Partner/Board Member Assist and oversee all corporate functions				

Business Name			From - To (MM/YY – MM/YY)	
Triple S Enterprises, LLC			2000-Present	
Business Address	City		State	Zip
231 Green Meadow Drive PO Box 1478	Glasgow		KY	42142
Phone	Title			
	Partner			
Description of Duties				
Board Member Assist in Financial Capital Investment				

Business Name			From - To (MM/YY – MM/YY)	
R & S Sales			1988-2002	
Business Address	City		State	Zip
8407 Austin Tracy Rd	Fountain Run		KY	42133
Phone	Title			
	Partner			
Description of Duties				
Owner/Partner/Board Member Oversee purchasing, inventory management Oversee sales and customer service organization				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials JS

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?		N/A
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 JS

N/A

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Jerry Shirley

Original Signature (electronic, copies or stamps not accepted)

4-3-22

Date

Applicant's initials JS

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jerry Shirley
Print Name (First, Last)

Jerry Shirley
Original Signature (electronic, copies or stamps not accepted)

4-30-22
Date

Please have this section completed in the presence of a Notary Public.

State of Kentucky, ss. County of Barren

I, Jerry Shirley, 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.

Jerry Shirley
Original Signature

4-30-22
Date

Subscribed and Sworn to before me this 30th day of April.

Brittany Shirley
Notary Public Signature

Brittany Rae Shirley
Notary Public, ID KYNP19187
State at Large, Kentucky
My Commission Expires on Nov. 30, 2024

(Seal)

Applicant's initials JS

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 Direct Customer Solutions, LLC

Physical Address 4277 Highway 412 South

City Bells State TN Zip 38006

Mailing Address (if different from physical address) 96 American Drive, Suite 100A

City Jackson State TN Zip 38301

Telephone (855) 655-7556 Website www.directcustomersolutions.com

Licensing Company Email hmiller@rssolutions.com

Section 2: Personal Information

First Steve Middle Carroll Last Shirley

Alias(es, nicknames, name changes, etc.)

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] Rutledge Street [redacted]

City Nashville State TN Zip 37210

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?		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)	
University of Kentucky, College of Pharmacy			1977-1979	
Address		City	State	Zip
789 S Limestone		Lexington	KY	40508
Diploma/Degree obtained, if any				
BS Degree Pharmacy				
School Name			From - To (MM/YY – MM/YY)	
Western Kentucky University			1975-1976	
Address		City	State	Zip
1906 College Heights Blvd.		Bowling Green	KY	42101
Diploma/Degree obtained, if any				
Pre Pharmacy				
School Name			From - To (MM/YY – MM/YY)	
Barren County High School			1971-1975	
Address		City	State	Zip
507 Trojan Trail		Glasgow	KY	42141
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
12/2019 - Present	[redacted] Rutledge Street [redacted]	Nashville	TN	37210
03/2016 - 12/2019	[redacted] Taylor Ln	Lafayette	TN	37083
1987 - 03/2016	[redacted] Brady Cole Ln	Lafayette	TN	37083
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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 GS

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)	
Direct Customer Solutions, LLC			07/23/2019-Present	
Business Address	**City**		**State**	**Zip**
4277 Highway 412 South	Bells		TN	38006
Phone	**Title**			
(855) 655-7556	Partner			
Description of Duties				
Board Member Assist in Financial Capital Investment				

Business Name			From - To (MM/YY – MM/YY)	
Jackson Two, LLC			07/2019 - Present	
Business Address	**City**		**State**	**Zip**
96 American Dr., Ste. 100A	Jackson		TN	38301
Phone	**Title**			
(855) 655-7556	Partner			
Description of Duties				
Board Member Assist in Financial Capital Investment				

Business Name			From - To (MM/YY – MM/YY)	
R&S Solutions LLC			06/2017 - Present	
Business Address	**City**		**State**	**Zip**
96 American Dr., Ste. 100A	Jackson		TN	38301
Phone	**Title**			
(855) 655-7556	Partner			
Description of Duties				
Board Member Assist in Financial Capital Investment				

Business Name			From - To (MM/YY – MM/YY)	
Jackson One LLC			04/2016 - Present	
Business Address	**City**		**State**	**Zip**
96 American Dr., Ste. 100A	Jackson		TN	38301
Phone	**Title**			
(855) 655-7556	Partner			
Description of Duties				
Board Member Assist in Financial Capital Investment				

Business Name			From - To (MM/YY – MM/YY)	
AvKare, LLC			2007-Present	
Business Address	**City**		**State**	**Zip**
615 N 1ST ST	Pulaski		TN	38478
Phone	**Title**			
(931) 292-6222	Partner			
Description of Duties				
Owner/Partner/Board Member Assist and oversee all corporate functions				

Continue on next page if additional space is needed.

Applicant's initials GS

Business Name			From - To (MM/YY – MM/YY)	
Apace Packaging LLC			2005-Present	
Business Address	City		State	Zip
12945 Fountain Run Rd.	Fountain Run		KY	42133
Phone	Title			
270-434-2722	Partner			
Description of Duties				
Board Member Assist in Financial Capital Investment				

Business Name			From - To (MM/YY – MM/YY)	
Tracy Properties			2002 - Present	
Business Address	City		State	Zip
8407 Austin Tracy Rd	Fountain Run		KY	42133
Phone	Title			
	Partner			
Description of Duties				
Board Member Assist in Financial Capital Investment				

Business Name			From - To (MM/YY – MM/YY)	
R&S Northeast LLC			2002-Present	
Business Address	City		State	Zip
8407 Austin Tracy Rd	Fountain Run		KY	42133
Phone	Title			
800 626-0208	Vice-President			
Description of Duties				
Owner/Partner/Board Member Assist and oversee all corporate functions				

Business Name			From - To (MM/YY – MM/YY)	
Triple S Enterprises, LLC			2000-Present	
Business Address	City		State	Zip
231 Green Meadow Drive PO Box 1478	Glasgow		KY	42142
Phone	Title			
	Partner			
Description of Duties				
Board Member Assist in Financial Capital Investment				

Business Name			From - To (MM/YY – MM/YY)	
R & S Sales			1988-2002	
Business Address	City		State	Zip
8407 Austin Tracy Rd	Fountain Run		KY	42133
Phone	Title			
	Partner			
Description of Duties				
Owner/Partner/Board Member Oversee purchasing, inventory management Oversee sales and customer service organization				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials 65

Section 7 continued

Business Name: AvProp, LLC
Business Address: 615 N 1St St, Pulaski TN 38478
To-From Dates: 12/2010 - Present
Phone: (931) 292-6222
Title: Partner
Description of Duties: Board Member, Assist in Financial Capital Investment

Applicant's initials SS

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?		N/A
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

N/A

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Steve Shirley

Original Signature (electronic, copies or stamps not accepted)

4-30-22

Date

Applicant's initials SS

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Steve Shirley
Print Name (First, Last)

Steve Shirley
Original Signature (electronic, copies or stamps not accepted)

4-30-22
Date

Please have this section completed in the presence of a Notary Public.

State of Kentucky, ss. County of Barren

I, Steve Shirley, 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.

Steve Shirley
Original Signature

4-30-22
Date

Subscribed and Sworn to before me this 30th day of April.

Brittany Rae Shirley
Notary Public Signature

Brittany Rae Shirley
Notary Public, ID KYNP19187
State at Large, Kentucky
My Commission Expires on Nov. 30, 2024

(Seal)

Applicant's initials SS

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 Direct Customer Solutions, LLC

Physical Address 4277 Highway 412 South

City Bells State TN Zip 38006

Mailing Address (if different from physical address) 96 American Drive, Suite 100A

City Jackson State TN Zip 38301

Telephone (855) 655-7556 Website www.directcustomersolutions.com

Licensing Company Email hmiller@rssolutions.com

Section 2: Personal Information

First Darren Middle Thomas Last Shirley

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] Green Meadow Drive

City Glasgow State KY Zip 42141

Telephone [redacted] Email dshirley@directcustomersolutions.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)	
Arnold and Marie Schwartz College of Pharmacy			1992-1995	
Address		City	State	Zip
Long Island University, 1 University Plaza		Brooklyn	NY	11201
Diploma/Degree obtained, if any				
Bachelor of Science Liberal Arts				
School Name			From - To (MM/YY – MM/YY)	
Samford University			1988-1991	
Address		City	State	Zip
800 Lakeshore Dr		Homewood	AL	35229
Diploma/Degree obtained, if any				
Pre-Pharmacy major BS in Biology with Minor in Chemistry; accompanied a 2-year business Management Degree				
School Name			From - To (MM/YY – MM/YY)	
Allen County High School			1983-1987	
Address		City	State	Zip
570 W Oliver St		Scottsville	KY	42164
Diploma/Degree obtained, if any				
Diploma - General Studies				
School Name			From - To (MM/YY – MM/YY)	
Address		City	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
12/1999 - Present	[redacted] Green Meadow Drive	Glasgow	KY	42141
07/2014 - Present	[redacted] Drakes Ridge Lane	Bowling Green	KY	42103
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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)	
Direct Customer Solutions LLC			07/2019- Present	
Business Address	**City**		**State**	**Zip**
4277 Highway 412 South	Bells		TN	38006
Phone	**Title**			
(855) 655-7556	President			

Description of Duties

Responsible for the management staff, including quality and regulatory. He additionally oversees the financial and strategic growth plans for the business while implementing new ideas into our customer relations department.

Business Name			From - To (MM/YY – MM/YY)	
R&S Solutions, LLC			06/2017- Present	
Business Address	**City**		**State**	**Zip**
96 American Drive, Ste 100A	Jackson		TN	38301
Phone	**Title**			
(855) 655-7556	President			

Description of Duties

Responsible for the management staff, including quality and regulatory. He additionally oversees the financial and strategic growth plans for the business while implementing new ideas into our customer relations department.

Business Name			From - To (MM/YY – MM/YY)	
KCG LLC			08/2008 - Present	
Business Address	**City**		**State**	**Zip**
PO Box 1478	Glasgow		KY	42142
Phone	**Title**			
270-590-1158	President			

Description of Duties

Consulting in Pharmaceutical Industry

Business Name			From - To (MM/YY – MM/YY)	
Apace Packaging LLC			03/2005 - Present	
Business Address		**City**	**State**	**Zip**
12954 Fountain Run Rd	Text	Fountain Run	KY	42133
Phone	**Title**			
270-434-2722	President			

Description of Duties

20% ownership/board member

Business Name			From - To (MM/YY – MM/YY)	
R&S Northeast LLC			1995 - Present	
Business Address	**City**		**State**	**Zip**
8407 Austin Tracy Rd	Fountain Run		KY	42133
Phone	**Title**			
800-626-0208	EVP Vendor Relations			

Description of Duties

Responsible for maintaining relationships with vendors and negotiating pricing.

Continue on next page if additional space is needed.

Applicant's initials 

Business Name		From - To (MM/YY – MM/YY)
Tracy Properties		2002 - Present
Business Address	**City**	**State / Zip**
8407 Austin Tracy Rd	Fountain Run	KY 42133
Phone	**Title**	
	Partner	
Description of Duties		
Assist in Financial Capital Investment		

Business Name		From - To (MM/YY – MM/YY)
Triple S Enterprises, LLC		2000-Present
Business Address	**City**	**State / Zip**
231 Green Meadow Drive PO Box 1478	Glasgow	KY 42142
Phone	**Title**	
	Partner	
Description of Duties		
Assist in Financial Capital Investment		

Business Name		From - To (MM/YY – MM/YY)
Business Address	**City**	**State / Zip**
Phone	**Title**	
Description of Duties		

Business Name		From - To (MM/YY – MM/YY)
Business Address	**City**	**State / 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 DS

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?		N/A
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 _____

N/A

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Damien T. Shirley

Original Signature (electronic, copies or stamps not accepted)

4-30-22

Date

Applicant's initials DS

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to 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 Shirley
Print Name (First, Last)

Darren T. Shirley — 4-30-22
Original Signature (electronic, copies or stamps not accepted) · Date

---

Please have this section completed in the presence of a Notary Public.

State of Kentucky, ss. County of BARREN

I, Darren Shirley, 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.

Darren Shirley — 4-30-22
Original Signature — **Date**

Subscribed and Sworn to before me this 30th day of April.

Brittany Shirley
Notary Public Signature

Brittany Rae Shirley
Notary Public, ID KYNP19187
State at Large, Kentucky
My Commission Expires on Nov. 30, 2024

(Seal)

Applicant's initials DS

4LL

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (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: Hutcheson Homecare Pharmacy DBA HHCRX

Physical Address: 11930 Hemper Springs Dr. Ste 200

City: Cincinnati State: OH Zip: 45240

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 855 428-3055 Website: www.hhcpharma.com

Name of Designated Representative (DR): Jason Smith

Licensing Company Email: N/A DR Email: jsmith@hhcpharma.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?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		X
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (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: Hutcheson Homecare Pharmacy DBA HHCRX

Physical Address: 11430 Kemper Springs Dr. Ste 700

City: Cincinnati State: OH Zip: 45240

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 855 418-3055 Website: www.hhcpharma.com

Name of Designated Representative (DR): _____

Licensing Company Email: _____ DR Email: _____

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☑ Pharmacies	☐ Dangerous Drugs	☐ Manufacturer
☑ Practitioners	☐ Controlled Substances	☐ Repacker
☑ Hospitals	☐ *Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☑ Others: OTC/ prescription Drugs	☑ Warehouse
☐ Veterinarians		☑ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: HCIP
Address: 1710 N Hercules Ave #105 City: Clearwater State: FL Zip: 33765
Name: SP Distributors
Address: 168 10th St. City: Brooklyn State: NY Zip: 11215
Name: max med
Address: 5867 S Garnett Rd City: Tulsa State: OK Zip: 74146
Name: National medical management
Address: 2231 NE 25th Ave Ste I City: Pompano Beach State: FL Zip: 33062

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: OHIO
Parent Company (if any): N/A
Corporation/Organization Name: Hutcheson Homecare Pharmacy DBA HHCRx
Mailing Address: 11930 Hemper Springs Dr. Ste 200
City: Cincinnati State: OH Zip: 45240
Telephone: 855 428-3055 Email: JSmith@hhcpharma.com
Contact Person Name: Jason Smith

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.

Hutcheson Homecare Pharmacy DBA HHCRX

Facility Name

April Sigmon

Print Name of Authorized Person Submitting Application

April Sigmon

Original signature of Authorized Person (copies or stamps not accepted)

6/17/22

Date

Board Use Only	Date Received: _____	Amount: 1,000.00 CK-1022

STATE OF OHIO
BOARD OF PHARMACY

LICENSE TO DISTRIBUTE DANGEROUS DRUGS

The entity named below is duly licensed, and is entitled to conduct business in the state of Ohio until June 30, 2023.

HHCRX

11930 KEMPER SPRINGS DR., STE 200
CINCINNATI, OH 45240

License Number: 012488050

Wholesaler - Category 2

Expiration Date: June 30, 2023

CLASS: Wholesaler - Category 2
BUSINESS TYPE: FS - Full Service

Responsible Person – Print, sign and keep license in a readily retrievable location at the address listed on this license.

Responsible Person Name (Print)	Signature of Responsible Person
Jason Smith	

Any change of responsible person must be reported within ten days of the effective date of the appointment of the new responsible person via Service Request on your Ohio eLicense Dashboard - https://elicense.ohio.gov/oh_homepage.

State of Ohio Board of Pharmacy
77 South High Street, 17th Floor, Columbus, Ohio 43215
T: 614/466-4143 | F: 614/752-4836 | licensing@pharmacy.ohio.gov

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 HUTCHESON HOMECARE PHARMACY, INC., an Ohio corporation, Charter No. 1684357, having its principal location in Lebanon, County of Warren, was incorporated on March 12, 2007 and is currently in GOOD STANDING upon the records of this office.

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 27th day of May, A.D. 2022.

Ohio Secretary of State

Validation Number: 202214701420

Employee list

Jason Smith- Owner/Manager

April Sigmon- Operations Manager/ purchasing

Kenny Neace- VP of sales

Kevin Hansen- Warehouse Receiving

Scott Sanders- Warehouse Receiving

Tammy Moore- Finance Manager

Christina Smith- Administrative

Tessa Zimmer- Wholesale Licensing

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 Hutchescn Homecare Pharmacy DBA HHCRx

Physical Address 11930 Hemper Springs Dr. Ste 200

City Cincinnati State OH Zip 45240

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 855 428-3055 Website www.hhcpharma.com

Licensing Company Email N/A

Section 2: Personal Information

First Jason Middle Matthew Last Smith

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] Carriage House Blvd

City Liberty Township State OH Zip 45011

Telephone 855 428-3055 Email Jsmith@hhcpharma.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: Lakota East High School			From - To (MM/YY – MM/YY)
Address: 6840 Lakota LN	City: Liberty Twp	State: OH	Zip: 45044
Diploma/Degree obtained, if any: Diploma			
School Name			From - To (MM/YY – MM/YY)
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name			From - To (MM/YY – MM/YY)
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name			From - To (MM/YY – MM/YY)
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name			From - To (MM/YY – MM/YY
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2017-Current	[redacted] Carriage House Blvd	Liberty Township	OH	45011
2014-2017	[redacted] Milliken Rd	Liberty Township	OH	45011
2006-2013	[redacted] Station Dr.	S. Lebanon	OH	45065
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials: [signature]

Section 7: 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)
Hutcheson Homecare Pharmacy DBA HHCRx		2014 – Current
Business Address	**City**	**State / Zip**
11936 Kemper Springs Dr. Ste 200	Cincinnati	OH 45240
Phone	**Title**	**Number of Employed Hours**
855 428-3055	owner/manager	40+ hrs weekly
Description of Duties		
Purchase, receiving, Pedigree input, inventory		

Business Name		From - To (MM/YY – MM/YY)
Business Address	**City**	**State / Zip**
Phone	**Title**	**Number of Employed Hours**
Description of Duties		

Business Name		From - To (MM/YY – MM/YY)
Business Address	**City**	**State / Zip**
Phone	**Title**	**Number of Employed Hours**
Description of Duties		

Business Name		From - To (MM/YY – MM/YY)
Business Address	**City**	**State / Zip**
Phone	**Title**	**Number of Employed Hours**
Description of Duties		

Business Name		From - To (MM/YY – MM/YY)
Business Address	**City**	**State / Zip**
Phone	**Title**	**Number of Employed Hours**
Description of Duties		

Continue on next page if additional space is needed.

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.)		✓
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) Date

Applicant's initials _____

I, Jason Smith, **certify that as the designated representative for** Hutcheson Homecare Pharmacy DBA HHC Rx,

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

JASON SMITH

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

6/17/22

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.

Jason Smith
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

6-17-2022
Date

Please have this section completed in the presence of a Notary Public.

State of Ohio, ss. County of Hamilton

I, Tessa N Zimmer, 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

6-17-2022
Date

Subscribed and Sworn to before me this 17th day of June.

Notary Public Signature

TESSA N. ZIMMER
NOTARY PUBLIC
STATE OF OHIO
My Comm. Expires April 18, 2024

(Seal)

Applicant's initials

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Hutcheson Homecare pharmacy NBP HHCRX

Physical Address 11930 Kemper Springs Dr Ste 200

City Cincinnati State OH Zip 45240

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 855 428-3055 Website www.hhcpharma.com

Licensing Company Email _____

Section 2: Personal Information

First Jason Middle matthew Last Smith

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] Carriage House Blvd

City Liberty Township State OH Zip 45011

Telephone 855 428-3055 Email Jsmith@hhcpharma.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)	
LAKOTA EAST		1996-2000	
Address	**City**	**State**	**Zip**
6810 LAKOTA LN	LIBERTY TWP	OH	45044
Diploma/Degree obtained, if any			
YES			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2017 - 2022	[redacted] CARTHAGE HOUSE BLVD	LIBERTY TWP	OH	45011
From - To (MM/YY – MM/YY)	Address	City	State	Zip
2013 - 2017	[redacted] Millikin Rd	LIBERTY TWP	OH	45011
From - To (MM/YY – MM/YY)	Address	City	State	Zip
2000 - 2013	[redacted] STATION DR	S. LEBANON	OH	45065
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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)
MASTERS RX			2000 – CURRENT
Business Address	**City**	**State**	**Zip**
3600 PHARMA WAY	LEBANON		45036
Phone	**Title**		
800 982 7422	VP		
Description of Duties			
IN CHARGE OF NEW BUSINESS DEVELOPMENT			

Business Name			From - To (MM/YY – MM/YY)
HUBBARD HOMECARE PHARMACY			2014 – CURRENT
Business Address	**City**	**State**	**Zip**
11930 KEMPER SPRINGS DR	CINCINNATI	OH	45240
Phone	**Title**		
855-498-3055	OWNER		
Description of Duties			
FINANCE			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Applicant's initials _____

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

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:

N/A

Original Signature (electronic, copies or stamps not accepted)

6/17/22

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.

Jason Smith

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

6/17/22

Date

Please have this section completed in the presence of a Notary Public.

State of _____, ss. County of _____

I, _____, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

6/17/22

Date

Subscribed and Sworn to before me this _____ day of _____.

Notary Public Signature

(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. 5278156

Application/License No. _____

Hutcheson Homecare Pharmacy, Inc. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 11930 Kemper Springs Dr., Ste. 100 Cincinnati, OH 45240 (Address of Applicant/Principal), as PRINCIPAL, and SureTec Insurance Company (Surety Company), a corporation organized under the laws of the state of Texas (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 2103 CityWest Boulevard, Suite 1300 Houston, TX 77042 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on October 29, 2019 (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.

SureTec

INVOICE

Insource (Acrisure, LLC dba)
9500 South Dadeland Boulevard, 4th Floor
Miami, FL 33156

Agency Code 910101

Applicant	Hutcheson Homecare Pharmacy, Inc.
Effective Date	October 29, 2021
Expiration Date	October 28, 2022
Obligee	Nevada State Board of Pharmacy
Bond Description	Pharmaceutical Wholesale Distributor
Bond Number	5278156

Bond Amount	$100,000.00
Premium	$1,500.00

SureTec Insurance Company
2103 CityWest Boulevard, Suite 1300
Houston, TX 77042

Should you have any questions concerning this invoice, please call (888) 344-3362

Bond premium is due 45 days from the end of the month in which the bond or endorsement is executed

Thank you for your business. We appreciate it!

POA #: 5278156

SureTec Insurance Company
LIMITED POWER OF ATTORNEY

Know All Men by These Presents, That SURETEC INSURANCE COMPANY (the "Company"), a corporation duly organized and existing under the laws of the State of Texas, and having its principal office in Houston, Harris County, Texas, does by these presents make, constitute and appoint

Davor I. Mimica

its true and lawful Attorney-in-fact, with full power and authority hereby conferred in its name, place and stead, to execute, acknowledge and deliver any and all bonds, recognizances, undertakings or other instruments or contracts of suretyship to include waivers to the conditions of contracts and consents of surety for:

Principal: Hutcheson Homecare Pharmacy, Inc.
Obligee: Nevada State Board of Pharmacy
Amount: $ 100,000.00

and to bind the Company thereby as fully and to the same extent as if such bond were signed by the President, sealed with the corporate seal of the Company and duly attested by its Secretary, hereby ratifying and confirming all that the said Attorney-in-Fact may do in the premises. Said appointment is made under and by authority of the following resolutions of the Board of Directors of the SureTec Insurance Company:

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 of behalf of the Company, to execute, acknowledge and deliver, any and all bonds, recognizances, contracts, agreements or indemnity and other conditional or obligatory undertakings and any and all notices and documents canceling or terminating the Company's liability thereunder, and any such instruments so executed by any such Attorney-in-Fact shall be 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. *(Adopted at a meeting held on 20th of April, 1999.)*

In Witness Whereof, SURETEC INSURANCE COMPANY has caused these presents to be signed by its President, and its corporate seal to be hereto affixed this 6th day of April, A.D. 2017.

SURETEC INSURANCE COMPANY

By: _____
John Knox, Jr., President

State of Texas ss:
County of Harris

On this 6th day of April, A.D. 2017 before me personally came John Knox, Jr., to me known, who, being by me duly sworn, did depose and say, that he resides in Houston, Texas, that he is President of SURETEC INSURANCE COMPANY, the company described in and which executed the above instrument; that he knows the seal of said Company; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said Company; and that he signed his name thereto by like order.

JACQUELYN GREENLEAF
Notary Public, State of Texas
Comm. Expires 05-18-2021
Notary ID 126903029

_____
Jacquelyn Greenleaf, Notary Public
My commission expires May 18, 2021

I, M. Brent Beaty, Assistant Secretary of SURETEC INSURANCE COMPANY, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney, executed by said Company, which is still in full force and effect; and furthermore, the resolutions of the Board of Directors, set out in the Power of Attorney are in full force and effect.

Given under my hand and the seal of said Company at Houston, Texas this 29th day of October 2019, A.D.

_____
M. Brent Beaty, Assistant Secretary

Any instrument issued in excess of the penalty stated above is totally void and without any validity.
For verification of the authority of this power you may call (713) 812-0800 any business day between 8:00 am and 5:00 pm CST.

THIS BOND is subject to the following conditions: Bond No. 5278156

(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 29th day of October, 2019.

APPLICANT/PRINCIPAL
Hutcheson Homecare Pharmacy, Inc.

Authorized Representative

SURETY COMPANY
SureTec Insurance Company

Surety Company's Representative

Davor I. Mimica, NV Non-Res Agent, 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 XXXXXXXXXXXX Non-Res Agent

4MM

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: KARES Enterprises

Physical Address: 1803 Business Center Drive

City: Duarte State: CA Zip: 91010

Mailing Address (if different from physical address): Same as physical address

City: _____ State: _____ Zip: _____

Telephone: 818-653-3211 Website: N/A

Name of Designated Representative (DR): Sean Sunghyun Kim

Licensing Company Email: enlight73@hotmail.com DR Email: enlight73@hotmail.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: 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: 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

State of Incorporation: California

Parent Company (if any): n/a

Corporation Name: KARES Enterprises

Mailing Address: 1803 Business Center Drive

City: Duarte State: CA Zip: 91010

Telephone: 818-653-3211 Email: enlight73@hotmail.com

Contact Person Name: Sean Sunghyun Kim

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 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.

Sean Sunghyun Kim

Print Name of Authorized Person Submitting Application

Sean Kim

Original signature of Authorized Person (copies or stamps not accepted)

5-2-2022

Date

Board Use Only	Date Received: _____	Amount: 1,000 Check #101

KARES Enterprises

The wholesaler will not be handling any controlled substances and currently does not hold a DEA certificate.

KARES Enterprises
Employee List

1. Sean Sunghyun Kim , Designated Representative

KARES Enterprises
Corporation Shareholders and Percentage of Ownership

Olivia Thai - 50%
Sean Sunghyun Kim - 25%
Robert John Ojeda - 25%

KARES Enterprises

Officer List

CEO	Sean Kim
President	Sean Kim
Vice President	Olivia Thai
Secretary	Robert John Ojeda
CFO	Olivia Thai

Director List

Director	Sean Kim
Director	Olivia Thai
Director	Robert John Ojeda

Designated Representative in Charge

Designated Representative in Charge	Sean Kim

BOARD OF PHARMACY

LICENSING DETAILS FOR: WLS 8078

NAME: KARES ENTERPRISES
LICENSE TYPE: WHOLESALER
LICENSE STATUS: CLEAR
ADDRESS
1803 BUSINESS CENTER DR
DUARTE CA 91010
LOS ANGELES COUNTY

ISSUANCE DATE
APRIL 1, 2022
EXPIRATION DATE
APRIL 1, 2023
CURRENT DATE / TIME
JULY 24, 2022
10:15:7 PM

LICENSE RELATIONSHIPS

NAME: KIM, SEAN SUNGHYUN
LICENSE/REGISTRATION TYPE: REGISTERED PHARMACIST
LICENSE NUMBER: 52967 **PRIMARY STATUS:** CLEAR

ADDRESS NOT DISCLOSED

Secretary of State
Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name:	KARES ENTERPRISES
Entity No.:	4794581
Registration Date:	09/29/2021
Entity Type:	STOCK CORPORATION - CA - GENERAL
Formed In:	CALIFORNIA
Status:	ACTIVE (GOOD STANDING)

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of April 27, 2022.

SHIRLEY N. WEBER, PH.D.
Secretary of State

Certificate No.: 006302117

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at **biz**fileOnline.sos.ca.gov.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. NV5908835

Application/License No. _____

KARES Enterprises (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 1803 Business Center Drive Duarte, CA 91010 (Address of Applicant/Principal), as PRINCIPAL, and Merchants Bonding Company (Mutual) (Surety Company), a corporation organized under the laws of the state of Iowa (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 6700 Westown Parkway, West Des Moines, IA 50266 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of 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 11, 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.

Posted February 20, 2020

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS
639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 13th day of May, 20 22.

APPLICANT/PRINCIPAL

COMPANY

KARES Enterprises

Authorized Representative

SURETY

Merchants Bonding Company (Mutual)

Surety Company's Representative

Jean Kuper, 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 Kathleen Struecker

LP 2079 NV (5/21)

MERCHANTS BONDING COMPANY™

POWER OF ATTORNEY

Know All Persons By These Presents, that MERCHANTS BONDING COMPANY (MUTUAL) and MERCHANTS NATIONAL BONDING, INC., both being corporations of the State of Iowa (herein collectively called the "Companies") do hereby make, constitute and appoint, individually,

Jean Kuper

their true and lawful Attorney(s)-in-Fact, to sign its name as surety(ies) and to execute, seal and acknowledge any and all bonds, undertakings, contracts and other written instruments in the nature thereof, on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

This Power-of-Attorney is granted and is signed and sealed by facsimile under and by authority of the following By-Laws adopted by the Board of Directors of Merchants Bonding Company (Mutual) on April 23, 2011 and amended August 14, 2015 and adopted by the Board of Directors of Merchants National Bonding, Inc., on October 16, 2015.

"The President, Secretary, Treasurer, or any Assistant Treasurer or any Assistant Secretary or any Vice President shall have power and authority to appoint Attorneys-in-Fact, and to authorize them to execute on behalf of the Company, and attach the seal of the Company thereto, bonds and undertakings, recognizances, contracts of indemnity and other writings obligatory in the nature thereof."

"The signature of any authorized officer and the seal of the Company may be affixed by facsimile or electronic transmission to any Power of Attorney or Certification thereof authorizing the execution and delivery of any bond, undertaking, recognizance, or other suretyship obligations of the Company, and such signature and seal when so used shall have the same force and effect as though manually fixed."

In connection with obligations in favor of the Florida Department of Transportation only, it is agreed that the power and authority hereby given to the Attorney-in-Fact includes any and all consents for the release of retained percentages and/or final estimates on engineering and construction contracts required by the State of Florida Department of Transportation. It is fully understood that consenting to the State of Florida Department of Transportation making payment of the final estimate to the Contractor and/or its assignee, shall not relieve this surety company of any of its obligations under its bond.

In connection with obligations in favor of the Kentucky Department of Highways only, it is agreed that the power and authority hereby given to the Attorney-in-Fact cannot be modified or revoked unless prior written personal notice of such intent has been given to the Commissioner-Department of Highways of the Commonwealth of Kentucky at least thirty (30) days prior to the modification or revocation.

In Witness Whereof, the Companies have caused this instrument to be signed and sealed this 13th day of May , 2022 .

MERCHANTS NATIONAL BONDING, INC. -o- 2003

MERCHANTS BONDING COMPANY (MUTUAL) INCORPORATED -o- 1933

MERCHANTS BONDING COMPANY (MUTUAL)
MERCHANTS NATIONAL BONDING, INC.

By Larry Taylor
President

STATE OF IOWA
COUNTY OF DALLAS ss.

On this 13th day of May , 2022 , before me appeared Larry Taylor, to me personally known, who being by me duly sworn did say that he is President of MERCHANTS BONDING COMPANY (MUTUAL) and MERCHANTS NATIONAL BONDING, INC.; and that the seals affixed to the foregoing instrument are the Corporate Seals of the Companies; and that the said instrument was signed and sealed in behalf of the Companies by authority of their respective Boards of Directors.

NOTARIAL SEAL IOWA
POLLY MASON
Commission Number 750576
My Commission Expires
January 07, 2023

Polly Mason
Notary Public

(Expiration of notary's commission does not invalidate this instrument)

I, William Warner, Jr., Secretary of MERCHANTS BONDING COMPANY (MUTUAL) and MERCHANTS NATIONAL BONDING, INC., do hereby certify that the above and foregoing is a true and correct copy of the POWER-OF-ATTORNEY executed by said Companies, which is still in full force and effect and has not been amended or revoked.

In Witness Whereof, I have hereunto set my hand and affixed the seal of the Companies on this 13th day of May , 2022 .

MERCHANTS NATIONAL BONDING, INC. -o- 2003

MERCHANTS BONDING COMPANY (MUTUAL) INCORPORATED -o- 1933

William Warner Jr.
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)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler KARES Enterprises

Physical Address 1803 Business Center Drive

City Duarte State CA Zip 91010

Mailing Address (if different from physical address) Same as physical address

City _____ State _____ Zip _____

Telephone 818-653-3211 Website _____

Licensing Company Email enlight73@hotmail.com

Section 2: Personal Information

First Sean Middle Sunghyun Last Kim

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted] Community Ave.

City La Crescenta State CA Zip 91214

Telephone 818-653-3211 Email enlight73@hotmail.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 SK SK

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Florida, College of Pharmacy		09/99 - 05/01	
Address	**City**	**State**	**Zip**
1225 Center Drive	Gainesville	FL	32610
Diploma/Degree obtained, if any			
Doctor of Pharmacy (Pharm.D)			

School Name		From - To (MM/YY – MM/YY)	
Chung Ang University, College of Pharmay		03/92 - 02/98	
Address	**City**	**State**	**Zip**
84 Heukseok-ro, Dongjak-gu	Seoul, Rep. of KOREA		06974
Diploma/Degree obtained, if any			
Bachelor of Science in Pharmacy (BS Pharm.)			

School Name		From - To (MM/YY – MM/YY)	
Joongdong High School		03/89 - 02/92	
Address	**City**	**State**	**Zip**
7, Irwon-ro, Gangnam-gu	Seoul, Rep. of KOREA		06338
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 - Current	[redacted] Community Ave.	La Crescenta	CA	91214
02/06 - 12/21	[redacted] Caminito del Pilar	Glendale	CA	91208

Applicant's initials SK SK

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)	
KARES Enterprises			04/22 - Current	
Business Address		**City**	**State**	**Zip**
1803 Business Center Dr.		Duarte	CA	91010
Phone	**Title**		**Number of Employed Hours**	
(626) 531-6609	CEO		640	
Description of Duties				
Oversees all aspects of wholesale operations				

Business Name			From - To (MM/YY – MM/YY)	
Kaiser Permanente Baldwin Park			05/16-08/22	
Business Address		**City**	**State**	**Zip**
1011 Baldwin Park Blvd		Baldwin Park	CA	91706
Phone	**Title**		**Number of Employed Hours**	
(626) 851-6143	Ambulatory Care Pharmacist		12,500	
Description of Duties				
Compounding and dispensing injectable medications including chemotherapy				

Business Name			From - To (MM/YY – MM/YY)	
Kaiser Permanente Los Angeles			10/09-04/16	
Business Address		**City**	**State**	**Zip**
1515 N. Vermont Ave.		Los Angeles	CA	90027
Phone	**Title**		**Number of Employed Hours**	
(800) 954-8000	Ambulatory Care Pharmacist - Oncology		13,000	
Description of Duties				
Compounding and dispensing injectable medications including chemotherapy				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Section 7: 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)
Kaiser Permanente Baldwin Park			05/16 - 04/22
Business Address	**City**	**State**	**Zip**
1011 Baldwin Park Blvd	Baldwin Park	CA	91706
Phone	**Title**		**Number of Employed Hours**
(626) 851-6143	Ambulatory Care Pharmacist		12,000
Description of Duties			
Compounding and dispensing injectable medications including chemotherapy.			

Business Name			From - To (MM/YY – MM/YY)
Kaiser Permanente Los Angeles			10/09 - 04/16
Business Address	**City**	**State**	**Zip**
1515 N. Vermont Ave.	Los Angeles	CA	90027
Phone	**Title**		**Number of Employed Hours**
(800) 954-8000	Ambulatory Care Pharmacist - Oncology		13,000
Description of Duties			
Compounding and dispensing injectable medications including chemotherapy.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description 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 SK

I, Sean Sunghyun Kim, **certify that as the designated representative for**

KARES Enterprieses,

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

Sean Kim

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

May 2nd, 2022

Date

Applicant's initials SK

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Sean Kim

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

May 2nd, 2022

Date

Please have this section completed in the presence of a Notary Public.

State of California, ss. County of Los Angeles

I, Sean Kim, 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

5-3-2022

Date

Subscribed and Sworn to before me this _____ day of _____.

See Attached

Notary Public Signature

(Seal)

Applicant's initials SK

CALIFORNIA JURAT **GOVERNMENT CODE § 8202**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Los Angeles

Subscribed and sworn to (or affirmed) before me on this 3 (Date) day of May (Month), 2022 (Year), by

(1) Sean Kim

(and (2) -11-),

Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

G. J. BRISTOW
Notary Public - California
Los Angeles County
Commission # 2399191
My Comm. Expires Apr 27, 2026

Place Notary Seal and/or Stamp Above

Signature _____
Signature of Notary Public

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Designated Representative Application

Document Date: 5-3-2022 Number of Pages: 9

Signer(s) Other Than Named Above: _____

©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 KARES Enterprises

Physical Address 1803 Business Center Drive

City Duarte State CA Zip 91010

Mailing Address (if different from physical address) Same as physical address

City _____ State _____ Zip _____

Telephone 818-653-3211 Website n/a

Licensing Company Email enlight73@hotmail.com

Section 2: Personal Information

First Sean Middle Sunghyun Last Kim

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted] Community Ave.

City La Crescenta State CA Zip 91214

Telephone (818) 653-3211 Email [redacted]

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's initials SK SK

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Florida, College of Pharmacy		09/99 - 05/01	
Address	**City**	**State**	**Zip**
1225 Center Drive	Gainesville	FL	32610
Diploma/Degree obtained, if any			
Doctor of Pharmacy (Pharm.D)			

School Name		From - To (MM/YY – MM/YY)	
Chung Ang University, College of Pharmacy		03/92 - 02/98	
Address	**City**	**State**	**Zip**
84 Heukseok-ro, Dongjak-gu	Seoul, Rep. of KOREA		06974
Diploma/Degree obtained, if any			
Bachelor of Science in Pharmacy (BS Pharm)			

School Name		From - To (MM/YY – MM/YY)	
Joongdong High School		03/89 - 02/92	
Address	**City**	**State**	**Zip**
7, Irwon-ro, Gangnam-gu	Seoul, Rep. of KOREA		06338
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 - Current	[redacted] Community Ave.	La Crescenta	CA	91214
02/06 - 12/21	[redacted] Caminito del Pilar	Glendale	CA	91208
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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 SK SK

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)
KARES Enterprises			02/22 - Current
Business Address	**City**	**State**	**Zip**
1803 Business Center Dr.	Duarte	CA	91010
Phone	**Title**		
(818) 653-3211	CEO, Shareholder		
Description of Duties			
Chief Executive Officer			

Business Name			From - To (MM/YY – MM/YY)
Kaiser Permanente Baldwin Park			05/16 - 04/22
Business Address	**City**	**State**	**Zip**
1011 Baldwin Park Blvd	Baldwin Park	CA	91706
Phone	**Title**		
(626) 851-6143	Ambulatory Care Pharmacist - Hematolog/Oncology/Infusion Center		
Description of Duties			
Compounding injectable medications including chemotherapy.			

Business Name			From - To (MM/YY – MM/YY)
Kaiser Permanente Los Angeles			10/09 - 04/16
Business Address	**City**	**State**	**Zip**
1515 N. Vermont Ave.	Los Angeles	CA	90027
Phone	**Title**		
(800) 954-8000	Ambulatory Care Pharmacist - Oncology		
Description of Duties			
Compounding injectable medications including chemotherapy.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**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)

April 28th, 2022

Date

Applicant's initials SK

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Sean Kim

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

April 28th, 2022

Date

Please have this section completed in the presence of a Notary Public.

State of California, ss. County of Los Angeles

I, Sean Kim, 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

5-3-2022

Date

Subscribed and Sworn to before me this _____ day of _____.

Notary Public Signature

(Seal)

Applicant's initials SK

CALIFORNIA JURAT **GOVERNMENT CODE § 8202**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Los Angeles

Subscribed and sworn to (or affirmed) before me on this 3 (Date) day of May (Month), 2022 (Year) by

(1) Sean Kim

(and (2) -ll-),

(Name(s) of Signer(s))

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

G. J. BRISTOW
Notary Public - California
Los Angeles County
Commission # 2399191
My Comm. Expires Apr 27, 2026

Signature _____

Place Notary Seal and/or Stamp Above *Signature of Notary Public*

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Personal History Application

Document Date: 5-3-2022 Number of Pages: 7

Signer(s) Other Than Named Above: _____

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler KARES Enterprises

Physical Address 1803 Business Center Drive

City Duarte State CA Zip 91010

Mailing Address (if different from physical address) Same as physical address

City _____ State _____ Zip _____

Telephone 818-653-3211 Website n/a

Licensing Company Email enlight73@hotmail.com

Section 2: Personal Information

First OLIVIA Middle _____ Last THAI

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☑ F ☐ X

Mailing Address [redacted] LYND AVE

City ARCADIA State CA Zip 91006

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 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 OT

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of California Berkeley		01/20-05/21	
Address	City	State	Zip
103 Cross-Sproul Path	Berkeley	CA	94720
Diploma/Degree obtained, if any			
Bachelor of Arts with a Major in Linguistics and Minor in Journalism			

School Name		From - To (MM/YY – MM/YY)	
East Los Angeles College		06/2002-06/2019	
Address	City	State	Zip
1301 Avenida Cesar Chavez	Monterey Park	CA 91754	91754
Diploma/Degree obtained, if any			
AA in Social Sciences			

School Name		From - To (MM/YY – MM/YY)	
University of California Los Angeles		06/2007-06/2008	
Address	City	State	Zip
360 De Neve Dr	Los Angeles	CA	90095
Diploma/Degree obtained, if any			
N/A			

School Name		From - To (MM/YY – MM/YY)	
Gabrielino High School		08/2003-08/2004	
Address	City	State	Zip
1327 S San Gabriel Blvd	San Gabriel	CA	91776
Diploma/Degree obtained, if any			
CHSPE / GED			

School Name		From - To (MM/YY – MM/YY)	
N/A			
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
03/20-present	[redacted] LYND AVE	ARCADIA	CA	91006
01/20-03/20	[redacted] Hearst Ave, Stern Hall Room [redacted]	Berkeley	CA	94720
01/19-01/20	[redacted] LYND AVE	ARCADIA	CA	91006
06/17-01/19	[redacted] QUEEN ST # [redacted]	HONOLULU	HI	96813
03/15-06/17	[redacted] LYND AVE	ARCADIA	CA	91006
03/14-03/15	[redacted] S Oxford Ave # [redacted]	Los Angeles	CA 90004	90004
01/12-03/14	[redacted] E Mission Rd # [redacted] Alhambra, CA 91801	Alhambra	CA	91801
From - To (MM/YY – MM/YY)	Address	City	State	Zip
N/A				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials UT

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)
986 SPECIALTY PHARMACY - PASADENA, CA			08/21 - Present
Business Address	**City**	**State**	**Zip**
1719 E Walnut St	Pasadena	CA	91106
Phone	**Title**		
626-798-6789	OWNER, CEO, President, Secretary, Director		
Description of Duties			
Management			

Business Name			From - To (MM/YY – MM/YY)
986 SPECIALTY PHARMACY - PLANO, TX			06/19 - Present
Business Address	**City**	**State**	**Zip**
6205 Coit Rd #356	Plano	TX	75024
Phone	**Title**		
(469) 543-0199	OWNER, President, Secretary, Director		
Description of Duties			
Management			

Business Name			From - To (MM/YY – MM/YY)
RX INVESTMENTS, INC			06/2018 to Present
Business Address	**City**	**State**	**Zip**
1427 SAN MARINO AVE #8	SAN MARINO	CA	91108
Phone	**Title**		
626.674.6718	DIRECTOR OF COMMUNICATIONS		
Description of Duties			
MARKETING			

Business Name			From - To (MM/YY – MM/YY)
ABUNDANCE MANIFESTORS			01/2021-PRESENT
Business Address	**City**	**State**	**Zip**
41 WHEELER AVE #661012	ARCADIA	CA	91006
Phone	**Title**		
808.729.5680	OWNER		
Description of Duties			
SALES OF CRAFT ITEMS			

Business Name			From - To (MM/YY – MM/YY)
MUSIQUE MUSIC ACADEMY			06/2011-06/2017
Business Address	**City**	**State**	**Zip**
311 E VALLEY BLVD #106	SAN GABRIEL	CA	91776
Phone	**Title**		
626.737.8501	OWNER / MUSIC INSTRUCTOR		
Description of Duties			
TAUGHT MUSIC LESSONS 30 EMPLOYEES			

Continue on next page if additional space is needed.

Applicant's initials UT

Business Name			From - To (MM/YY – MM/YY)	
LV Rx Investment			04/2022 - Present	
Business Address		City	State	Zip
241 N. Buffalo Dr. Ste 150		Las Vegas	NV	89145
Phone	Title			
702-909-4072	DIRECTOR OF COMMUNICATIONS			
Description of Duties				
Marketing & administrative services				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				
N/A				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				
N/A				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				
N/A				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				
N/A				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials VT

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 UT

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				

N/A

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials OT

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

OLIVIA THAI

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

5/9/2022

Date

Please have this section completed in the presence of a Notary Public.

State of California, ss. County of Los Angeles

I, Olivia Thai, 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

5-14-2022

Date

Subscribed and Sworn to before me this _____ day of _____.

Notary Public Signature

See Attached Certificate

(Seal)

Applicant's initials _____

CALIFORNIA JURAT WITH AFFIANT STATEMENT GOVERNMENT CODE § 8202

☒ See Attached Document (Notary to cross out lines 1–6 below)
☐ See Statement Below (Lines 1–6 to be completed only by document signer[s], not Notary)

1 _____
2 _____
3 _____
4 _____
5 _____
6 _____

Signature of Document Signer No. 1 *Signature of Document Signer No. 2 (if any)*

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Los Angeles

Subscribed and sworn to (or affirmed) before me

on this 14th day of May, 2022,
by *Date* *Month* *Year*

(1) Olivia Thai

(and (2) _____),
Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

ROBERT OWEN KOLENBERG
Notary Public - California
Los Angeles County
Commission # 2287733
My Comm. Expires May 6, 2023

Place Notary Seal and/or Stamp Above

Signature Robert Kolenberg
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: Personal History Application

Document Date: May 14, 2022 Number of Pages: 7 Pgs

Signer(s) Other Than Named Above: N/A

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler KARES Enterprises

Physical Address 1803 Business Center Drive

City Duarte State CA Zip 91010

Mailing Address (if different from physical address) Same as physical address

City _____ State _____ Zip _____

Telephone 818-653-3211 Website n/a

Licensing Company Email enlight73@hotmail.com

Section 2: Personal Information

First ROBERT Middle JOHN Last OJEDA

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] HILLSBOROUGH LANE

City CHINO HILLS State CA Zip 91709

Telephone [redacted] Email [redacted]@MSN.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)	
CALIFORNIA STATE UNIVERSITY FULLERTON		08/97 - 05/00	
Address	**City**	**State**	**Zip**
800 N. STATE COLLEGE BLVD.	FULLERTON	CA	92831
Diploma/Degree obtained, if any			
BACHELOR OF SCIENCE KINESIOLOGY			

School Name		From - To (MM/YY – MM/YY)	
PIONEER HIGH SCHOOL		08/89 - 06/92	
Address	**City**	**State**	**Zip**
10800 BENAVON STREET	WHITTIER	CA	90606
Diploma/Degree obtained, if any			
HIGH SCHOOL DIPLOMA			

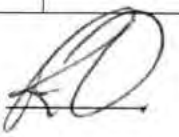
School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

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
11/03 - PRESENT	[redacted]HILLSBOROUGH LANE	CHINO HILLS	CA	91709
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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)	
K&B PHARMACY ASSOCIATES, INC.			07/19 - PRESENT	
Business Address	**City**	**State**	**Zip**	
2521 HUNTINGTON DRIVE	SAN MARINO	CA	91108	
Phone	**Title**			
626-399-0421	PRESIDENT			
Description of Duties				
Managing all operations, existing pharmacy members, vendors, and wholesaler relations.				

Business Name			From - To (MM/YY – MM/YY)	
SMART-FILL MANAGEMENT GROUP			10/15 - 07/19	
Business Address	**City**	**State**	**Zip**	
905 N. MAIN STREET	AUSTIN	MN	55912	
Phone	**Title**			
507-434-7426	BUSINESS CONSULTANT			
Description of Duties				
Managing all existing Managed Pharmacy Care clientele while maintaining previous responsibilities from Managed Pharmacy Care Services and United Pharmacy Network, Inc.				

Business Name			From - To (MM/YY – MM/YY)	
MANAGED PHARMACY CARE			09/13 - 07/19	
Business Address	**City**	**State**	**Zip**	
28200 HIGHWAY 189, BUILDING R-110	LAKE ARROWHEAD	CA	92352	
Phone	**Title**			
800-582-5889	VICE PRESIDENT of SALES AND MARKETING			
Description of Duties				
Managed all operations, sales, and vendor relations on behalf of our pharmacy members.				

Business Name			From - To (MM/YY – MM/YY)	
UNITED PHARMACY NETWORK, INC.			04/12 - 09/13	
Business Address	**City**	**State**	**Zip**	
801 N. BRAND BLVD/ SUITE 300	GLENDALE	CA	91203	
Phone	**Title**			
818-549-2288	VICE PRESIDENT OF SALES AND MARKETING			
Description of Duties				
Managed all aspects of pharmacy operations and vendor relations for over 125 independently owned pharmacies throughout California.				

Business Name			From - To (MM/YY – MM/YY)	
986 SPECIALTY PHARMACY 3 INC.			02/20 - PRESENT	
Business Address	**City**	**State**	**Zip**	
6205 COIT ROAD	PLANO	TX	75024	
Phone	**Title**			
(469) 543-0199	SHAREHOLDER			
Description of Duties				

Continue on next page if additional space is needed.

Applicant's initials  3

Business Name			From - To (MM/YY – MM/YY)
ARK INFUSION MANAGEMENT, LLC.			05/20 - PRESENT
Business Address	**City**	**State**	**Zip**
2521 HUNTINGTON DRIVE	SAN MARINO	CA	91108
Phone	**Title**		
(626) 399-0421	SHAREHOLDER		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
AMERICAN PHARMACY CONSULTANTS, INC.			04/12 - PRESENT
Business Address	**City**	**State**	**Zip**
2475 HILLSBOROUGH LANE	CHINO HILLS	CA	91709
Phone	**Title**		
(626) 252-2736	CEO		
Description of Duties			
Consulting independent pharmacy regarding business operational and workflow.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**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 # N/A **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

5/16/22
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.

ROBERT OJEDA

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

5/16/22

Date

Please have this section completed in the presence of a Notary Public.

State of _____, ss. County of _____

I, _____, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

5/16/22

Date

Subscribed and Sworn to before me this _____ day of _____.

See Attached Notary Form

Notary Public Signature

(Seal)

Applicant's initials

California Jurat Loose Certificate

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of San Bernardino } ss.

Subscribed and sworn to (or affirmed) before me this 16 day of May, 2022

by Robert John Ojeda,

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Notary Public Signature

Seal

SAMANTHA MICHELLE LEYLAND
COMM. #2395529
Notary Public - California
SAN BERNARDINO COUNTY
My Comm. Exp. Mar. 2, 2026

Optional Information

To help prevent fraud, it is recommended that you provide information about the attached document below.
This is not required under California State notary public law.

Document Title: Nevada state Board of Pharmacy # of Pages: 6

Notes

©2014 Golden State Notary, Inc.

4NN

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)

M/01271

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: Accelerated Care Plus Leasing, Inc.

Physical Address: 4999 Aircenter Circle Suite 103

City: Reno State: NV Zip: 89502

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 800-350-1100 Website: www.acplus.com

Name of Designated Representative (DR): Zlatko L. Hodin

Licensing Company Email: ACP-CustomerSupport@Hanger. DR Email: zhodin@hanger.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: Accelerated Care Plus, Corp.
Address: 4999 Aircenter Circle, Suite 103 City: Reno State: Nv Zip: 89502
Name:
Address: City: State: Zip:
Name:
Address: City: State: Zip:
Name:
Address: City: State: Zip:

Section 4: Publicly Traded Corporation

State of Incorporation: Delaware
Parent Company (if any): Hanger, Inc.
Corporation Name: Accelerated Care Plus Leasing, Inc.
Mailing Address: 4999 Aircenter Circle Suite 103
City: Reno State: NV Zip: 89502
Telephone: 800-350-1100 Email: zhodin@hanger.com
Contact Person Name: Zlatko L. Hodin

Date of SEC Registration: May 5, 1989	SEC Registration Number: 1-10670	Stock Exchange Symbol: HNGR

Section 5: Non-Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Zlatko L. Hodin

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

May 6, 2022

Date

Board Use Only	Date Received: _____	Amount: $1000 check 19486

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HANGER, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF NOVEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

2153738 8300

SR# 20213803226

Authentication: 204695051

Date: 11-15-21

You may verify this certificate online at corp.delaware.gov/authver.shtml

Accelerated Care Plus Leasing, Inc. (ACPL)

List of Officers and Directors of Hanger, Inc.

Directors	Officers
Christopher B. Begley, Chairman Vinit K. Asar Asif Ahmad John T. Fox Thomas C. Freyman Stephen E. Hare Mark M. Jones, MD Cynthia L. Luchesse Richard Pettingill Kathryn M. Sullivan	President and Chief Executive Officer: Vinit K. Asar Executive Vice President, Chief Operating Officer, and President, Patient Care Segment: Peter A. Stoy Executive Vice President and Chief Financial Officer: Thomas E. Kiraly Executive Vice President, Corporate Services and Chief Information Officer: C. Scott Ranson Senior Vice President and President, Products & Services Segment: Regina Weger Senior Vice President and Chief Human Resources Officer: Keri L. Jolly Senior Vice President, General Counsel and Secretary: Thomas E. Hartman Senior Vice President and Chief Compliance Officer: Mitchell D. Dobson Senior Vice President and Chief Clinical Officer: James H. Campbell Senior Vice President: Regina Weger Vice President and Chief Accounting Officer: Gabrielle B. Adams Treasurer: Jobie Williams Assistant Secretary: Scott Rowe Assistant Secretary: Thomas E. Kiraly Assistant Secretary: Jobie Williams Assistant Treasurer: Joseph C. Talley Assistant Treasurer and Assistant Secretary: Seth R. Frank

List of Officers and Directors of ACPL

Accelerated Care Plus Leasing, Inc. (a subsidiary of Hanger, Inc.)

Directors	Officers
Vinit K. Asar Thomas E. Kiraly	Chief Executive Officer: Vinit K. Asar President: Spencer Dixon LeGrand Chief Financial Officer: Antony Ricketts Senior Vice President and Chief Compliance Officer: Mitchell Dobson Senior Vice President and Chief Human Resources Officer: Keri L. Jolly Executive Vice President: Thomas E. Kiraly Senior Vice President, General Counsel and Secretary: Thomas E. Hartman Treasurer: Jobie Williams Assistant Secretary: Thomas E. Kiraly Assistant Secretary: Scott Rowe Assistant Secretary: Jobie Williams Assistant Treasurer: Antony Ricketts Assistant Treasurer: Joseph C. Talley

Top Four Shareholders of Hanger, Inc.

Name	Percent Ownership
1. Blackrock Inc.	16.69%
2. Price (T.Rowe) Associates	11.25%
3. William Blair Investment Management, LLC	10.855
4. Victory Capital Management, Inc.	9.39%

NEVADA BASED EMPLYEES AS OF 3-31-22		
Finance		**Customer Support**
Alexander, Kennedy		Coville, Tracy
Buckley, Laurie		Davis, Angie
Diehl, Matthew		Maley, Lois
Dukat, Judit		Young, Christopher
Faillers, Afton		Young, Gordon
Grohs, Melissa		
Guzman, Theresa		**Quality & Compliance**
Lange, Alison Y		Curby, Luviminia
Masters, Susan		Grasseschi, Lee
Quesada Arias, Andrea		Hodin, Zlatko
Ricketts, Antony		Lysons, Dylan
Scheuermann, Dorothy		Retherford, Christian
Service Center		**Clinical Education**
Abeyta, Troy		Moore, Tawny
Abid, Erin		Nathan, Geraldine
Aguilar, Jesus		
Cranford, James		**Product Development**
Dukes, Jacob		Thomson, Barry
Guerrero, Francisco		
Johnson, Kyle		**Field Support**
Lassen, Kevin		Moore, Karen
Lee, Christopher		
Seidman, Lance		**Marketing**
		Benson, Lindsay
		Bickel, Christopher

Accelerated Care Plus Leasing, Inc. does not have any: **agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness.**

Innovative Neurotronics, Inc.

List of Officers and Directors of Hanger, Inc.

Directors	Officers
Christopher B. Begley, Chairman Vinit K. Asar Asif Ahmad John T. Fox Thomas C. Freyman Stephen E. Hare Mark M. Jones, MD Cynthia L. Luchesse Richard Pettingill Kathryn M. Sullivan	President and Chief Executive Officer: Vinit K. Asar Executive Vice President, Chief Operating Officer, and President, Patient Care Segment: Peter A. Stoy Executive Vice President and Chief Financial Officer: Thomas E. Kiraly Executive Vice President, Corporate Services and Chief Information Officer: C. Scott Ranson Senior Vice President and President, Products & Services Segment: Regina Weger Senior Vice President and Chief Human Resources Officer: Keri L. Jolly Senior Vice President, General Counsel and Secretary: Thomas E. Hartman Senior Vice President and Chief Compliance Officer: Mitchell D. Dobson Senior Vice President and Chief Clinical Officer: James H. Campbell Senior Vice President: Regina Weger Vice President and Chief Accounting Officer: Gabrielle B. Adams Treasurer: Jobie Williams Assistant Secretary: Scott Rowe Assistant Secretary: Thomas E. Kiraly Assistant Secretary: Jobie Williams Assistant Treasurer: Joseph C. Talley Assistant Treasurer and Assistant Secretary: Seth R. Frank

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION

WASHINGTON, DC 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): **May 4, 2022**

Hanger, Inc.

(Exact name of registrant as specified in its charter)

Delaware	**1-10670**	**84-0904275**
(State or other jurisdiction of incorporation)	(Commission File Number)	(IRS Employer Identification No.)

10910 Domain Drive, Suite 300
Austin, Texas 78758
(Address of principal executive offices (zip code))

(512) 777-3800
(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 each class	Trading Symbol(s)	Name of each exchange on which registered
Common Stock, par value $0.01 per share	HNGR	New York Stock Exchange

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Item 2.02. Results of Operations and Financial Condition.

On May 4, 2022, Hanger, Inc. (the "Company") issued a press release announcing the Company's financial results for the three months ended March 31, 2022. A copy of the press release is furnished as Exhibit 99.1 to this report.

The information contained in Item 2.02 of this Current Report on Form 8-K, including Exhibit 99.1 attached hereto, is intended to be furnished 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 liabilities of that section, nor shall it be deemed incorporated by reference in any filing under the Securities Act of 1933, as amended, or the Exchange Act, except as expressly set forth by specific reference in such filing. In addition, this report and the press release contain statements intended as "forward-looking statements" that are subject to the cautionary statements about forward-looking statements set forth in the press release.

Item 9.01 Financial Statements and Exhibits.

(d) Exhibits:

EXHIBIT INDEX

Exhibit No.	Description
99.1	Press Release issued by Hanger, Inc. on May 4, 2022.
104	Cover Page Interactive Data File (formatted as inline XBRL and contained in Exhibit 101)

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 hereunto duly authorized.

HANGER, INC.

By: /s/ Thomas E. Hartman
Thomas E. Hartman
Senior Vice President and General Counsel

Dated: May 4, 2022

Hanger
Empowering Human Potential

Hanger Reports First Quarter 2022 Financial Results

Company Reports Strong Same Clinic Revenue Growth Trends; Reaffirms Guidance

AUSTIN, Texas, May 4, 2022 - Hanger, Inc. (NYSE: HNGR), a leading provider of orthotic and prosthetic (O&P) patient care services and solutions, today announced its financial results for the first quarter ended March 31, 2022.

Financial Highlights

- Net revenues were $261.3 million for the three months ended March 31, 2022, compared to $237.5 million for the same period in 2021, reflecting growth of 10.0 percent. Patient Care same clinic revenue growth per day was 6.9 percent during the period with continuing increases in work-in-process levels during the quarter.
- Net loss was $8.0 million for the three months ended March 31, 2022, compared to $3.3 million for the same period in 2021. Loss from operations was $2.5 million for the quarter compared to income from operations of $2.0 million for the same period in 2021.
- Adjusted EBITDA was $8.9 million in the first quarter of 2022, compared to $13.5 million for the same period in 2021, reflecting a decline of $4.6 million. Comparative earnings in the period were affected by a favorable $3.5 million disallowance and patient non-payment rate in the prior year period, as well as other items specific to the current year period.
- GAAP loss per share was $0.21 for the first quarter of 2022, compared to $0.09 per share for the same period in 2021. Adjusted loss per share was $0.15 for the three months ended March 31, 2022, compared to $0.08 for the same period in 2021.
- The Company reaffirmed its full year guidance for 2022.

Vinit Asar, President and Chief Executive Officer of Hanger, Inc., stated, "We are pleased with the strong rate of revenue growth achieved by our Patient Care business in the first quarter. We currently believe these positive growth trends will be sustainable as work-in-process levels have continued to increase during the quarter."

Mr. Asar continued, "While we encountered some operational difficulties and increased costs during the period, we believe these effects were for the most part temporary in nature and specific to our first quarter results. Based on this, we remain comfortable with and have reaffirmed our guidance for the year."

Segment Results for Three Months Ended March 31, 2022

Patient Care Segment

For the three months ended March 31, 2022, Patient Care net revenues were $219.8 million, an increase of $24.1 million, or 12.3 percent, compared to the same period in 2021. For the three month period, acquisitions of O&P clinics that were consummated in 2021 and 2022 contributed $11.2 million of incremental revenue.

Net same clinic revenue on a day-adjusted basis grew 6.9 percent during the first quarter of 2022 compared to the same quarter in the prior year period. Patient Care results benefited from the continued improvement in patient volumes compared to the decreased levels of demand experienced due to the COVID pandemic during the same period in 2021.

Excluding the effect of acquisitions, net revenue from prosthetics grew 7.7 percent and net revenue from orthotics grew 5.9 percent, each compared to the first quarter of 2021. Prosthetics comprised 52.1 percent of Patient Care segment net revenue for the quarter, compared to 51.7 percent in the same period of 2021. Income from operations in the Patient Care segment was $17.0 million during the first quarter of 2022, a decrease of $2.1 million compared to the $19.1 million reported in the prior year.

Payor disallowances and patient non-payment were 4.4 percent of gross charges during the first quarter of 2022 which compared to 2.9 percent during the first quarter of 2021, resulting in an approximate $3.5 million comparative decrease to revenue, income from operations and Adjusted EBITDA. During the quarter, the Patient Care segment's income from operations and Adjusted EBITDA incurred $1.2 million and $0.9 million, respectively, in increased costs associated with its fabrication facilities, in part due to increased reliance on higher cost third party fabrication services related to constraints encountered in its own operations due to the effects of the Omicron variant of COVID-19, the availability of staffing and delays in the opening of its new fabrication facility in Phoenix, Arizona. That facility was successfully opened prior to the end of the quarter. The segment also incurred $0.6 million in increased freight costs as compared with the first quarter of 2021.

Adjusted EBITDA for the segment was $23.1 million, which reflected a $1.9 million decrease compared to the first quarter of 2021. Adjusted EBITDA margin in the segment totaled 10.5 percent compared to 12.7 percent during the first quarter of 2021.

Products & Services Segment

For the three months ended March 31, 2022, Products & Services net revenues totaled $41.5 million, reflecting a decline of 0.8 percent compared with the same period in 2021. Revenue from the distribution of O&P componentry totaled $31.4 million, reflecting growth of $0.7 million, or 2.4 percent. Therapeutic solutions revenue in the first quarter totaled $10.1 million, a decline of $1.0 million, or 9.4 percent.

Income from operations for the Products & Services segment was $2.5 million in the first quarter of 2022 compared to $4.7 million in the same period of 2021. Adjusted EBITDA for the segment totaled $4.9 million for the first quarter of 2022, a $2.0 million decline compared with the same period of 2021.

Adjusted EBITDA margin in the segment totaled 11.7 percent compared to 16.4 percent during the first quarter of 2021.

Corporate & Other

Expenses associated with corporate and other activities increased by $0.3 million to $22.0 million for the quarter ended March 31, 2022 compared to the same period in 2021. Excluding the effect of depreciation and amortization, and acquisition-related expense, the net cost of corporate and other activities increased by $0.7 million to $19.0 million in the first quarter of 2022.

Net Income; Interest Expense

Interest expense totaled $7.4 million for the three month period ended March 31, 2022, which is unchanged from the prior year period.

For the three month period ended March 31, 2022, net loss was $8.0 million compared with $3.3 million for the same period in 2021. GAAP diluted loss per share was $0.21 compared to $0.09 per share in 2021. Adjusted diluted loss per share was $0.15 for the three months ended March 31, 2022, compared to $0.08 per share for the same period in 2021.

Net Cash Used In Operating Activities; Liquidity

Cash flows used in operating activities for the three months ended March 31, 2022 were $8.3 million compared to cash flows used in operating activities of $42.4 million for the same period in 2021. The Company's days sales outstanding were 48 days as of March 31, 2022, which reflected a three-day increase as compared to the same period in 2021.

On March 31, 2022, the Company had liquidity of $167.2 million, comprised of $37.4 million in cash and cash equivalents, and $129.8 million in available borrowing capacity under its revolving credit facility. This compares to total liquidity of $165.1 million on March 31, 2021.

2022 Outlook

Due in part to favorable same clinic growth trends, the previous incorporation of disallowance trends similar to those experienced in the first quarter and the anticipated temporary nature of certain other costs incurred in the quarter, the Company's outlook for 2022 remains unchanged since its initial announcement on February 7, 2022.

As previously disclosed, the Company anticipates 2022 net revenue will be in a range between $1.190 billion and $1.220 billion, and Adjusted EBITDA in a range between $127 million and $132 million. The Company's outlook for 2022 includes approximately $35 million in revenue relating to the full year effect of acquisitions consummated in 2021.

Adjusted EBITDA in this outlook is provided on a non-GAAP basis only because a reconciliation to the most comparable GAAP financial measure, net income, is not available without unreasonable effort due

to the unpredictable nature of reconciling items that render such a reconciliation not meaningful for investors.

Conference and Webcast Details

Hanger's management team will host a conference call tomorrow, Thursday, May 5, 2022 at 8:30 a.m. Eastern time to discuss the Company's first quarter 2022 financial results and business outlook.

To participate in the Company's live conference call, please dial (844) 200-6205 or +1 (929) 526-1599 for international participants and reference access code 335781. A live webcast, replay of the call, and earnings release will be available on the Company's Investor Relations website at https://investor.hanger.com/financial-reporting/quarterly-results. A replay of the call will be available via webcast for on-demand listening shortly after the completion of the call.

Additional Notes

A reconciliation of GAAP and non-GAAP financial results is included in the tables provided at the back of this press release. The Company has provided certain supplemental key statistics relating to its results for certain prior periods. These key statistics are non-GAAP measures used by the Company's management to analyze the Company's business results that are being provided for informational and analytical context.

Accompanying supplemental information will be posted to the Investor Relations section of Hanger's web site at investor.hanger.com.

About Hanger, Inc. – Headquartered in Austin, Texas, Hanger, Inc. (NYSE: HNGR) provides comprehensive, outcomes-based orthotic and prosthetic (O&P) services through its Patient Care segment, with approximately 875 Hanger Clinic locations nationwide. Through its Products & Services segment, Hanger distributes branded and private label O&P devices, products and components, and provides rehabilitative solutions. Recognized by *Forbes* as one of America's Best Employers for 2022, and rooted in 160 years of clinical excellence and innovation, Hanger is a purpose-driven company with a vision to lead the O&P markets by providing superior patient care, outcomes, services and value, aimed at empowering human potential. For more information on Hanger, visit investor.hanger.com.

This earnings release contains statements that are forward-looking statements within the meaning of the federal securities laws. Forward-looking statements include information concerning our liquidity and our possible or assumed future results of operations, including descriptions of our business strategies. These statements often include words such as "believe," "expect," "project," "potential," "anticipate," "intend," "plan," "estimate," "seek," "will," "may," "would," "should," "could," "forecasts" or similar words. These statements are based on certain assumptions that we have made in light of our experience in the industry as well as our perceptions of historical trends, current conditions, expected future developments and other factors we believe are appropriate in these circumstances. We believe these assumptions are reasonable, but you should understand that these statements are not guarantees of performance or results, and our actual results could differ materially from those expressed in the forward-looking statements due to a variety of important factors, both positive and negative, that may be revised or supplemented in subsequent releases or reports. These statements involve risks, estimates, assumptions, and uncertainties that could cause actual results to differ materially from those expressed in

these statements and elsewhere in this release. These uncertainties include, but are not limited to, the financial and business impacts of COVID-19 on our operations and the operations of our customers, suppliers, governmental and private payers and others in the healthcare industry and beyond; labor shortages and increased turnover in our employee base; contractual, inflationary and other general cost increases, including with regard to costs of labor, raw materials and freight; federal laws governing the health care industry; governmental policies affecting O&P operations, including with respect to reimbursement; failure to successfully implement a new enterprise resource planning system or other disruptions to information technology systems; the inability to successfully execute our acquisition strategy, including integration of recently acquired O&P clinics into our existing business; changes in the demand for our O&P products and services, including additional competition in the O&P services market; disruptions to our supply chain; our ability to enter into and derive benefits from managed-care contracts; our ability to successfully attract and retain qualified O&P clinicians; and other risks and uncertainties generally affecting the health care industry. For additional information and risk factors that could affect the Company, see its Form 10-K for the year ended December 31, 2021 and Quarterly Report on Form 10-Q for the three months ended March 31, 2022, each as filed with the Securities and Exchange Commission. The information contained in this press release is made only as of the date hereof, even if subsequently made available by the Company on its website or otherwise.

SOURCE Hanger, Inc.

Investor Relations Contact:
Asher Dewhurst
(443) 213-0503
HangerIR@westwicke.com

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Table 1
Hanger, Inc.
Condensed Consolidated Statements of Operations
(Unaudited - in thousands, except share and per share amounts)

	For the Three Months Ended March 31,	
	2022	**2021**
Net revenues	$ 261,287	$ 237,470
Material costs	85,592	75,170
Personnel costs	101,675	89,880
Other operating costs	36,168	31,498
General and administrative expenses	32,442	30,903
Depreciation and amortization	7,955	7,998
(Loss) income from operations	(2,545)	2,021
Interest expense, net	7,385	7,340
Non-service defined benefit plan expense	160	167
Loss before income taxes	(10,090)	(5,486)
Benefit for income taxes	(2,113)	(2,156)
Net loss	$ (7,977)	$ (3,330)
Basic and diluted per common share data:		
Basic and diluted loss per share	$ (0.21)	$ (0.09)
Weighted average shares used to compute basic and diluted loss per share	38,802,420	38,268,332

Table 2
Hanger, Inc.
Condensed Consolidated Balance Sheets
(Unaudited - in thousands)

	As of March 31, 2022	As of December 31, 2021
ASSETS		
Current assets:		
Cash and cash equivalents	$ 37,423	$ 61,692
Accounts receivable, net	139,617	152,058
Inventories	83,288	87,462
Income taxes receivable	548	581
Other current assets	18,527	16,536
Total current assets	279,403	318,329
Non-current assets:		
Property, plant, and equipment, net	80,906	82,434
Goodwill	367,914	363,554
Other intangible assets, net	25,032	25,892
Deferred income taxes	45,743	45,494
Operating lease right-of-use assets	141,820	144,491
Other assets	18,844	17,945
Total assets	$ 959,662	$ 998,139
TOTAL LIABILITIES AND SHAREHOLDERS' EQUITY		
Current liabilities:		
Current portion of long-term debt	$ 13,535	$ 14,938
Accounts payable	57,969	63,565
Accrued expenses and other current liabilities	58,391	60,399
Accrued compensation related costs	37,232	54,465
Current portion of operating lease liabilities	33,182	33,438
Total current liabilities	200,309	226,805
Long-term liabilities:		
Long-term debt, less current portion	500,555	502,307
Operating lease liabilities	121,725	124,016
Other liabilities	28,520	34,840
Total liabilities	851,109	887,968
Shareholders' equity:		
Common stock	392	389
Additional paid-in capital	373,092	373,644
Accumulated other comprehensive loss	(4,242)	(11,150)
Accumulated deficit	(259,993)	(252,016)
Treasury stock, at cost	(696)	(696)
Total shareholders' equity	108,553	110,171
Total liabilities and shareholders' equity	$ 959,662	$ 998,139

Table 3
Hanger, Inc.
Condensed Consolidated Statements of Cash Flows
(Unaudited - in thousands)

	For the Three Months Ended March 31,	
	2022	2021
Cash flows used in operating activities:		
Net loss	$ (7,977)	$ (3,330)
Adjustments to reconcile net loss to net cash used in operating activities:		
Depreciation and amortization	7,955	7,998
Benefit from doubtful accounts	(170)	(211)
Share-based compensation expense	2,903	3,179
Deferred income taxes	(2,466)	(1,795)
Amortization of debt discounts and issuance costs	518	472
Gain on sale and disposal of fixed assets	(228)	(524)
Changes in operating assets and liabilities, net of acquisitions:		
Accounts receivable, net	12,845	11,093
Inventories	4,259	(1,437)
Other current assets and other assets	(2,540)	(3,492)
Income taxes	33	25
Accounts payable	(6,038)	(14,055)
Accrued expenses and other current liabilities	1,328	(1,299)
Accrued compensation related costs	(17,245)	(36,936)
Other liabilities	(1,598)	(1,576)
Operating lease liabilities, net of amortization of right-of-use assets	123	(478)
Net cash used in operating activities	(8,298)	(42,366)
Cash flows used in investing activities:		
Acquisitions, net of cash acquired	(4,001)	(19,377)
Purchase of property, plant, and equipment	(4,003)	(6,541)
Purchase of therapeutic program equipment leased to third parties under operating leases	(450)	(395)
Proceeds from sale of property, plant, and equipment	551	796
Net cash used in investing activities	(7,903)	(25,517)
Cash flows used in financing activities:		
Payment of employee taxes on share-based compensation	(3,452)	(4,520)
Repayment of term loan	(1,263)	(1,263)
Payment on Seller Notes	(3,087)	(446)
Payments of financing lease obligations	(266)	(265)
Payments under vendor financing arrangements	—	(275)
Proceeds from the exercise of options	—	366
Net cash used in financing activities	(8,068)	(6,403)
Decrease in cash and cash equivalents	(24,269)	(74,286)
Cash and cash equivalents at beginning of period	61,692	144,602
Cash and cash equivalents at end of period	$ 37,423	$ 70,316

Table 4
Hanger, Inc.
Segment Information: Revenue, EBITDA and Adjusted EBITDA
(Unaudited - in thousands)

EBITDA is defined as operating income before depreciation and amortization. Adjusted EBITDA is defined as EBITDA before certain charges, third-party professional fees in excess of normal amounts incurred in connection with our financial statement remediation, expenses associated with equity-based compensation, severance expenses, certain expenses incurred in connection with our acquisitions, proceeds received from grants under the Coronavirus Aid, Relief and Economy Security Act ("CARES Act") and certain other charges.

We use EBITDA and Adjusted EBITDA as measures to assess the relative level of our indebtedness and our compliance with certain debt covenants which are based on these measures. Additionally, we utilize these measures to assess our operating and financial performance. We believe that these measures enhance a user's understanding of normal operating income excluding certain charges, depreciation and amortization.

Neither EBITDA or Adjusted EBITDA are measures of financial performance computed in accordance with Generally Accepted Accounting Principles ("GAAP") and should not be considered in isolation nor as a substitute for operating income, net income, cash flows from operations, or other statement of operations or cash flow data prepared in conformity with GAAP, or as a measure of profitability or liquidity. In addition, the calculation of EBITDA and Adjusted EBITDA is susceptible to varying interpretations and calculations, and the amounts presented may not be comparable to similarly titled measures of other companies. EBITDA and Adjusted EBITDA may not be indicative of historical operating results, and we do not intend these measures to be predictive of future results of operations.

	For the Three Months Ended March 31,	
	2022	2021
Net Revenue (a)		
Patient Care	$ 219,818	$ 195,682
Products & Services	41,469	41,788
Net revenue	$ 261,287	$ 237,470
EBITDA (b)		
Patient Care	$ 21,737	$ 23,865
Products & Services	4,530	6,611
Corporate & Other	(20,857)	(20,457)
EBITDA (Non-GAAP)	$ 5,410	$ 10,019
Adjusted EBITDA (b)		
Patient Care	$ 23,059	$ 24,948
Products & Services	4,855	6,870
Corporate & Other	(18,996)	(18,274)
Adjusted EBITDA (Non-GAAP)	$ 8,918	$ 13,544

(a) Excludes intersegment revenue.
(b) EBITDA and Adjusted EBITDA are "Non-GAAP" measures. Please refer to both Table 6 and Table 7 for a reconciliation of these measures to GAAP net income.

Table 5
Hanger, Inc.
Reconciliation of Net Loss and Loss Per Share to Adjusted Net Loss and Adjusted Loss Per Share
(Unaudited - in thousands, except share and per share amounts)

Earnings Per Share (or "EPS") is defined as net income divided by our basic or diluted common shares during the applicable period. Adjusted EPS is defined as EPS adjusted for certain equity-based compensation charges, third-party professional fees in excess of normal amounts incurred in connection with our financial statement remediation, severance expenses, certain expenses incurred in connection with our acquisitions, proceeds received from grants under the CARES Act, and certain other charges.

We utilize Adjusted EPS to assess our operating and financial performance. We believe that this measure enhances a user's understanding of normal operating results excluding certain charges.

Adjusted EPS is not a measure of financial performance computed in accordance with GAAP and should not be considered in isolation nor as a substitute for operating income, net income, cash flows from operations, or other statement of operations or cash flow data prepared in conformity with GAAP, or as a measure of profitability or liquidity. In addition, the calculation of Adjusted EPS is susceptible to varying interpretations and calculations, and the amounts presented may not be comparable to similarly titled measures of other companies. Adjusted EPS may not be indicative of historical operating results, and we do not intend these measures to be predictive of future results of operations.

	For the Three Months Ended March 31,	
	2022	2021
Net loss - as reported (GAAP)	$ (7,977)	$ (3,330)
Adjustments:		
Amortization expense	1,791	1,234
Acquisition-related expenses	85	160
Hanger supply chain implementation costs	386	132
Severance expenses	134	54
Adjustments prior to tax effect	$ 2,396	$ 1,580
Tax effect of specified adjustments (a)	(266)	(1,219)
Adjustments after taxes	2,130	361
Adjusted net loss (Non-GAAP)	$ (5,847)	$ (2,969)
Basic and diluted loss per share - as reported (GAAP)	$ (0.21)	$ (0.09)
Effect of above listed specified adjustments	0.06	0.01
Adjusted basic and diluted loss per share - as reported (Non-GAAP)	$ (0.15)	$ (0.08)
Shares used to compute basic and diluted loss per share	38,802,420	38,268,332

(a) "Tax effect of specified adjustments" reflects the difference between the Company's effective provision for taxes and the application of a combined federal and state statutory tax rate of 24% for the 2022 and 2021 periods to the Company's earnings from operations before taxes, after the incorporation of the identified adjustments above.

Table 6
Hanger, Inc.
Reconciliation of Net Loss to EBITDA and Adjusted EBITDA
(Unaudited - in thousands)

EBITDA is defined as operating income before depreciation and amortization. Adjusted EBITDA is defined as EBITDA before certain charges, third-party professional fees in excess of normal amounts incurred in connection with our financial statement remediation, expenses associated with equity-based compensation, severance expenses, certain expenses incurred in connection with our acquisitions, proceeds received from grants under the CARES Act and certain other charges.

We use EBITDA and Adjusted EBITDA as measures to assess the relative level of our indebtedness and our compliance with certain debt covenants which are based on these measures. Additionally, we utilize these measures to assess our operating and financial performance. We believe that these measures enhance a user's understanding of normal operating income excluding certain charges, depreciation and amortization.

Neither EBITDA or Adjusted EBITDA are measures of financial performance computed in accordance with Generally Accepted Accounting Principles ("GAAP") and should not be considered in isolation nor as a substitute for operating income, net income, cash flows from operations, or other statement of operations or cash flow data prepared in conformity with GAAP, or as a measure of profitability or liquidity. In addition, the calculation of EBITDA and Adjusted EBITDA is susceptible to varying interpretations and calculations, and the amounts presented may not be comparable to similarly titled measures of other companies. EBITDA and Adjusted EBITDA may not be indicative of historical operating results, and we do not intend these measures to be predictive of future results of operations.

	For the Three Months Ended March 31,	
	2022	2021
Net loss - as reported (GAAP)	$ (7,977)	$ (3,330)
Adjustments to calculate EBITDA:		
Depreciation and amortization	7,955	7,998
Interest expense, net	7,385	7,340
Non-service defined benefit plan expense	160	167
Benefit for income taxes	(2,113)	(2,156)
Adjustments - net loss to EBITDA	13,387	13,349
EBITDA (Non-GAAP)	5,410	10,019
Further adjustments to calculate Adjusted EBITDA:		
Equity-based compensation	2,903	3,179
Acquisition-related expenses	85	160
Hanger supply chain implementation costs	386	132
Severance expenses	134	54
Further adjustments - EBITDA to Adjusted EBITDA	3,508	3,525
Adjusted EBITDA (Non-GAAP)	$ 8,918	$ 13,544

Table 7
Hanger, Inc.
Segment Reconciliation of Income (Loss) From Operations to EBITDA and Adjusted EBITDA
(Unaudited - in thousands)

EBITDA is defined as operating income before depreciation and amortization. Adjusted EBITDA is defined as EBITDA before certain charges, third-party professional fees in excess of normal amounts incurred in connection with our financial statement remediation, expenses associated with equity-based compensation, severance expenses, certain expenses incurred in connection with our acquisitions, proceeds received from grants under the CARES Act and certain other charges.

We use EBITDA and Adjusted EBITDA as measures to assess the relative level of our indebtedness and our compliance with certain debt covenants which are based on these measures. Additionally, we utilize these measures to assess our operating and financial performance. We believe that these measures enhance a user's understanding of normal operating income excluding certain charges, depreciation and amortization.

Neither EBITDA or Adjusted EBITDA are measures of financial performance computed in accordance with Generally Accepted Accounting Principles ("GAAP") and should not be considered in isolation nor as a substitute for operating income, net income, cash flows from operations, or other statement of operations or cash flow data prepared in conformity with GAAP, or as a measure of profitability or liquidity. In addition, the calculation of EBITDA and Adjusted EBITDA is susceptible to varying interpretations and calculations, and the amounts presented may not be comparable to similarly titled measures of other companies. EBITDA and Adjusted EBITDA may not be indicative of historical operating results, and we do not intend these measures to be predictive of future results of operations.

	For the Three Months Ended March 31,	
	2022	**2021**
Patient Care		
Income from operations - as reported (GAAP)	$ 16,993	$ 19,050
Depreciation & amortization	4,744	4,815
EBITDA (Non-GAAP)	21,737	23,865
Further adjustments to calculate Adjusted EBITDA:		
Equity-based compensation	831	897
Hanger supply chain implementation costs	470	132
Severance expenses	21	54
Further adjustments - EBITDA to Adjusted EBITDA	1,322	1,083
Adjusted EBITDA (Non-GAAP)	23,059	24,948
Products & Services		
Income from operations - as reported (GAAP)	2,507	4,676
Depreciation & amortization	2,023	1,935
EBITDA (Non-GAAP)	4,530	6,611
Further adjustments to calculate Adjusted EBITDA:		
Equity-based compensation	296	259
Hanger supply chain implementation costs	(84)	—
Severance expenses	113	—
Further adjustments - EBITDA to Adjusted EBITDA	325	259
Adjusted EBITDA (Non-GAAP)	4,855	6,870
Corporate & Other		
Loss from operations - as reported (GAAP)	(22,045)	(21,705)
Depreciation & amortization	1,188	1,248
EBITDA (Non-GAAP)	(20,857)	(20,457)
Further adjustments to calculate Adjusted EBITDA:		
Equity-based compensation	1,776	2,023
Acquisition related expenses	85	160
Further adjustments - EBITDA to Adjusted EBITDA	1,861	2,183
Adjusted EBITDA (Non-GAAP)	(18,996)	(18,274)
Total Adjusted EBITDA (Non-GAAP)	$ 8,918	$ 13,544

Table 8
Hanger, Inc.
Indebtedness
(Unaudited - in thousands)

	As of March 31, 2022	As of December 31, 2021
Debt:		
Term Loan B	$ 484,800	$ 486,063
Seller Notes	27,725	29,812
Deferred payment obligation	4,000	4,000
Finance lease liabilities and other	3,097	3,344
Total debt before unamortized discount and debt issuance costs	519,622	523,219
Unamortized discount and debt issuance costs, net	(5,532)	(5,974)
Total debt	$ 514,090	$ 517,245
Current portion of long-term debt:		
Term Loan B	$ 5,050	$ 5,050
Seller Notes	7,595	8,969
Finance lease liabilities and other	890	919
Total current portion of long-term debt	13,535	14,938
Long-term debt	$ 500,555	$ 502,307
Net indebtedness:		
Total debt before unamortized discount and debt issuance costs	$ 519,622	$ 523,219
Cash and cash equivalents	(37,423)	(61,692)
Net indebtedness	$ 482,199	$ 461,527

Table 9
Hanger, Inc.
Key Operating Metrics

	As of and For the Three Months Ended March 31,	
	2022	**2021**
Same clinic revenue (a):		
Growth (decline) rate prior to disallowances and PNP	7.9%	(1.1)%
Growth rate on net revenue	6.9%	1.4%
Clinical locations:		
Patient care clinics	757	718
Satellite clinics	118	107
Total clinical locations	875	825

(a) Same Clinic Revenue is computed on a per day basis. This normalizes revenue for the number of days a clinic was open in each comparable period. These measures are both non-GAAP and unaudited.

400

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

MP 6/14/22

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: Innovative Neurotronics, Inc.

Physical Address: 4999 Aircenter Circle Suite 103

City: Reno State: NV Zip: 89502

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 800-350-1100 Website: www.acplus.com/FESpatientsolutions

Name of Designated Representative (DR): Lee Grasseschi

Licensing Company Email: CS@InInc.us DR Email: LGrasseschi@hanger.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: ZMI Electronics, LTD
Address: 6F-1, 286-4, Shin-Ya Road City: Kaohsiung, Taiwan State: _____ Zip: _____
Name: Shenzhen XFT Medical, Limited
Address: 14 Jinhui Road, Pinghan New District City: Shenzhen, China State: _____ Zip: _____
Name: Cardinal Healthcare
Address: 7000 Cardinal Place City: Dublin State: OH Zip: 43017
Name: Polo Custom Products
Address: 3601 SW 29th Street City: Topeka State: KS Zip: 66614

Section 4: Publicly Traded Corporation

State of Incorporation: Delaware
Parent Company (if any): Hanger, Inc.
Corporation Name: Innovative Neurotronics, Inc.
Mailing Address: 4999 Aircenter Circle Suite 103
City: Reno State: NV Zip: 89502
Telephone: 800-350-1100 Email: LGrasseschi@hanger.com
Contact Person Name: Lee Grasseschi
Date of SEC Registration: May 5, 1989 | SEC Registration Number: 1-10670 | Stock Exchange Symbol: HNGR

Section 5: Non-Publicly Traded Corporation

State of Incorporation: _____
Parent Company (if any): _____
Corporation Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____

Section 6: Partnership

Partnership Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____
Business Name: _____
Business Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Lee T. Grasseschi

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

May 6, 2022

Date

Board Use Only	Date Received: _____	Amount: $1000 Check 0820

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HANGER, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF NOVEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

2153738 8300

SR# 20213803226

Authentication: 204695051

Date: 11-15-21

You may verify this certificate online at corp.delaware.gov/authver.shtml

Innovative Neurotronics, Inc.

List of Officers and Directors of Hanger, Inc.

Directors	Officers
Christopher B. Begley, Chairman Vinit K. Asar Asif Ahmad John T. Fox Thomas C. Freyman Stephen E. Hare Mark M. Jones, MD Cynthia L. Luchesse Richard Pettingill Kathryn M. Sullivan	President and Chief Executive Officer: Vinit K. Asar Executive Vice President, Chief Operating Officer, and President, Patient Care Segment: Peter A. Stoy Executive Vice President and Chief Financial Officer: Thomas E. Kiraly Executive Vice President, Corporate Services and Chief Information Officer: C. Scott Ranson Senior Vice President and President, Products & Services Segment: Regina Weger Senior Vice President and Chief Human Resources Officer: Keri L. Jolly Senior Vice President, General Counsel and Secretary: Thomas E. Hartman Senior Vice President and Chief Compliance Officer: Mitchell D. Dobson Senior Vice President and Chief Clinical Officer: James H. Campbell Senior Vice President: Regina Weger Vice President and Chief Accounting Officer: Gabrielle B. Adams Treasurer: Jobie Williams Assistant Secretary: Scott Rowe Assistant Secretary: Thomas E. Kiraly Assistant Secretary: Jobie Williams Assistant Treasurer: Joseph C. Talley Assistant Treasurer and Assistant Secretary: Seth R. Frank

List of Officers and Directors of Innovative Neurotronics, Inc.

Innovative Neurotronics, Inc. (a subsidiary of Hanger, Inc.)

Directors	Officers
Vinit K. Asar Thomas E. Kiraly	President and Chief Executive Officer: Vinit K. Asar General Manager and Vice President: Spencer Dixon LeGrand Executive Vice President: Thomas E. Kiraly Chief Financial Officer: Antony Ricketts Senior Vice President and Chief Compliance Officer: Mitchell Dobson Senior Vice President and Chief Human Resources Officer: Keri L. Jolly Senior Vice President, General Counsel and Secretary: Thomas E. Hartman Treasurer: Jobie Williams Assistant Secretary: Jobie Williams Assistant Secretary: Thomas E. Kiraly Assistant Secretary: Scott Rowe Assistant Treasurer: Joseph C. Talley

Top Four Shareholders of Hanger, Inc.

Name	Percent Ownership
1. Blackrock Inc.	16.69%
2. Price (T.Rowe) Associates	11.25%
3. William Blair Investment Management, LLC	10.855
4. Victory Capital Management, Inc.	9.39%

NEVADA BASED EMPLYEES AS OF 3-31-22		
Finance		**Customer Support**
Alexander, Kennedy		Coville, Tracy
Buckley, Laurie		Davis, Angie
Diehl, Matthew		Maley, Lois
Dukat, Judit		Young, Christopher
Faillers, Afton		Young, Gordon
Grohs, Melissa		
Guzman, Theresa		**Quality & Compliance**
Lange, Alison Y		Curby, Luviminia
Masters, Susan		Grasseschi, Lee
Quesada Arias, Andrea		Hodin, Zlatko
Ricketts, Antony		Lysons, Dylan
Scheuermann, Dorothy		Retherford, Christian
Service Center		**Clinical Education**
Abeyta, Troy		Moore, Tawny
Abid, Erin		Nathan, Geraldine
Aguilar, Jesus		
Cranford, James		**Product Development**
Dukes, Jacob		Thomson, Barry
Guerrero, Francisco		
Johnson, Kyle		**Field Support**
Lassen, Kevin		Moore, Karen
Lee, Christopher		
Seidman, Lance		**Marketing**
		Benson, Lindsay
		Bickel, Christopher

Innovative Neurotronics, Inc. does not have any: **agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness.**

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, DC 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): **May 4, 2022**

Hanger, Inc.
(Exact name of registrant as specified in its charter)

Delaware	**1-10670**	**84-0904275**
(State or other jurisdiction of incorporation)	(Commission File Number)	(IRS Employer Identification No.)

10910 Domain Drive, Suite 300
Austin, Texas 78758
(Address of principal executive offices (zip code))

(512) 777-3800
(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 each class	Trading Symbol(s)	Name of each exchange on which registered
Common Stock, par value $0.01 per share	HNGR	New York Stock Exchange

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Item 2.02. Results of Operations and Financial Condition.

On May 4, 2022, Hanger, Inc. (the "Company") issued a press release announcing the Company's financial results for the three months ended March 31, 2022. A copy of the press release is furnished as Exhibit 99.1 to this report.

The information contained in Item 2.02 of this Current Report on Form 8-K, including Exhibit 99.1 attached hereto, is intended to be furnished 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 liabilities of that section, nor shall it be deemed incorporated by reference in any filing under the Securities Act of 1933, as amended, or the Exchange Act, except as expressly set forth by specific reference in such filing. In addition, this report and the press release contain statements intended as "forward-looking statements" that are subject to the cautionary statements about forward-looking statements set forth in the press release.

Item 9.01 Financial Statements and Exhibits.

(d) Exhibits:

EXHIBIT INDEX

Exhibit No.	Description
99.1	Press Release issued by Hanger, Inc. on May 4, 2022.
104	Cover Page Interactive Data File (formatted as inline XBRL and contained in Exhibit 101)

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 hereunto duly authorized.

HANGER, INC.

By: /s/ Thomas E. Hartman
Thomas E. Hartman
Senior Vice President and General Counsel

Dated: May 4, 2022

Hanger
Empowering Human Potential

Hanger Reports First Quarter 2022 Financial Results

Company Reports Strong Same Clinic Revenue Growth Trends; Reaffirms Guidance

AUSTIN, Texas, May 4, 2022 - Hanger, Inc. (NYSE: HNGR), a leading provider of orthotic and prosthetic (O&P) patient care services and solutions, today announced its financial results for the first quarter ended March 31, 2022.

Financial Highlights

- Net revenues were $261.3 million for the three months ended March 31, 2022, compared to $237.5 million for the same period in 2021, reflecting growth of 10.0 percent. Patient Care same clinic revenue growth per day was 6.9 percent during the period with continuing increases in work-in-process levels during the quarter.
- Net loss was $8.0 million for the three months ended March 31, 2022, compared to $3.3 million for the same period in 2021. Loss from operations was $2.5 million for the quarter compared to income from operations of $2.0 million for the same period in 2021.
- Adjusted EBITDA was $8.9 million in the first quarter of 2022, compared to $13.5 million for the same period in 2021, reflecting a decline of $4.6 million. Comparative earnings in the period were affected by a favorable $3.5 million disallowance and patient non-payment rate in the prior year period, as well as other items specific to the current year period.
- GAAP loss per share was $0.21 for the first quarter of 2022, compared to $0.09 per share for the same period in 2021. Adjusted loss per share was $0.15 for the three months ended March 31, 2022, compared to $0.08 for the same period in 2021.
- The Company reaffirmed its full year guidance for 2022.

Vinit Asar, President and Chief Executive Officer of Hanger, Inc., stated, "We are pleased with the strong rate of revenue growth achieved by our Patient Care business in the first quarter. We currently believe these positive growth trends will be sustainable as work-in-process levels have continued to increase during the quarter."

Mr. Asar continued, "While we encountered some operational difficulties and increased costs during the period, we believe these effects were for the most part temporary in nature and specific to our first quarter results. Based on this, we remain comfortable with and have reaffirmed our guidance for the year."

Segment Results for Three Months Ended March 31, 2022

Patient Care Segment

For the three months ended March 31, 2022, Patient Care net revenues were $219.8 million, an increase of $24.1 million, or 12.3 percent, compared to the same period in 2021. For the three month period, acquisitions of O&P clinics that were consummated in 2021 and 2022 contributed $11.2 million of incremental revenue.

Net same clinic revenue on a day-adjusted basis grew 6.9 percent during the first quarter of 2022 compared to the same quarter in the prior year period. Patient Care results benefited from the continued improvement in patient volumes compared to the decreased levels of demand experienced due to the COVID pandemic during the same period in 2021.

Excluding the effect of acquisitions, net revenue from prosthetics grew 7.7 percent and net revenue from orthotics grew 5.9 percent, each compared to the first quarter of 2021. Prosthetics comprised 52.1 percent of Patient Care segment net revenue for the quarter, compared to 51.7 percent in the same period of 2021. Income from operations in the Patient Care segment was $17.0 million during the first quarter of 2022, a decrease of $2.1 million compared to the $19.1 million reported in the prior year.

Payor disallowances and patient non-payment were 4.4 percent of gross charges during the first quarter of 2022 which compared to 2.9 percent during the first quarter of 2021, resulting in an approximate $3.5 million comparative decrease to revenue, income from operations and Adjusted EBITDA. During the quarter, the Patient Care segment's income from operations and Adjusted EBITDA incurred $1.2 million and $0.9 million, respectively, in increased costs associated with its fabrication facilities, in part due to increased reliance on higher cost third party fabrication services related to constraints encountered in its own operations due to the effects of the Omicron variant of COVID-19, the availability of staffing and delays in the opening of its new fabrication facility in Phoenix, Arizona. That facility was successfully opened prior to the end of the quarter. The segment also incurred $0.6 million in increased freight costs as compared with the first quarter of 2021.

Adjusted EBITDA for the segment was $23.1 million, which reflected a $1.9 million decrease compared to the first quarter of 2021. Adjusted EBITDA margin in the segment totaled 10.5 percent compared to 12.7 percent during the first quarter of 2021.

Products & Services Segment

For the three months ended March 31, 2022, Products & Services net revenues totaled $41.5 million, reflecting a decline of 0.8 percent compared with the same period in 2021. Revenue from the distribution of O&P componentry totaled $31.4 million, reflecting growth of $0.7 million, or 2.4 percent. Therapeutic solutions revenue in the first quarter totaled $10.1 million, a decline of $1.0 million, or 9.4 percent.

Income from operations for the Products & Services segment was $2.5 million in the first quarter of 2022 compared to $4.7 million in the same period of 2021. Adjusted EBITDA for the segment totaled $4.9 million for the first quarter of 2022, a $2.0 million decline compared with the same period of 2021.

Adjusted EBITDA margin in the segment totaled 11.7 percent compared to 16.4 percent during the first quarter of 2021.

Corporate & Other

Expenses associated with corporate and other activities increased by $0.3 million to $22.0 million for the quarter ended March 31, 2022 compared to the same period in 2021. Excluding the effect of depreciation and amortization, and acquisition-related expense, the net cost of corporate and other activities increased by $0.7 million to $19.0 million in the first quarter of 2022.

Net Income; Interest Expense

Interest expense totaled $7.4 million for the three month period ended March 31, 2022, which is unchanged from the prior year period.

For the three month period ended March 31, 2022, net loss was $8.0 million compared with $3.3 million for the same period in 2021. GAAP diluted loss per share was $0.21 compared to $0.09 per share in 2021. Adjusted diluted loss per share was $0.15 for the three months ended March 31, 2022, compared to $0.08 per share for the same period in 2021.

Net Cash Used In Operating Activities; Liquidity

Cash flows used in operating activities for the three months ended March 31, 2022 were $8.3 million compared to cash flows used in operating activities of $42.4 million for the same period in 2021. The Company's days sales outstanding were 48 days as of March 31, 2022, which reflected a three-day increase as compared to the same period in 2021.

On March 31, 2022, the Company had liquidity of $167.2 million, comprised of $37.4 million in cash and cash equivalents, and $129.8 million in available borrowing capacity under its revolving credit facility. This compares to total liquidity of $165.1 million on March 31, 2021.

2022 Outlook

Due in part to favorable same clinic growth trends, the previous incorporation of disallowance trends similar to those experienced in the first quarter and the anticipated temporary nature of certain other costs incurred in the quarter, the Company's outlook for 2022 remains unchanged since its initial announcement on February 7, 2022.

As previously disclosed, the Company anticipates 2022 net revenue will be in a range between $1.190 billion and $1.220 billion, and Adjusted EBITDA in a range between $127 million and $132 million. The Company's outlook for 2022 includes approximately $35 million in revenue relating to the full year effect of acquisitions consummated in 2021.

Adjusted EBITDA in this outlook is provided on a non-GAAP basis only because a reconciliation to the most comparable GAAP financial measure, net income, is not available without unreasonable effort due

to the unpredictable nature of reconciling items that render such a reconciliation not meaningful for investors.

Conference and Webcast Details

Hanger's management team will host a conference call tomorrow, Thursday, May 5, 2022 at 8:30 a.m. Eastern time to discuss the Company's first quarter 2022 financial results and business outlook.

To participate in the Company's live conference call, please dial (844) 200-6205 or +1 (929) 526-1599 for international participants and reference access code 335781. A live webcast, replay of the call, and earnings release will be available on the Company's Investor Relations website at https://investor.hanger.com/financial-reporting/quarterly-results. A replay of the call will be available via webcast for on-demand listening shortly after the completion of the call.

Additional Notes

A reconciliation of GAAP and non-GAAP financial results is included in the tables provided at the back of this press release. The Company has provided certain supplemental key statistics relating to its results for certain prior periods. These key statistics are non-GAAP measures used by the Company's management to analyze the Company's business results that are being provided for informational and analytical context.

Accompanying supplemental information will be posted to the Investor Relations section of Hanger's web site at investor.hanger.com.

About Hanger, Inc. – Headquartered in Austin, Texas, Hanger, Inc. (NYSE: HNGR) provides comprehensive, outcomes-based orthotic and prosthetic (O&P) services through its Patient Care segment, with approximately 875 Hanger Clinic locations nationwide. Through its Products & Services segment, Hanger distributes branded and private label O&P devices, products and components, and provides rehabilitative solutions. Recognized by *Forbes* as one of America's Best Employers for 2022, and rooted in 160 years of clinical excellence and innovation, Hanger is a purpose-driven company with a vision to lead the O&P markets by providing superior patient care, outcomes, services and value, aimed at empowering human potential. For more information on Hanger, visit investor.hanger.com.

This earnings release contains statements that are forward-looking statements within the meaning of the federal securities laws. Forward-looking statements include information concerning our liquidity and our possible or assumed future results of operations, including descriptions of our business strategies. These statements often include words such as "believe," "expect," "project," "potential," "anticipate," "intend," "plan," "estimate," "seek," "will," "may," "would," "should," "could," "forecasts" or similar words. These statements are based on certain assumptions that we have made in light of our experience in the industry as well as our perceptions of historical trends, current conditions, expected future developments and other factors we believe are appropriate in these circumstances. We believe these assumptions are reasonable, but you should understand that these statements are not guarantees of performance or results, and our actual results could differ materially from those expressed in the forward-looking statements due to a variety of important factors, both positive and negative, that may be revised or supplemented in subsequent releases or reports. These statements involve risks, estimates, assumptions, and uncertainties that could cause actual results to differ materially from those expressed in

these statements and elsewhere in this release. These uncertainties include, but are not limited to, the financial and business impacts of COVID-19 on our operations and the operations of our customers, suppliers, governmental and private payers and others in the healthcare industry and beyond; labor shortages and increased turnover in our employee base; contractual, inflationary and other general cost increases, including with regard to costs of labor, raw materials and freight; federal laws governing the health care industry; governmental policies affecting O&P operations, including with respect to reimbursement; failure to successfully implement a new enterprise resource planning system or other disruptions to information technology systems; the inability to successfully execute our acquisition strategy, including integration of recently acquired O&P clinics into our existing business; changes in the demand for our O&P products and services, including additional competition in the O&P services market; disruptions to our supply chain; our ability to enter into and derive benefits from managed-care contracts; our ability to successfully attract and retain qualified O&P clinicians; and other risks and uncertainties generally affecting the health care industry. For additional information and risk factors that could affect the Company, see its Form 10-K for the year ended December 31, 2021 and Quarterly Report on Form 10-Q for the three months ended March 31, 2022, each as filed with the Securities and Exchange Commission. The information contained in this press release is made only as of the date hereof, even if subsequently made available by the Company on its website or otherwise.

SOURCE Hanger, Inc.

Investor Relations Contact:
Asher Dewhurst
(443) 213-0503
HangerIR@westwicke.com

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Table 1
Hanger, Inc.
Condensed Consolidated Statements of Operations
(Unaudited - in thousands, except share and per share amounts)

	For the Three Months Ended March 31,	
	2022	2021
Net revenues	$ 261,287	$ 237,470
Material costs	85,592	75,170
Personnel costs	101,675	89,880
Other operating costs	36,168	31,498
General and administrative expenses	32,442	30,903
Depreciation and amortization	7,955	7,998
(Loss) income from operations	(2,545)	2,021
Interest expense, net	7,385	7,340
Non-service defined benefit plan expense	160	167
Loss before income taxes	(10,090)	(5,486)
Benefit for income taxes	(2,113)	(2,156)
Net loss	$ (7,977)	$ (3,330)
Basic and diluted per common share data:		
Basic and diluted loss per share	$ (0.21)	$ (0.09)
Weighted average shares used to compute basic and diluted loss per share	38,802,420	38,268,332

Table 2
Hanger, Inc.
Condensed Consolidated Balance Sheets
(Unaudited - in thousands)

	As of March 31, 2022	As of December 31, 2021
ASSETS		
Current assets:		
Cash and cash equivalents	$ 37,423	$ 61,692
Accounts receivable, net	139,617	152,058
Inventories	83,288	87,462
Income taxes receivable	548	581
Other current assets	18,527	16,536
Total current assets	279,403	318,329
Non-current assets:		
Property, plant, and equipment, net	80,906	82,434
Goodwill	367,914	363,554
Other intangible assets, net	25,032	25,892
Deferred income taxes	45,743	45,494
Operating lease right-of-use assets	141,820	144,491
Other assets	18,844	17,945
Total assets	$ 959,662	$ 998,139
TOTAL LIABILITIES AND SHAREHOLDERS' EQUITY		
Current liabilities:		
Current portion of long-term debt	$ 13,535	$ 14,938
Accounts payable	57,969	63,565
Accrued expenses and other current liabilities	58,391	60,399
Accrued compensation related costs	37,232	54,465
Current portion of operating lease liabilities	33,182	33,438
Total current liabilities	200,309	226,805
Long-term liabilities:		
Long-term debt, less current portion	500,555	502,307
Operating lease liabilities	121,725	124,016
Other liabilities	28,520	34,840
Total liabilities	851,109	887,968
Shareholders' equity:		
Common stock	392	389
Additional paid-in capital	373,092	373,644
Accumulated other comprehensive loss	(4,242)	(11,150)
Accumulated deficit	(259,993)	(252,016)
Treasury stock, at cost	(696)	(696)
Total shareholders' equity	108,553	110,171
Total liabilities and shareholders' equity	$ 959,662	$ 998,139

Table 3
Hanger, Inc.
Condensed Consolidated Statements of Cash Flows
(Unaudited - in thousands)

	For the Three Months Ended March 31,	
	2022	2021
Cash flows used in operating activities:		
Net loss	$ (7,977)	$ (3,330)
Adjustments to reconcile net loss to net cash used in operating activities:		
Depreciation and amortization	7,955	7,998
Benefit from doubtful accounts	(170)	(211)
Share-based compensation expense	2,903	3,179
Deferred income taxes	(2,466)	(1,795)
Amortization of debt discounts and issuance costs	518	472
Gain on sale and disposal of fixed assets	(228)	(524)
Changes in operating assets and liabilities, net of acquisitions:		
Accounts receivable, net	12,845	11,093
Inventories	4,259	(1,437)
Other current assets and other assets	(2,540)	(3,492)
Income taxes	33	25
Accounts payable	(6,038)	(14,055)
Accrued expenses and other current liabilities	1,328	(1,299)
Accrued compensation related costs	(17,245)	(36,936)
Other liabilities	(1,598)	(1,576)
Operating lease liabilities, net of amortization of right-of-use assets	123	(478)
Net cash used in operating activities	(8,298)	(42,366)
Cash flows used in investing activities:		
Acquisitions, net of cash acquired	(4,001)	(19,377)
Purchase of property, plant, and equipment	(4,003)	(6,541)
Purchase of therapeutic program equipment leased to third parties under operating leases	(450)	(395)
Proceeds from sale of property, plant, and equipment	551	796
Net cash used in investing activities	(7,903)	(25,517)
Cash flows used in financing activities:		
Payment of employee taxes on share-based compensation	(3,452)	(4,520)
Repayment of term loan	(1,263)	(1,263)
Payment on Seller Notes	(3,087)	(446)
Payments of financing lease obligations	(266)	(265)
Payments under vendor financing arrangements	—	(275)
Proceeds from the exercise of options	—	366
Net cash used in financing activities	(8,068)	(6,403)
Decrease in cash and cash equivalents	(24,269)	(74,286)
Cash and cash equivalents at beginning of period	61,692	144,602
Cash and cash equivalents at end of period	$ 37,423	$ 70,316

Table 4
Hanger, Inc.
Segment Information: Revenue, EBITDA and Adjusted EBITDA
(Unaudited - in thousands)

EBITDA is defined as operating income before depreciation and amortization. Adjusted EBITDA is defined as EBITDA before certain charges, third-party professional fees in excess of normal amounts incurred in connection with our financial statement remediation, expenses associated with equity-based compensation, severance expenses, certain expenses incurred in connection with our acquisitions, proceeds received from grants under the Coronavirus Aid, Relief and Economy Security Act ("CARES Act") and certain other charges.

We use EBITDA and Adjusted EBITDA as measures to assess the relative level of our indebtedness and our compliance with certain debt covenants which are based on these measures. Additionally, we utilize these measures to assess our operating and financial performance. We believe that these measures enhance a user's understanding of normal operating income excluding certain charges, depreciation and amortization.

Neither EBITDA or Adjusted EBITDA are measures of financial performance computed in accordance with Generally Accepted Accounting Principles ("GAAP") and should not be considered in isolation nor as a substitute for operating income, net income, cash flows from operations, or other statement of operations or cash flow data prepared in conformity with GAAP, or as a measure of profitability or liquidity. In addition, the calculation of EBITDA and Adjusted EBITDA is susceptible to varying interpretations and calculations, and the amounts presented may not be comparable to similarly titled measures of other companies. EBITDA and Adjusted EBITDA may not be indicative of historical operating results, and we do not intend these measures to be predictive of future results of operations.

	For the Three Months Ended March 31,	
	2022	2021
Net Revenue (a)		
Patient Care	$ 219,818	$ 195,682
Products & Services	41,469	41,788
Net revenue	$ 261,287	$ 237,470
EBITDA (b)		
Patient Care	$ 21,737	$ 23,865
Products & Services	4,530	6,611
Corporate & Other	(20,857)	(20,457)
EBITDA (Non-GAAP)	$ 5,410	$ 10,019
Adjusted EBITDA (b)		
Patient Care	$ 23,059	$ 24,948
Products & Services	4,855	6,870
Corporate & Other	(18,996)	(18,274)
Adjusted EBITDA (Non-GAAP)	$ 8,918	$ 13,544

(a) Excludes intersegment revenue.
(b) EBITDA and Adjusted EBITDA are "Non-GAAP" measures. Please refer to both Table 6 and Table 7 for a reconciliation of these measures to GAAP net income.

Table 5
Hanger, Inc.
Reconciliation of Net Loss and Loss Per Share to Adjusted Net Loss and Adjusted Loss Per Share
(Unaudited - in thousands, except share and per share amounts)

Earnings Per Share (or "EPS") is defined as net income divided by our basic or diluted common shares during the applicable period. Adjusted EPS is defined as EPS adjusted for certain equity-based compensation charges, third-party professional fees in excess of normal amounts incurred in connection with our financial statement remediation, severance expenses, certain expenses incurred in connection with our acquisitions, proceeds received from grants under the CARES Act, and certain other charges.

We utilize Adjusted EPS to assess our operating and financial performance. We believe that this measure enhances a user's understanding of normal operating results excluding certain charges.

Adjusted EPS is not a measure of financial performance computed in accordance with GAAP and should not be considered in isolation nor as a substitute for operating income, net income, cash flows from operations, or other statement of operations or cash flow data prepared in conformity with GAAP, or as a measure of profitability or liquidity. In addition, the calculation of Adjusted EPS is susceptible to varying interpretations and calculations, and the amounts presented may not be comparable to similarly titled measures of other companies. Adjusted EPS may not be indicative of historical operating results, and we do not intend these measures to be predictive of future results of operations.

	For the Three Months Ended March 31,	
	2022	2021
Net loss - as reported (GAAP)	$ (7,977)	$ (3,330)
Adjustments:		
Amortization expense	1,791	1,234
Acquisition-related expenses	85	160
Hanger supply chain implementation costs	386	132
Severance expenses	134	54
Adjustments prior to tax effect	$ 2,396	$ 1,580
Tax effect of specified adjustments (a)	(266)	(1,219)
Adjustments after taxes	2,130	361
Adjusted net loss (Non-GAAP)	$ (5,847)	$ (2,969)
Basic and diluted loss per share - as reported (GAAP)	$ (0.21)	$ (0.09)
Effect of above listed specified adjustments	0.06	0.01
Adjusted basic and diluted loss per share - as reported (Non-GAAP)	$ (0.15)	$ (0.08)
Shares used to compute basic and diluted loss per share	38,802,420	38,268,332

(a) "Tax effect of specified adjustments" reflects the difference between the Company's effective provision for taxes and the application of a combined federal and state statutory tax rate of 24% for the 2022 and 2021 periods to the Company's earnings from operations before taxes, after the incorporation of the identified adjustments above.

Table 6
Hanger, Inc.
Reconciliation of Net Loss to EBITDA and Adjusted EBITDA
(Unaudited - in thousands)

EBITDA is defined as operating income before depreciation and amortization. Adjusted EBITDA is defined as EBITDA before certain charges, third-party professional fees in excess of normal amounts incurred in connection with our financial statement remediation, expenses associated with equity-based compensation, severance expenses, certain expenses incurred in connection with our acquisitions, proceeds received from grants under the CARES Act and certain other charges.

We use EBITDA and Adjusted EBITDA as measures to assess the relative level of our indebtedness and our compliance with certain debt covenants which are based on these measures. Additionally, we utilize these measures to assess our operating and financial performance. We believe that these measures enhance a user's understanding of normal operating income excluding certain charges, depreciation and amortization.

Neither EBITDA or Adjusted EBITDA are measures of financial performance computed in accordance with Generally Accepted Accounting Principles ("GAAP") and should not be considered in isolation nor as a substitute for operating income, net income, cash flows from operations, or other statement of operations or cash flow data prepared in conformity with GAAP, or as a measure of profitability or liquidity. In addition, the calculation of EBITDA and Adjusted EBITDA is susceptible to varying interpretations and calculations, and the amounts presented may not be comparable to similarly titled measures of other companies. EBITDA and Adjusted EBITDA may not be indicative of historical operating results, and we do not intend these measures to be predictive of future results of operations.

	For the Three Months Ended March 31,	
	2022	2021
Net loss - as reported (GAAP)	$ (7,977)	$ (3,330)
Adjustments to calculate EBITDA:		
Depreciation and amortization	7,955	7,998
Interest expense, net	7,385	7,340
Non-service defined benefit plan expense	160	167
Benefit for income taxes	(2,113)	(2,156)
Adjustments - net loss to EBITDA	13,387	13,349
EBITDA (Non-GAAP)	5,410	10,019
Further adjustments to calculate Adjusted EBITDA:		
Equity-based compensation	2,903	3,179
Acquisition-related expenses	85	160
Hanger supply chain implementation costs	386	132
Severance expenses	134	54
Further adjustments - EBITDA to Adjusted EBITDA	3,508	3,525
Adjusted EBITDA (Non-GAAP)	$ 8,918	$ 13,544

Table 7
Hanger, Inc.
Segment Reconciliation of Income (Loss) From Operations to EBITDA and Adjusted EBITDA
(Unaudited - in thousands)

EBITDA is defined as operating income before depreciation and amortization. Adjusted EBITDA is defined as EBITDA before certain charges, third-party professional fees in excess of normal amounts incurred in connection with our financial statement remediation, expenses associated with equity-based compensation, severance expenses, certain expenses incurred in connection with our acquisitions, proceeds received from grants under the CARES Act and certain other charges.

We use EBITDA and Adjusted EBITDA as measures to assess the relative level of our indebtedness and our compliance with certain debt covenants which are based on these measures. Additionally, we utilize these measures to assess our operating and financial performance. We believe that these measures enhance a user's understanding of normal operating income excluding certain charges, depreciation and amortization.

Neither EBITDA or Adjusted EBITDA are measures of financial performance computed in accordance with Generally Accepted Accounting Principles ("GAAP") and should not be considered in isolation nor as a substitute for operating income, net income, cash flows from operations, or other statement of operations or cash flow data prepared in conformity with GAAP, or as a measure of profitability or liquidity. In addition, the calculation of EBITDA and Adjusted EBITDA is susceptible to varying interpretations and calculations, and the amounts presented may not be comparable to similarly titled measures of other companies. EBITDA and Adjusted EBITDA may not be indicative of historical operating results, and we do not intend these measures to be predictive of future results of operations.

	For the Three Months Ended March 31,	
	2022	**2021**
Patient Care		
Income from operations - as reported (GAAP)	$ 16,993	$ 19,050
Depreciation & amortization	4,744	4,815
EBITDA (Non-GAAP)	21,737	23,865
Further adjustments to calculate Adjusted EBITDA:		
Equity-based compensation	831	897
Hanger supply chain implementation costs	470	132
Severance expenses	21	54
Further adjustments - EBITDA to Adjusted EBITDA	1,322	1,083
Adjusted EBITDA (Non-GAAP)	23,059	24,948
Products & Services		
Income from operations - as reported (GAAP)	2,507	4,676
Depreciation & amortization	2,023	1,935
EBITDA (Non-GAAP)	4,530	6,611
Further adjustments to calculate Adjusted EBITDA:		
Equity-based compensation	296	259
Hanger supply chain implementation costs	(84)	—
Severance expenses	113	—
Further adjustments - EBITDA to Adjusted EBITDA	325	259
Adjusted EBITDA (Non-GAAP)	4,855	6,870
Corporate & Other		
Loss from operations - as reported (GAAP)	(22,045)	(21,705)
Depreciation & amortization	1,188	1,248
EBITDA (Non-GAAP)	(20,857)	(20,457)
Further adjustments to calculate Adjusted EBITDA:		
Equity-based compensation	1,776	2,023
Acquisition related expenses	85	160
Further adjustments - EBITDA to Adjusted EBITDA	1,861	2,183
Adjusted EBITDA (Non-GAAP)	(18,996)	(18,274)
Total Adjusted EBITDA (Non-GAAP)	$ 8,918	$ 13,544

Table 8
Hanger, Inc.
Indebtedness
(Unaudited - in thousands)

	As of March 31, 2022	As of December 31, 2021
Debt:		
Term Loan B	$ 484,800	$ 486,063
Seller Notes	27,725	29,812
Deferred payment obligation	4,000	4,000
Finance lease liabilities and other	3,097	3,344
Total debt before unamortized discount and debt issuance costs	519,622	523,219
Unamortized discount and debt issuance costs, net	(5,532)	(5,974)
Total debt	$ 514,090	$ 517,245
Current portion of long-term debt:		
Term Loan B	$ 5,050	$ 5,050
Seller Notes	7,595	8,969
Finance lease liabilities and other	890	919
Total current portion of long-term debt	13,535	14,938
Long-term debt	$ 500,555	$ 502,307
Net indebtedness:		
Total debt before unamortized discount and debt issuance costs	$ 519,622	$ 523,219
Cash and cash equivalents	(37,423)	(61,692)
Net indebtedness	$ 482,199	$ 461,527

Table 9
Hanger, Inc.
Key Operating Metrics

	As of and For the Three Months Ended March 31,	
	2022	**2021**
Same clinic revenue (a):		
Growth (decline) rate prior to disallowances and PNP	7.9%	(1.1)%
Growth rate on net revenue	6.9%	1.4%
Clinical locations:		
Patient care clinics	757	718
Satellite clinics	118	107
Total clinical locations	875	825

(a) Same Clinic Revenue is computed on a per day basis. This normalizes revenue for the number of days a clinic was open in each comparable period. These measures are both non-GAAP and unaudited.

4PP

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 one box only)		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: Summerlin LTC Inc. (DBA - 986 LTC Pharmacy)

Physical Address: 321 N. Buffalo Dr. Suite 110

City: Las Vegas State: NV Zip: 89145

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 626-456-4132 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: N/A Contact Email: Danny.thai@986pharmacy.com

Website: N/A

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Danny Thai ✓

Supervising/Managing Pharmacist NV Pharmacist Registration #: 19520 ✓

Type of Pharmacy (check all applicable)

- ■ Retail/Community
- ☐ Hospital (# beds _____)
- ☐ Internet
- ☐ Nuclear
- ☐ Other: _____

Services the Pharmacy will Provide (check all applicable)

- ☐ Retail/Community
- ☐ Non-sterile Compounding
- ☐ Sterile Compounding
- ☐ Mail-Order Service
- ☐ Off-site Cognitive Services
- ■ Long Term Care
- ☐ Hospital
- ☐ Other:

■ 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: Danny Thai	NV Pharmacist Registration #: 19520
Name: Yeh-Tang Lin	NV Pharmacist Registration #: 19997
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: Cindy Van Ta Ojeda	Credentials: Registered Nurse	%: 20
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.

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

State of Incorporation/Organization: Nevada

Parent Company (if any): N/A

Corporation/Organization Name: Summerlin LTC Inc.

Mailing Address: 321 N. Buffalo Dr. Suite 110

City: Las Vegas State: NV Zip: 89145

Telephone: 626-456-4132 Email: Danny.thai@986pharmacy.com

Contact Person Name: Danny Thai

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ■ No

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

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility. MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the President / Secretary (title) for Summerlin LTC Inc. (DBA - 986 LTC 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).

Danny Thai

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

03/16/2022

Date

[redacted]

Affidavit for Pharmacy License

I, Danny Thai hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the President / Secretary (title) for Summerlin LTC Inc. (DBA - 986 LTC Pharmacy) (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 16th day of March, 2022

Tano Guy
Notary Public

TANO GUY
Notary Public, State of Nevada
Appointment No. 16-3560-1
My Appt. Expires Aug 30, 2024

Section II: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR THE NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Danny Thai Pharmacist Registration #: 19520

Pharmacy Name: Summerlin LTC Inc. (DBA - 986 LTC Pharmacy)

Initial each statement below to indicate you have read and agree with the following:

DT. 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.

DT. 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.

DT. 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.

DT. 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)).

DT. 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

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		Date	Case #

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Original signature of Managing Pharmacist (copies or stamps not accepted) Date 03/16/2022

• **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.

DANNY THAI

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)

03/16/2022

Date

Board Use Only	Date Received: _____	Amount: 500	Check # 169

July 21, 2022

To Whom it May Concern:

I, Cindy Van Ta Ojeda, am not currently practicing as a Registered Nurse in the state of Nevada.

I am licensed in the state of California with the following BRN license number: 565436.

Should you have any questions, please do not hesitate to contact me.

Kind regards,



Cindy Ojeda, BSN, RN, PHN
[redacted]

Scanned with CamScanner

Summerlin LTC Inc. (dba 986 LTC Pharmacy)

List of Officers and Directors

Danny Thai

Cindy Van Ta Ojeda

List of top four stockholders and their percent ownership

Danny Thai 65%

Cindy Van Ta Ojeda 20%

Weiwei Tsai 15%

List all stockholders who hold 10% or more of the shares

Danny Thai 65%

Cindy Van Ta Ojeda 20%

Weiwei Tsai 15%

SECRETARY OF STATE

STATE OF NEVADA

DOMESTIC CORPORATION (78) CHARTER

I, BARBARA K. CEGAVSKE, the duly qualified and elected Nevada Secretary of State, do hereby certify that **Summerlin LTC Inc.** did, on 01/12/2022, file in this office the original Articles of Incorporation-For-Profit that said document is now on file and of record in the office of the Secretary of State of the State of Nevada, and further, that said document contains all the provisions required by the law of the State of Nevada.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 01/12/2022.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate
Number: B202201122302789
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

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/ Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Summerlin LTC Inc. (DBA - 986 LTC Pharmacy)

Physical Address 321 N. Buffalo Dr. Suite 110

City Las Vegas State NV Zip 89145

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email _____

Section 2: Personal Information

First Danny Middle _____ Last Thai

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted] Misty Canyon Ave

City Las Vegas State NV Zip 89113

Telephone [redacted] Email danny.thai@986pharmacy.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service Information	Yes	No
1. Have you ever served on active 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: Child Support Information (NRS 425.520, NAC 639.130)	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 DT.

School Name		From - To (MM/YY – MM/YY)	
Western University of Health Sciences		09/2011 - 05/2015	
Address	City	State	Zip
309 E 2nd St.	Pomona	CA	91766
Diploma/Degree obtained, if any			
Pharm.D			

School Name		From - To (MM/YY – MM/YY)	
University of California, Los Angeles		09/2009 - 05/2011	
Address	City	State	Zip
1147 Murphy Hall	Los Angeles	CA	90095
Diploma/Degree obtained, if any			
BS			

School Name		From - To (MM/YY – MM/YY)	
East Los Angeles College		09/2006 - 05/2009	
Address	City	State	Zip
1301 Avenida Cesar Chavez	Monterey Park	CA	91754
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Gabrielino High School		09/2001 - 05/2005	
Address	City	State	Zip
1327 S San Gabriel Blvd	San Gabriel	CA	91776
Diploma/Degree obtained, if any			
HS Diploma			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

If additional space is needed

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/2018 - Present	[redacted] Misty Canyon Ave	Las Vegas	NV	89145
From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/2017 - 12/2018	[redacted] S Hualapai Way	Las Vegas	NV	89147
From - To (MM/YY – MM/YY)	Address	City	State	Zip
09/2015 - 10/2017	[redacted] Solana Ct	El Monte	CA	91733
From - To (MM/YY – MM/YY)	Address	City	State	Zip
03/2000 - 08/2015	[redacted] Walnut St	San Gabriel	CA	91776
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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)	
986 Specialty Pharmacy #2 Inc.			10/2017 - Present	
Business Address		**City**	**State**	**Zip**
241 N. Buffalo Dr. Suite 150		Las Vegas	NV	89145
Phone	**Title**			
702 909 4072	Owner/shareholder, Pharmacist-in-Charge			
Description of Duties				
Director, Pharmacist duties, pharmacy manager roles				

Business Name			From - To (MM/YY – MM/YY)	
986 Infusion Pharmacy #1, Inc.			04/2019 - Present	
Business Address		**City**	**State**	**Zip**
4420 E. Miraloma Ave. Suite F		Anaheim	CA	92807
Phone	**Title**			
714 701 1192	Owner/shareholder			
Description of Duties				
Manage pharmacy operations				

Business Name			From - To (MM/YY – MM/YY)	
DAK Healthcare Inc. DBA 986 Pharmacy #8009			09/2021 - Present	
Business Address		**City**	**State**	**Zip**
9209 Colima Rd. Suite 1100		Whittier	CA	90605
Phone	**Title**			
562 789 5852	CEO, Stockholder			
Description of Duties				
Manage pharmacy operations				

Business Name			From - To (MM/YY – MM/YY)	
Partner Healthcare Inc.			9/2011 - 10/2017	
Business Address		**City**	**State**	**Zip**
2035 S Myrtle Ave		Monrovia	CA	91016
Phone	**Title**			
626 448 4085	Intern Pharmacist, Staff Pharmacist			
Description of Duties				
Intern, and Pharmacist duties				

Business Name			From - To (MM/YY – MM/YY)	
CKD Properties LLC			09/2021 - Present	
Business Address		**City**	**State**	**Zip**
8118 Misty Canyon Ave.		Las Vegas	NV	89113
Phone	**Title**			
626 456 4132	Managing Member, Stockholder			
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 DT.

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 ST.

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 DT.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Danny Thai

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

03/16/2022

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Danny Thai, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

03/16/2022

Date

Subscribed and Sworn to before me this 16th day of March 2022

Tano Guy

Notary Public Signature

TANO GUY
Notary Public, State of Nevada
Appointment No. 16-3560-1
My Appt. Expires Aug 30, 2024

(Seal)

Applicant's initials DT.

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 Summerlin LTC Inc. DBA 986 LTC Pharmacy

Physical Address 321 N. Buffalo Dr. Suite 110

City Las Vegas State NV Zip 89145

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 626-456-4132 Website _____

Licensing Company Email danny.thai@986pharmacy.com

Section 2: Personal Information

First Cindy Middle Van Last Ta Ojeda

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ■ F ☐ X

Mailing Address [redacted] Hillsborough Lane

City Chino Hills State CA Zip 91709

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 CO

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
Biola University			08/95 - 05/99	
Address		City	State	Zip
13800 Biola Ave.		La Mirada	CA	90639
Diploma/Degree obtained, if any				
Bachelor of Science - Nursing				
School Name			From - To (MM/YY – MM/YY)	
South Pasadena High School			09/91 - 06/95	
Address		City	State	Zip
1401 Fremont Ave.		South Pasadena	CA	91030
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
02/03-Present	[redacted] Hillsborough Lane	Chino Hills	CA	91709
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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 VO

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)
986 Specialty Pharmacy #2 Inc			04/19 - Present
Business Address	**City**	**State**	**Zip**
241 N. Buffalo Dr.	Las Vegas	NV	89145
Phone	**Title**		
702-909-4072	High Risk Patient Evaluator, Specialty Medication		
Description of Duties			
Ensuring patient adherence to prescription plan. Liaison between healthcare providers to confirm proper dosing regiment and to coordinate patient follow up visits, if necessary.			

Business Name			From - To (MM/YY – MM/YY)
Cal Med Pharmacy			07/17 - 04/19
Business Address	**City**	**State**	**Zip**
24031 Marguerite Parkway	Mission Viejo	CA	92692
Phone	**Title**		
949-586-1700	High Risk Patient Evaluator, Specialty Medication		
Description of Duties			
Ensuring patient adherence to prescription plan. Liaison between healthcare providers to confirm proper dosing regiment and to coordinate patient follow up visits, if necessary.			

Business Name			From - To (MM/YY – MM/YY)
California Department of Public Health			01/13 - 09/13
Business Address	**City**	**State**	**Zip**
770 The City Drive S #7300	Orange	CA	92868
Phone	**Title**		
714-703-2600	Health Facilities Evaluator Nurse		
Description of Duties			
Conducted in-depth surveys of healthcare facilities to determine compliance with State and Federal certification requirements based on observations, interviews and document review. Prepared written comprehensive narrative reports of findings and state			

Business Name			From - To (MM/YY – MM/YY)
986 Specialty Pharmacy #1, Inc.			06/17 - 02/21
Business Address	**City**	**State**	**Zip**
1647 N. Hacienda Blvd.	La Puente	CA	91744
Phone	**Title**		
626-850-5318	Stockholder and Director		
Description of Duties			
Stockholder and Director Duties			

Business Name			From - To (MM/YY – MM/YY)
986 Specialty Pharmacy #2 Inc			09/17 - Present
Business Address	**City**	**State**	**Zip**
241 N. Buffalo Drive	Las Vegas	NV	89145
Phone	**Title**		
702-909-4072	Stockholder and Director		
Description of Duties			
Stockholder and Director Duties			

Continue on next page if additional space is needed.

Applicant's initials MO

Business Name			From - To (MM/YY – MM/YY)
986 Specialty Pharmacy #3, Inc.			09/19 - 02/20
Business Address	**City**	**State**	**Zip**
6205 Coit Road Suite 356	Plano	TX	75024
Phone	**Title**		
469-543-0199	Stockholder and Director		
Description of Duties			
Stockholder and Director Duties			

Business Name			From - To (MM/YY – MM/YY)
986 Infusion Pharmacy #1, Inc.			07/19 - Present
Business Address	**City**	**State**	**Zip**
4420 E. Miraloma Ave. Suite F	Anaheim	CA	92807
Phone	**Title**		
714-701-1192	Stockholder, CFO, and Director		
Description of Duties			
Stockholder, Chief Financial Officer, and Director Duties			

Business Name			From - To (MM/YY – MM/YY)
American Pharmacy Consultants, Inc.			04/13 - Present
Business Address	**City**	**State**	**Zip**
2475 Hillsborough Lane	Chino Hills	CA	91709
Phone	**Title**		
909-548-3489	Stockholder		
Description of Duties			
Stockholder			

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials DO

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 KO

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

3/15/2022
Date

Applicant's initials CO

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Cindy Ta Ojeda
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3/15/2022
Date

Please have this section completed in the presence of a Notary Public.

State of California, ss. County of San Bernardino

I, Cindy Ta Ojeda, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

3/15/2022
Date

Subscribed and Sworn to before me this 15th day of March, 2022.

Notary Public Signature

MICHAEL VALENZUELA
Notary Public - California
San Bernardino County
Commission # 2351058
My Comm. Expires Apr 8, 2025

(Seal)

Applicant's initials CO

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Name of Pharmacy/MDEG/Wholesaler Summerlin LTC Inc. DBA 986 LTC Pharmacy

Physical Address 321 N. Buffalo Dr. Suite 110

City Las Vegas State NV Zip 89145

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 626-456-4132 Website _____

Licensing Company Email danny.thai@986pharmacy.com

First Weiwei Middle _____ Last Tsai

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ■ F ☐ X

Mailing Address [redacted] Kensington Road

City San Marino State CA Zip 91108

Telephone [redacted] Email [redacted]@gmail.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.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

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 wt

School Name		From - To (MM/YY – MM/YY)	
University of Southern California		12/02-12/04	
Address	City	State	Zip
University of Souther Califonia	Los Angeles	CA	90033
Diploma/Degree obtained, if any			
Master of Science Biostatistics			

School Name		From - To (MM/YY – MM/YY)	
University of Southern Califonia		08/99-05/01	
Address	City	State	Zip
University of Southern Califonia	Los Angeles	CA	90033
Diploma/Degree obtained, if any			
Master of Science Molecular Microbiology and Immunology			

School Name		From - To (MM/YY – MM/YY)	
National Taiwan University		09/95-06/99	
Address	City	State	Zip
National Taiwan University	Taipei, Taiwan		
Diploma/Degree obtained, if any			
Bachelor of Science			

School Name		From - To (MM/YY – MM/YY)	
Taipei First Girls Senior High School		09/92-06/95	
Address	City	State	Zip
No. 165, Section 1, Chongqing S Rd, Zhongzheng District	Taipei, Taiwan		
Diploma/Degree obtained, if any			
High School			

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
05/04-Cuurent	[redacted]Kensington Road	San Marino	CA	91108
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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 wt WJ

Business Name			From - To (MM/YY – MM/YY)
Bank of America			08/09-10/19
Business Address	**City**	**State**	**Zip**
100 North Tryon Street	Charlotte	NC	28255
Phone	**Title**		
800-556-6044	Senior Vice President		
Description of Duties			
Consumer credit risk management and 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			

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 wt WJ

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 wt WJ

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Weiwei Tsai

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3/14/2022

Date

Please have this section completed in the presence of a Notary Public.

State of _____, ss. County of _____

I, _____, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

Date

Subscribed and Sworn to before me this _____ day of _____.

Notary Public Signature

(Seal)

Applicant's initials WT

California Jurat

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Los Angeles

Subscribed and sworn to (or affirmed) before me on this 14th day of March, 20 22, by Weiwei Tsai,

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature _____ (Signature of Notary Public)

JOCELYN GARCIA
Notary Public - California
Los Angeles County
Commission # 2323757
My Comm. Expires Mar 10, 2024

Place Notary Seal Above

---*OPTIONAL INFORMATION*---

Although the information in this section is not required by law, it could prevent fraudulent removal and reattachment of this jurat to an unauthorized document and may prove useful to persons on the attached document.

Description of Attached Document

Title or Type of Document: Nevada State Board of Pharmacy Personal History Application

Document Date: 1

Number of Pages: 3/14/2022

4QQ

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 *		☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☐ Name Change*	PH_____	■ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Humboldt County General Hospital Pharmacy

Physical Address: 118 E. Haskell St.

City: Winnemucca State: NV Zip: 89445

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 775 623 5222 ext 1550 Toll Free # (NAC 639.708, NRS 639.23286): _____

Fax: 775 625 8559 Contact Email: brightj@hghospital.org

Website: https://www.hghospital.org/

Nevada Business License # (if applicable) NV20131249080

Supervising/Managing Pharmacist Name (NRS 639.220): Janie Bright ✓

Supervising/Managing Pharmacist NV Pharmacist Registration #: 18028 ✓

Type of Pharmacy (check all applicable)

- ■ Retail/Community
- ☐ Hospital (# beds _____)
- ☐ Internet
- ☐ Nuclear
- ☐ Other: _____

Services the Pharmacy will Provide (check all applicable)

- ■ Retail/Community
- ☐ Non-sterile Compounding
- ☐ Sterile Compounding
- ☐ Mail-Order Service
- ☐ Off-site Cognitive Services
- ☐ Long Term Care
- ☐ Hospital
- ☐ Other:

Days of Operation

■ Monday ■ Tuesday ■ Wednesday ■ Thursday ■ Friday ■ Saturday ■ Sunday

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)	
Name: Janie Bright	NV Pharmacist Registration #: 18028
Name: Cody Bright	NV Pharmacist Registration #: 18027
Name: Minh Tran	NV Pharmacist Registration #: 15683
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: Humboldt County

Business Name: Humboldt County General Hospital Pharmacy

Business Address: 118 E. Haskell St.

City: Winnemucca State: NV Zip: 89445

Telephone: 775 623 5222 ext 1550 Email: brightj@hghospital.org

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Director of Pharmacy (title) for Humboldt County General Hospital 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).

Janie Bright

Print Name of Authorized Person

Janie Bright

Original signature of Authorized Person (copies or stamps not accepted)

5/18/2022

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Janie Bright 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 Director of Pharmacy (title) for Humboldt County General Hospital Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Janie Bright
Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 18th day of May, 2022

Alicia Wogan
Notary Public

ALICIA WOGAN
NOTARY PUBLIC
STATE OF NEVADA
My Commission Expires: 01-03-25
Certificate No: 01-66503-9

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: Janie Bright Pharmacist Registration #: 18028

Pharmacy Name: Humboldt County General Hospital Pharmacy

Initial each statement below to indicate you have read and agree with the following:

JB 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.

JB 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.

JB 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.

JB 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)).

JB 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.

Janie Bright
Original signature of Managing Pharmacist (copies or stamps not accepted)

5/18/2022
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.

Janie Bright

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

Janie Bright — Original signature of Authorized Person (copies or stamps not accepted)

5/18/2022 — Date

Board Use Only	Date Received: _____	Amount: 500 CC

ROSS MILLER
Secretary of State

SCOTT W. ANDERSON
Deputy Secretary
for Commercial Recordings

STATE OF NEVADA

OFFICE OF THE
SECRETARY OF STATE

Commercial Recording Division
202 N. Carson Street
Carson City, NV 89701-4069
Telephone (775) 684-5708
Fax (775) 684-7138

NOTICE OF EXEMPTION
NEVADA STATE BUSINESS LICENSE

HUMBOLDT COUNTY HOSPITAL DISTRICT

You have filed a notice citing a statutory exemption "001" pursuant to Nevada Revised Statutes and therefore are not required to maintain a Nevada State Business License.

If your exemption changes or your business is no longer exempt, you must file an amendment reflecting your current business status.

Nevada Business Identification: NV20131249080
Name: HUMBOLDT GENERAL HOSPITAL
Exemption Code: 001 A governmental entity

Issued this 24th day of April, 2013.

Please Post in a Conspicuous Location

STATE OF NEVADA

ROSS MILLER
Secretary of State

SCOTT W. ANDERSON
Deputy Secretary
for Commercial Recordings



Commercial Recordings Division
202 N. Carson Street
Carson City, NV 89701-4069
Telephone (775) 684-5708
Fax (775) 684-7138

OFFICE OF THE
SECRETARY OF STATE

EDDY D. DAVIS
HUMBOLDT GENERAL HOSPITAL
118 EAST HASKELL ST
WINNEMUCCA, NV 89445

Job:C20130411-0125
April 24, 2013

Special Handling Instructions:
MAIL 4/24/13 SAK BUSINESS LICENSE EXEMPTION

Charges

Description	Document Number	Filing Date/Time	Qty	Price	Amount
Total					$0.00

Payments

Type	Description	Amount
Total		$0.00

Credit Balance: $0.00

Job Contents:

EDDY D. DAVIS
HUMBOLDT GENERAL HOSPITAL
118 EAST HASKELL ST
WINNEMUCCA, NV 89445

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: Humboldt County General Hospital Pharmacy

Physical Address: 118 E. Haskell St

City: Winnemucca State: NV Zip: 89445

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 775 623 5222 ext 1550 Website: https://www.hghospital.org/

Licensing Company Email: brightj@hghospital.org

Section 2: Personal Information

First: Janie Middle: Lou Last: Bright

Alias(es, nicknames, name changes, etc.): Janie Lou Thomas

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ■ F ☐ X

Mailing Address: [redacted] Ada Vista Dr

City: Winnemucca State: NV Zip: 89445

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 _____

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Malad High School		08/1996-05/2000	
Address	City	State	Zip
181 Jenkins Ave	Malad City	ID	83252
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Idaho State University		08/1996-05/2000	
Address	City	State	Zip
921 S 8th Ave	Pocatello	ID	83209
Diploma/Degree obtained, if any			
S, PharmD			

School Name		From - To (MM/YY – MM/YY)	
Address	City	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
12/2019-05/22	[redacted] Ada Vista Dr.	Winnemucca	NV	89445
09/2015-12/2019	[redacted] Chester Way	Elko	NV	89801
05/2015-09/2015	[redacted] Autumn Colors Dr	Elko	NV	89801
07/2011-05/2015	[redacted] Shadybrook 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

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)	
Humboldt County General Hospital			11/2019-05/22	
Business Address		City	State	Zip
118 E. Haskell St		Winnemucca	NV	89445
Phone	Title			
775 623 5222	Pharmacist			
Description of Duties				
Nursing home consultant review, DUR, consults medical staff regarding pharmaceutical care, order verification, sterile compounding, unit dosing,maintening of automated dispensing cabinets, inventory/record keeping, regulatory compliance				

Business Name			From - To (MM/YY – MM/YY)	
Wal Mart Pharmacy			11/2019-05/22	
Business Address		City	State	Zip
118 E. Haskell St		Elko	NV	89801
Phone	Title			
775 778 6783	Intern Pharmacist, Pharmacist, Pharmacist In Charge			
Description of Duties				
State and federal regulatory compliance, training, mentoring, and development of pharmacy technicians and staff Pharmacists, immunization administration, dispensing, patient counseling, inventory management, record keeping				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

5/18/2022
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.

Janie Bright

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

5/18/2022

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Humboldt

I, Janie Bright, 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

5/18/2022

Date

Subscribed and Sworn ~~to~~ before me this 18th day of May 2022.

Notary Public Signature

ALICIA WOGAN
NOTARY PUBLIC
STATE OF NEVADA
My Commission Expires: 01-03-25
Certificate No: 01-66503-9

(Seal)

Applicant's initials JB

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: Humboldt County General Hospital Pharmacy

Physical Address: 118 E. Haskell St.

City: Winnemucca State: NV Zip: 89445

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 775 623 5222 ext 1550 Website: https://www.hghospital.org/

Licensing Company Email: brightj@hghospital.org

Section 2: Personal Information

First: Janie Middle: Lou Last: Bright

Alias(es, nicknames, name changes, etc.): Janie Lou Thomas

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ■ F ☐ X

Mailing Address: [redacted] Ada Vista Dr

City: Winnemucca State: NV Zip: 89445

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: JB

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Malad High School		08/1996-05/2000	
Address	City	State	Zip
181 Jenkins Ave	Malad City	ID	83252
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Idaho State University		08/2000-05/2011	
Address	City	State	Zip
921 S 8th Ave	Pocatello	ID	83209
Diploma/Degree obtained, if any			
BS, PharmD			

School Name		From - To (MM/YY – MM/YY)	
Address	City	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
12/2019-05/22	[redacted] Ada Vista Dr.	Winnemucca	NV	89445
09/2015-12/2019	[redacted] Chester Way	Elko	NV	89801
05/2015-09/2015	[redacted] Autumn Colors Dr	Elko	NV	89801
07/2011-05/2015	[redacted] Shadybrook 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

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)	
Humboldt County General Hospital			11/2019-05/22	
Business Address		City	State	Zip
118 E. Haskell St		Winnemucca	NV	89445
Phone	Title		Number of Employed Hours	
775 623 5222	Pharmacist		4960	
Description of Duties				
Nursing home consultant review, DUR, consults medical staff regarding pharmaceutical care, order verification, sterile compounding, unit dosing,maintening of automated dispensing cabinets, inventory/record keeping, regulatory compliance				

Business Name			From - To (MM/YY – MM/YY)	
Wal Mart Pharmacy			07/2008- 01/2020	
Business Address		City	State	Zip
2944 Mountain City Hwy		Elko	NV	89801
Phone	Title		Number of Employed Hours	
775 778 6783	Intern Pharmacist, Pharmacist, Pharmacist In Charge		18,560	
Description of Duties				
State and federal regulatory compliance, training, mentoring, and development of pharmacy technicians and staff Pharmacists, immunization administration, dispensing, patient counseling, inventory management, record keeping				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

5/18/2022
Date

Applicant's initials DB

I, Janie Bright, **certify that as the designated representative for** Humboldt County General Hospital 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

Janie Bright

Print Name (First, Last)

Janie Bright

Original Signature (electronic, copies or stamps not accepted)

5/18/2022

Date

Applicant's initials JB

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Janie Bright

Print Name (First, Last)

Janie Bright — 5/18/2022

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, Janie Bright, 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.

Janie Bright — 5/18/2022

Original Signature — **Date**

Subscribed and Sworn to before me this 18th day of May 2022.

Notary Public Signature

ALICIA WOGAN
NOTARY PUBLIC
STATE OF NEVADA
My Commission Expires: 01-03-25
Certificate No: 01-66503-9

(Seal)

Applicant's initials JB

4RR

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (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: Nevada Health Centers Pharmacy-Elko

Physical Address: 762 14th Street

City: Elko State: NV Zip: 89801

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: Pending Toll Free # (NAC 639.708, NRS 639.23286): Pending

Fax: Pending Contact Email: _____

Website: nevadahealthcenters.org

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Sandra Schroeder

Supervising/Managing Pharmacist NV Pharmacist Registration #: 8539

Type of Pharmacy (check all applicable)

- ■ Retail/Community
- ☐ Hospital (# beds _____)
- ☐ Internet
- ☐ Nuclear
- ☐ Other: _____

Services the Pharmacy will Provide (check all applicable)

- ■ Retail/Community
- ☐ Non-sterile Compounding
- ☐ Sterile Compounding
- ☐ Mail-Order Service
- ☐ Off-site Cognitive Services
- ☐ Long Term Care
- ☐ Hospital
- ☐ Other:

Days of Operation

■ Monday ■ Tuesday ■ Wednesday ■ Thursday ■ Friday ☐ Saturday ☐ Sunday

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)	
Name: Sandra Schroeder	NV Pharmacist Registration #: 8539
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: Nevada

Parent Company (if any): N/A

Corporation/Organization Name: Nevada Health Centers Inc.

Mailing Address: 3325 Research Way

City: Carson City State: NV Zip: 89706

Telephone: 775-887-1590 Email: asorber@nvhealthcenters.org

Contact Person Name: Angie Sorber

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 Pharmacy Manager (title) for Nevada Health Centers Pharmacy-Elko (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Sandra Schroeder

Print Name of Authorized Person

Sandra Schroeder

Original signature of Authorized Person (copies or stamps not accepted)

May 5, 2022

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Sandra Schroeder 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 Nevada Health Centers Pharmacy-Elko (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

State of Nevada County of Elko
SUBSCRIBED AND SWORN TO
Before me, a notary public this 24 day of May, 2022

Notary Public

COURTNEY RUTH GUTHRIDGE
Notary Public, State of Nevada
Appointment No. 21-4966-06
My Appt. Expires Oct 29, 2025

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Sandra Schroeder Pharmacist Registration #: 8539

Pharmacy Name: Nevada Health Centers Pharmacy-Elko

Initial each statement below to indicate you have read and agree with the following:

SS 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.

SS 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.

SS 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.

SS 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)).

SS 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.

Sandra Schroeder
Original signature of Managing Pharmacist (copies or stamps not accepted)

May 5, 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.

Sandra Schroeder

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

Sandra Schroeder

Original signature of Authorized Person (copies or stamps not accepted)

May 5, 2022

Date

Board Use Only	Date Received: _____	Amount: _____

CITY OF ELKO
BUSINESS LICENSE

Business Name: NVHC, ELKO FAM MEDICAL/DENTAL

Location: 762 14TH ST

License #: 5180 Class: HEALTH

Issue Date: 06/01/2022 Expiration Date: 5/31/2023

License Type: Business License

NVHC, ELKO FAM MEDICAL/DENTAL
3325 RESEARCH WAY 2ND FLOOR
CARSON CITY, NV 89706

NVHC, ELKO FAM MEDICAL/DENTAL
762 14TH ST
Elko, NV 89801

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, **NEVADA HEALTH CENTERS, INC.**, as a DOMESTIC NONPROFIT CORPORATION (82) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 10/22/1992, 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 01/03/2022.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202201032278888
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 & 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

PAULA VICTORIA GUZMAN
3325 Research Way 2nd Floor
CARSON CITY, NV 89706, USA

Work Order #: W2022010302316
January 3, 2022
Receipt Version: 1

Special Handling Instructions:

Submitter ID: 222857

Charges

Description	Fee Description	Filing Number	Filing Date/Time	Filing Status	Qty	Price	Amount
Certificates	Fees	20221999051	1/3/2022 2:32:06 PM	Approved	1	$50.00	$50.00
Total							$50.00

Payments

Type	Description	Payment Status	Amount
Credit Card	6412491152286606803091	Success	$50.00
Total			$50.00

Credit Balance: $0.00

PAULA VICTORIA GUZMAN
3325 Research Way 2nd Floor
CARSON CITY, NV 89706, USA

Nevada Health Centers
Carson City Administration
3325 Research Way
Carson City, NV 89706

Nevada Health Centers
Las Vegas Administration
1799 Mount Mariah
Las Vegas, NV 89106

Meet our Board of Directors

Nevada Health Centers' Board of Directors is a passionate and committed team that guides our work and helps us stay focused on our mission to ensure Nevadans have access to quality healthcare services throughout the state. Pictured from left to right:

- Jeff Snyder| Chair
- Maurice Washington | Vice Chair
- Antonina Capurro, DMD | Secretary
- Linda Bingaman | Treasurer
- Adriana Fralick
- Alicia Barnes
- Gerald Ackerman
- Jared Carter
- Reverend D. Edward Chaney
- Tim Blakely
- Walter Davis | CEO | Ex officio

Nevada Health Centers uses cookies to give users like yourself the best possible content and experience. You can change your cookie settings at any time by clicking "Preferences." For more information, read our Privacy Policy.

Preferences Accept All

MAKE AN APPOINTMENT

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: Nevada Health Centers Pharmacy-Elko

Physical Address: 762 14th Street

City: Elko State: NV Zip: 89801

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: Pending Website: nevadahealthcenters.org

Licensing Company Email: asorber@nvhealthcenters.org

Section 2: Personal Information

First: Sandra Middle: Marie Last: Schroeder

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITI: [redacted] Sex: ☐ M ■ F ☐ X

Mailing Address: [redacted] Mountain City Hwy. Unit [redacted]

City: Elko State: NV Zip: 89801

Telephone: [redacted] Email: sschroeder@nvhealthcenters.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.)		✔

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: SS

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)
Idaho State University			09/78-05/83
Address	**City**	**State**	**Zip**
921 South 8th Avenue	Pocatello	ID	83209
Diploma/Degree obtained, if any			
Bachelor of Science/ Pharmacy			

School Name			From - To (MM/YY – MM/YY)
Elko High School			09/74-06/78
Address	**City**	**State**	**Zip**
987 College Avenue	Elko	NV	89801
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
01/91-Current	[redacted]Crestview Drive	Elko	NV	89801
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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)	
Raley's			07/86-10/19	
Business Address		**City**	**State**	**Zip**
2511 Mountain City Hwy.		Elko	NV	89801
Phone	**Title**		**Number of Employed Hours**	
775-738-2775	Pharmacy Manager		33 years- Full Time	
Description of Duties				
Set up the Pharmacy from inception, manage the pharmacy and staff , oversee transfer of pharmacy inventory and necessary operations when the pharmacy was sold and closed.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description 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 SS

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 _____

I, Sandra Marie Schroeder, **certify that as the designated representative for** Nevada Health Centers Pharmacy-Elko,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Sandra Schroeder

Print Name (First, Last)

Sandra Schroeder

Original Signature (electronic, copies or stamps not accepted)

May 5, 2022

Date

Applicant's initials SS

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Sandra Schroeder

Print Name (First, Last)

Sandra Schroeder

Original Signature (electronic, copies or stamps not accepted)

May 5,2022

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of EIKO

I, Sandra Schroeder, 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.

Sandra Schroeder

Original Signature

May 6, 2022

Date

Subscribed and Sworn to before me this 6th 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 _____

4SS

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (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 ☒ Ownership Change* ■ Location Change * Eff. 5/16/22 ☐ Name Change*	* If making a change, provide current license number: PH PH03746	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12) ■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12) ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12) ☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Perigon Pharmacy 360 (f/k/a Valeda Rx)

Physical Address: 1120 Stevenson Mill Rd. Ste 200 (Effective 5/16/22)

City: Coraopolis State: PA Zip: 15108

Mailing Address (if different from physical address): Same as physical

City: _____ State: _____ Zip: _____

Telephone: (844) 698-2533 Toll Free # (NAC 639.708, NRS 639.23286): _____

Fax: (844) 582-5332 Contact Email: pharmacy-regcom@perigonhealth.org

Website: https://perigonpharmacy.org

Nevada Business License # (if applicable) NV20212038173 ("Valeda Rx")

Supervising/Managing Pharmacist Name (NRS 639.220): Michael DePaz ✓

Supervising/Managing Pharmacist NV Pharmacist Registration #: _____

Type of Pharmacy (check all applicable)

- ■ Retail/Community
- ☐ Hospital (# beds _____)
- ☐ Internet
- ☐ Nuclear
- ☐ Other: _____

Services the Pharmacy will Provide (check all applicable)

- ■ Retail/Community
- ☐ Non-sterile Compounding
- ☐ Sterile Compounding
- ☐ Mail-Order Service
- ☐ Off-site Cognitive Services
- ☐ Long Term Care
- ☐ Hospital
- ☐ Other:

Days of Operation

■ Monday ■ Tuesday ■ Wednesday ■ Thursday ■ Friday ☐ Saturday ☐ Sunday

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Michael DePaz	NV Pharmacist Registration #: Temp 22958
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: Pennsylvania

Parent Company (if any): Valeda Health

Corporation/Organization Name: Perigon Pharmacy 360

Mailing Address: 1120 Stevenson Mill Rd. Ste 200 (Effective 5/16/22)

City: Coraopolis State: PAPA Zip: 15108

Telephone: (844) 698-2533 Email: pharmacy-regcom@perigonhealth.org

Contact Person Name: Kristin Hansbury

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ■ Yes ☐ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: N/A

Business Name:

Business Address:

City: State: Zip:

Telephone: Email:

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the President (title) for Perigon Pharmacy 360 (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).

Christopher Antypas

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

4.7.22

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Christopher Antypas hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the President (title) for Perigon Pharmacy 360 (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 7th day of April, 2022

Notary Public

COMMONWEALTH OF PENNSYLVANIA - NOTARY SEAL
Cynthia Lynn Bryan, Notary Public
Washington County
My Commission Expires 08/10/2022
Commission Number 1019203

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: N/A Out of State Pharmacist Registration #: _____

Pharmacy Name: _____

Initial each statement below to indicate you have read and agree with the following:

_____ I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

_____ I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

_____ I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

_____ I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

_____ I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

_____ _____

Original signature of Managing Pharmacist (copies or stamps not accepted) Date

Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)	✓	✓		
• List the top four stockholders and their percent ownership. NRS 639.231(3)	✓	✓		
• List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)		✓		
• For General Partnerships, list the name of each partner. NAC 639.214(2) • For Limited Partnerships, list the names of (NAC 639.214(3)): ○ All General Partners; ○ All Limited Partners who hold 10% or more of the interest.			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/. NAC 639.5005. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state.		✓	✓	✓
• **Personal History Record Application found at** http://bop.nv.gov/Services/newapps/Business/ must be completed by: **a. For Non-publicly traded** - The top 4 shareholder/stockholders. **b. For Partnerships** - All general partners; all limited partners who hold 10% or more of the interest. **c. For Sole Owner** - The owner.		✓	✓	✓
• **Submit a copy of your most recent pharmacy inspection** from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(f)	✓	✓	✓	✓
• **Submit a copy of your license, certification, permit or registration issued to your pharmacy** from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(a)	✓	✓	✓	✓
• **License Verification** by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the form here: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/2020%20ALL_LicenseVerificationForm(1).pdf **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2238(2)(g)	✓	✓	✓	✓
• **Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)**	✓	✓	✓	✓
• **Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)**	✓	✓	✓	✓
• **Transmit Controlled Substance Prescription Data-** Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Christopher Antypas, 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)

4-2-22

Date

Board Use Only	Date Received: _____	Amount: 500	CHECK # 1840 ✓

Perigon Pharmacy 360 Additional Ownership Information

Perigon Pharmacy 360 Officer and Ownership Information	
Perigon Pharmacy 360 Officers	
Genese Hendricks, CEO	
Chris Antypas, President	
Ownership	
Life Boost, Inc.	· Owns 55% of Tespo Health Holdings, LLC.
Vivaleas Holdings, LLC	· Owns 45% of Tespo Health Holdings, LLC.
Tespo Health Holdings, LLC	· Owns 100% Perigon Health 360, LLC
Perigon Health 360, LLC	· Owns 100% Valeda Health, LLC
Valeda Health, LLC	· Owns 100% Perigon Pharmacy 360, f/k/a Valeda Rx, LLC

Tespo Health Holdings Ownership	
Life Boost	**55% of Tespo Health Holdings**
Vivaleas Holdings	**45% of Tespo Health Holdings**
	100%

Life Boost	**55% of Tespo Health Holdings**
Lifeboost Holdings Ownership	***Percentage in Life Boost***
DSM VENTURES	42.31%
Ted Mills	5.62%
Cloquet Capital Partners	5.55%
Roger Newton	4.58%
Jeff Linton	3.91%
James L Bellinson Trust	3.07%
Julian Reis	2.71%
Shaklee Corporation	2.62%
Chase Linton	2.42%
Several minority unit holders who each hold < 2%	
Vivaleas Holdings	**45% of Tespo Health Holdings**
Vivaleas Holdings Ownership	***Percentage in Vivaleas***
653 Investment Partners, LLP	15.78%
LEK Enterprises, LLC	15.11%
Fisher Partners, LP	15.11%
Creehan Family Investments, LP	15.11%
Antypas Holdings, LLC	10.44%
Echo Pharmacy, Inc.	9.56%
Micheal Joslin	6.44%
Genese Hendrickson	5.56%
William McCormick	2.67%

BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

P. O. Box 2649

Harrisburg, PA 17105-2649

05/17/2022

License Information

PERIGON PHARMACY 360, LLC

1120 STEVENSON MILL RD SUITE 200
CORAOPOLIS, Pennsylvania 15108

Board/Commission:	State Board of Pharmacy	Status Effective Date:	05/17/2022
LicenseType:	Pharmacy	Issue Date:	09/15/2016
Specialty Type:	Inspected by Board	Expiration Date:	08/31/2023
License Number:	PP482679	Last Renewal:	08/04/2021
Status:	Active		

Prerequisite Information

Licensee	Relationship	License Type	License Number	License Status	Associated Date	License Expiration Date
CHRISTOPHER R ANTYPAS	Business Relationship	Pharmacist	RP443743	Active	11/27/2018	09/30/2022

Disciplinary Action Details

No disciplinary actions were found for this license.

This site is considered a primary source for verification of license credentials provided by the Pennsylvania Department of State.

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

11/09/2021

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Perigon Pharmacy 360, LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Veronica W. Degraffenreid

Acting Secretary of the Commonwealth

Certification Number: TSC211109110909-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FV8265058	03-31-2025	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	02-21-2022

PERIGON PHARMACY 360, LLC
250 MOUNT LEBANON BLVD STE 208
PITTSBURGH, PA 152341248

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
FV8265058	03-31-2025	$888

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PERIGON PHARMACY 360, LLC
250 MOUNT LEBANON BLVD STE 208
PITTSBURGH, PA 152341248

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THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

PA State Board of Pharmacy
PO Box 2649
Harrisburg, PA, 17105-2649
Phone: 717-783-7156 Fax: 717-787-7769

FACILITY

PERIGON PHARMACY 360, LLC

1120 STEVENSON MILL RD SUITE 200

CORAOPOLIS, Pennsylvania, 15108

Phone: 412 5193947

Owner: PERIGON PHARMACY 360, LLC

LICENSE

License No: PP482679

Profession: Pharmacy

License Type: Pharmacy

Inspection Type: New Business

Inspection Date: 05/16/2022

Inspection Result: Passed

Remarks:

The undersigned licensee, designee, or other authorized representative of the licensee acknowledges the completion of this inspection and the results as indicated on the summary and checklist reports.

If this is a New Business Inspection, this PASS inspection form will serve as a temporary authority to operate pending final review and approval by the State Board. The temporary authority must be prominently displayed and will expire upon receipt of a properly issued license or six months from the date of inspection.

CATHERINE LUTZ	5/16/2022 3:09:32 PM	Christopher Antypas - RP443743
Signature of Inspector	Date/Time	Signature of Owner/Representative

PA State Board of Pharmacy
PO Box 2649
Harrisburg, PA, 17105-2649
Phone: 717-783-7156 Fax: 717-787-7769

FACILITY

PERIGON PHARMACY 360, LLC

1120 STEVENSON MILL RD SUITE 200

CORAOPOLIS, Pennsylvania, 15108

Phone: 412 5193947

Owner: PERIGON PHARMACY 360, LLC

LICENSE

License No: PP482679

Profession: Pharmacy

License Type: Pharmacy

Inspection Type: New Business

Inspection Date: 05/16/2022

Inspection Result: Passed

Remarks:

Question	Answer
Are all licenses current and posted?	YES
Is a "No Smoking" sign prominently posted?	YES
Is the generic equivalent sign and list of commonly used equivalents properly posted?	YES
Is there a refrigerator with temperature monitoring for drug storage only?	YES
Is hot and cold water available in the prescription area?	YES
Are current copies of all Federal, State, and Board statues and regulations pertaining to pharmacy practice available? (Internet access is acceptable)	YES
Are outdated drugs appropriately removed from active stock?	YES
Does the pharmacy meet all security requirements?	YES
Does the pharmacy have adequate equipment and supplies to enable it to properly prepare and dispense consistent with the pharmacy's scope of practice?	YES
Is the pharmacy in compliance with all sanitation, cleanliness, maintenance, and construction requirements?	YES
Do labels have all the required information and match the license record?	YES
Are all prescriptions verified by registered pharmacists?	YES
Is the name or initials of the dispensing pharmacist noted on the prescriptions?	YES
Are prescription files properly maintained? (electronic files are acceptable)	YES
Are transferred prescriptions properly recorded?	YES
Are Schedule II drugs securely locked in a substantially constructed cabinet or dispersed throughout the stock?	YES
Are there signed and dated protocols for each pharmacy technician?	YES
Does the pharmacy have an automated medication system?	NO
Does the pharmacy administer injectable medications, biologicals, or immunizations?	NO

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 Perigon Pharmacy 360

Physical Address 1120 Stevenson Mill Rd. Ste 200

City Coraopolis State PA Zip 15108

Mailing Address (if different from physical address) Same as physical

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email pharmacy-regcom@perigonhealth.org

Section 2: Personal Information

First Michael Middle Richard Last DePaz

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address 1120 Stevenson Mill Rd. Ste 200

City Coraopolis State PA Zip 15108

Telephone [redacted] Email michael@perigonhealth.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.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials MD

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Duquesne University		08/2009 - 05/2015	
Address	**City**	**State**	**Zip**
600 forbes Ave Pittsburgh PA	Pittsburgh	PA	15282
Diploma/Degree obtained, if any			
Pharm D			
School Name		**From - To (MM/YY – MM/YY)**	
Loyola Academy		09/05 - 05/09	
Address	**City**	**State**	**Zip**
1100 Laramie Ave	Wilmette	IL	60091
Diploma/Degree obtained, if any			
Highschool Diploma			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
09/2017 - current	[redacted] Horning Rd.	Bethel Park	PA	15102
01/2015 - 09/2017	[redacted] Abbeyville	Pittsburgh	PA	15232
01/09 - 01/15	[redacted] Forbes Ave	Pittsburgh	PA	15282
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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: Perigon Pharmacy 360				From - To (MM/YY – MM/YY): 02/17 - current
Business Address: 250 Mt. Lebanon Blvd. Suite 208		City: Pittsburgh	State: PA	Zip: 15234
Phone: 412-684-2560	Title: PIC			Number of Employed Hours: 10,400
Description of Duties:				

Business Name:				From - To (MM/YY – MM/YY):
Business Address:		City:	State:	Zip:
Phone:	Title:			Number of Employed Hours:
Description of Duties:				

Business Name:				From - To (MM/YY – MM/YY):
Business Address:		City:	State:	Zip:
Phone:	Title:			Number of Employed Hours:
Description of Duties:				

Business Name:				From - To (MM/YY – MM/YY):
Business Address:		City:	State:	Zip:
Phone:	Title:			Number of Employed Hours:
Description 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 MD

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description 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 MD

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 WD

I, Michael DePaz, **certify that as the designated representative for**

Perigon Pharmacy 360,

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 DePaz

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04/07/2022

Date

Applicant's initials MD

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Michael DePaz

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4-7-22

Date

Please have this section completed in the presence of a Notary Public.

State of PENNSYLVANIA, ss. County of WASHINGTON

I, MICHAEL DEPAZ, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

4-7-22

Date

Subscribed and Sworn to before me this 7TH day of APRIL - 2022.

Cynthia Lynn Bryan

Notary Public Signature

COMMONWEALTH OF PENNSYLVANIA - NOTARY SEAL
Cynthia Lynn Bryan, Notary Public
Washington County
My Commission Expires 08/10/2022
Commission Number 1019203

(Seal)

Nevada State Board Of Pharmacy

(Licensee mailing address for window envelope)

THIS STUB IS YOUR RECEIPT

Date: 07/12/2022
Amount:
License #: 22958

Michael DePaz

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Effective Date:07/12/2022
Expires:01/12/2023

Michael DePaz

License #
22958
Temporary

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

License Type: Pharmacist
License #: 22958
Effective Date:07/12/2022

Expires: 01/12/2023
STATUS: Temporary

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Michael DePaz

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

4TT

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application
Non-Refundable $500.00 Fee

Rev (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*	PH PH02655	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☐ Location Change *		☐ 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: VALLEY VETERINARY CLINIC, LLC dba VALLEY VET SUPPLY

Physical Address: 1118 PONY EXPRESS HWY

City: MARYSVILLE State: KS Zip: 66508

Mailing Address (if different from physical address): PO Box 504 1118 Pony Express Hwy

City: MARYSVILLE State: KS Zip: 66508

Telephone: 8008988026 Toll Free # (NAC 639.708, NRS 639.23286): 8008988026

Fax: N/A Contact Email: omar@valleyvet.com

Website: www.valleyvet.com

Nevada Business License # (if applicable) n/a

Supervising/Managing Pharmacist Name (NRS 639.220): Miranda Helmerichs

Supervising/Managing Pharmacist NV Pharmacist Registration #: ~~1-14865~~ 21175

Type of Pharmacy (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Retail/Community	☐ Retail/Community
☐ Hospital (# beds _____)	☐ Non-sterile Compounding
■ Internet	☐ Sterile Compounding
☐ Nuclear	■ Mail-Order Service
☐ Other: _____	☐ Off-site Cognitive Services
	☐ Long Term Care
	☐ Hospital
	☐ Other:

Days of Operation

■ Monday ■ Tuesday ■ Wednesday ■ Thursday ■ Friday ■ Saturday ☐ Sunday

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Miranda Helmerichs	NV Pharmacist Registration #: 21178
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: KS

Parent Company (if any): VVS ACQUIRECO, LLC

Corporation/Organization Name: VALLEY VETERINARY CLINIC, LLC dba VALLEY VET SUPPLY

Mailing Address: 1118 PONY EXPRESS HWY

City: MARYSVILLE State: KS Zip: 66508

Telephone: 8008988026 Email: omar@valleyvet.com

Contact Person Name: OMAR HINOJOSA

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ■ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the CEO/OWNER (title) for VALLEY VETERINARY CLINIC, LLC dba Valley Vet Supply (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).

OMAR HINOJOSA

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

11-22-2021

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, OMAR HINOJOSA 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 CEO (title) for VALLEY VETERINARY CLINIC, LLC dba Valley Vet Supply (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 22 day of November, 2021

Notary Public

NOTARY PUBLIC - State of Kansas
LINDA K. DRESSMAN
My Appt. Expires 3-27-22

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: MIRANDA Helmerichs Pharmacist Registration #: 1-14865

Pharmacy Name: VALLEY VETERINARY CLINIC, LLC dba Valley Vet Supply

Initial each statement below to indicate you have read and agree with the following:

MH I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

MH I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

MH I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

MH I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

MH I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in <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)

11-22-2021
Date

Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	**Publicly Traded**	**Non-publicly Traded**	**Partner-ship**	**Sole Owner**
• **List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)**	✓	✓		
• **List the top four stockholders and their percent ownership. NRS 639.231(3)**	✓	✓		
• **List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)**		✓		
• **For General Partnerships, list the name of each partner. NAC 639.214(2)** • **For Limited Partnerships, list the names of (NAC 639.214(3)):** o **All General Partners;** o **All Limited Partners who hold 10% or more of the interest.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/. NAC 639.5005. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state.		✓	✓	✓
• **Personal History Record Application found at** http://bop.nv.gov/Services/newapps/Business/ must be completed by: **a. For Non-publicly traded** - The top **4** shareholder/stockholders. **b. For Partnerships** - All general partners; all limited partners who hold 10% or more of the interest. **c. For Sole Owner** - The owner.		✓	✓	✓
• **Submit a copy of your most recent pharmacy inspection** from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(f)	✓	✓	✓	✓
• **Submit a copy of your license, certification, permit or registration issued to your pharmacy** from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(a)	✓	✓	✓	✓
• **License Verification** by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the form here: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/2020%20ALL_LicenseVerificationForm(1).pdf **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2238(2)(g)	✓	✓	✓	✓
• **Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)**	✓	✓	✓	✓
• **Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)**	✓	✓	✓	✓
• **Transmit Controlled Substance Prescription Data-** Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Omar Hinojosa

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

11-22-2021

Date

Board Use Only	Date Received:	Amount: 500 Check #637703

Processed 12/7/21

DocuSign Envelope ID: 28A19360-3134-48B4-B9B7-15B2D3F6D46F

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VALLEY VETERINARY CLINIC LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-NINTH DAY OF NOVEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VALLEY VETERINARY CLINIC LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF NOVEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Jeffrey W. Bullock, Secretary of State

6331053 8300

SR# 20213908547

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204800406

Date: 11-29-21

APPLICATION FOR CERTIFICATION AS A PROVIDER OF INTERNET PHARMACY SERVICES

Addendum to Pharmacy Application
(Only required if providing internet services)

GENERAL INFORMATION

Name of Nevada license pharmacy: VALLEY VETERINARY CLINIC, LLC dba VALLEY VET SUPPLY

Nevada license number: Lic #PH02655

Websites in use or intended to be used: https://www.valleyvet.com/

Affiliated websites (websites that link to or otherwise direct users to your website):
N/A

VIPPS CERTIFICATION

Is the pharmacy VIPPS (Verified Internet Pharmacy Practice Sites administered be NABP) certified? Please provide a copy with application. Yes ☒ No ☐

If yes, please sign and date page 3 and you will not need to answer questions 1 through 8.

PHARMACIES LACKING VIPPS CERTIFICATION

1. Is the pharmacy licensed in each state in which the pharmacy will practice pharmacy Yes ☒ No ☐

PLEASE ATTACH A SEPARATE SHEET LISTING ALL THE STATES IN WHICH YOU ARE LICENSED, INCLUDING THE DATE OF INITIAL LICENSURE AND THE LICENSE NUMBER.

2. Does the pharmacy maintain and enforce policies and procedures that ensure the following:

A) That the pharmacy will establish the authenticity of each prescription that the pharmacy receives? Yes ☒ No ☐

B) That the pharmacy will not fill any prescription which has been previously filled by another pharmacy? Yes ☒ No ☐

C) That for each pharmacy the pharmacy fills the prescription cannot be filled by another pharmacy? Yes ☒ No ☐

D) That the pharmacy will authenticate the identity of each patient and prescribing practitioner? Yes ☒ No ☐

E) That the prescriptions will be filled in compliance with all applicable federal and state laws? Yes ☒ No ☐

F) That a patient or the caregiver of the patient may make a complaint to the pharmacy regarding a prescription? Yes ☒ No ☐

G) That if a complaint is made, the complaint will be investigated thoroughly and that the results of the investigation will be communicated to the patient or caregiver? Yes ☒ No ☐

H) That if the investigation of a complaint reveals that the operations of the pharmacy resulted in an error in the processing or filling of the prescription, appropriate remedial action was taken by the pharmacy? Yes ☒ No ☐

I) That the pharmacy will communicate to a patient or a prescribing practitioner any delay that might jeopardize or alter the drug therapy of the patient with respect to delivering the prescribed drug or device? Yes ☒ No ☐

J) That the pharmacy will communicate to a patient information regarding recalls of drugs and the appropriate means to dispose of expired, damaged or unusable drugs or devices? Yes ☒ No ☐

3. Does the pharmacy obtain and maintain patient information necessary to facilitate review of drug utilization and counseling of patients pursuant to any applicable statutes? Yes ☒ No ☐

4. Will the pharmacy provide review of drug utilization and counseling of patients pursuant to the applicable statutes in the state in which the patient resides? Yes ☒ No ☐

5. Does the pharmacy maintain controls of its computer system, information concerning patients, and other such confidential information and documents to prevent unauthorized or unlawful access to all such confidential information and documents? Yes ☒ No ☐

6. Does the pharmacy comply with applicable federal and state laws regarding the following:

   A) To the dispensing of prescription drugs? Yes ☒ No ☐

   B) To the record keeping related to the patients served by the pharmacy, the purchase of prescription drugs and the sale and dispensing of prescription drugs? Yes ☒ No ☐

   C) To the sale of over-the-counter products, including any special requirements related to products that have been identified as precursors to the manufacture or compounding of illegal drugs ? Yes ☒ No ☐

7. Does the pharmacy ship prescriptions to a patient using secure and traceable means? Yes ☒ No ☐

8. Does the pharmacy ship prescriptions to a patient using packaging or devices which will ensure that the prescription is maintained within appropriate standards pertaining to temperature, light and humidity as described in the *United States Pharmacopoeia, 25th* edition, 2002, which is hereby adopted by reference? Yes ☒ No ☐

PLEASE ATTACH A COPY OF YOUR POLICIES AND PROCEDURES.

The signature below certifies that the answers provided in this application are true, correct and complete.

Signature of Owner

11-22-2021
Date

Normal delivery & Protocol Times: Orders are contacted the first business day following order placement. If an order is authorized by 3pm CST, the order will ship same day. Orders authorized after 3pm CST or during non-business hours will ship the following business day. Valley Vet Supply uses UPS as a primary carrier. Normal ship time from Valley Vet is 2 – 3 business days. Clients are sent tracking notifications via email once an order has shipped from the facility.

Procedures followed if the medication is not available or delivery is delayed: If a medication is not available, the client will be made aware either by phone or automated backorder email. An indication will also be placed onto the website as to medications that are out of stock. If a medication requiring refrigeration is delayed during shipment, the order will be returned to Valley Vet and a new order shipped to the client as soon as possible.

Procedures to follow for acute illness prescriptions: Valley Vet Supply offers expedited shipping in the form of Next Day and Second Day shipping. Expedited requests are flagged in the Valley Vet system and receive frequent contacts for authorization in order to get them shipped quickly.

Procedures when patient requires interim dosage until delayed deliveries become available: Valley Vet Supply does not have the ability to offer interim dosing and suggests that clients contact their clinic or local pharmacies if medication is needed immediately.

Pharmacy Certificate of Renewal of Permit

NOTICE: Display this renewal with original certificate in a prominant location site

APPLICANT MAILING ADDRESS

HELMERICHS, MIRANDA
VALLEY VET SUPPLY
1118 PONY EXPRESS HIGHWAY
MARYSVILLE, KS 66508

Original Permit #	2-115963
Pharmacy Name	VALLEY VET SUPPLY
Schedules	
P.I.C. / Lic #	HELMERICHS, MIRANDA 1-14865
Address	1118 PONY EXPRESS HIGHWAY
City/State/Zip	MARYSVILLE, KS 66508
Owner	VALLEY VETERINARY CLINIC, LLC

KANSAS STATE BOARD OF PHARMACY

2022 - 2023

Executive Secretary
(785) 296-4056

Expires June 30, 2023
(This is a renewal, not an original registration)

Ownership and Officer Information for
Valley Veterinary Pharmacy, LLC d/b/a Valley Vet Supply

Valley Veterinary Clinic, LLC
d/b/a Valley Vet Supply
1118 Pony Express Hwy,
Marysville, KS 66508
FEIN: 48-0801565

- **Officer of Valley Veterinary Clinic, LLC:**

Omar Hinojosa, President and CEO
[redacted]Grand Luxe Dr.
Manhattan KS 66503
[redacted]
DOB: [redacted]
SSN: [redacted]

- **Valley Veterinary Clinic, LLC will be wholly owned by VVS AcquireCo, LLC.**

VVS AcquireCo, LLC
1118 Pony Express Hwy,
Marysville, KS 66508

Officer of VVS AcquireCo, LLC: Omar Hinojosa, President and CEO

- **VVS AcquireCo, LLC will be wholly owned by VVS HoldCo, LLC.**

VVS HoldCo, LLC
1118 Pony Express Hwy,
Marysville, KS 66508

Officer of VVS HoldCo, LLC: Omar Hinojosa, President and CEO

Nevada State Board Of Pharmacy

THIS STUB IS YOUR RECEIPT
Miranda N. Helmerichs

Date: 01/06/2022
Amount:
License #: 21178

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Expires:10/31/2023

Miranda N. Helmerichs

License #
21178
Active

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

License Type: Pharmacist
License #: 21178

Expires: 10/31/2023
STATUS: Active

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Miranda N. Helmerichs

NONTRANSFERABLE
POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: VALLEY VETERINARY CLINIC, LLC dba Valley Vet Supply

Physical Address: 1118 PONY EXPRESS HWY

City: MARYSVILLE State: KS Zip: 66508

Mailing Address (if different from physical address): PO Box 504 1118 Pony Express Hwy

City: MARYSVILLE State: KS Zip: 66508

Telephone: 8008988026 Website: www.valleyvet.com

Licensing Company Email: omar@valleyvet.com

Section 2: Personal Information

First: Miranda Middle: Nicole Last: Helmerichs

Alias(es, nicknames, name changes, etc.): n/a

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ■ F ☐ X

Mailing Address: P[redacted]

City: MARYSVILLE State: KS Zip: 66508

Telephone: [redacted] Email: miranda@valleyvet.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: Child Support Requirement (NRS 425.520)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's Initials: MH

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
UNIVERSITY OF KANSAS		08/06-05/10	
Address: 2010 Becker Dr	City: Lawrence	State: KS	Zip: 66047
Diploma/Degree obtained, if any: DOCTOR OF PHARMACY			

School Name		From - To (MM/YY – MM/YY)	
WASHBURN UNIVERSITY		08/03-05/06	
Address: 1700 SW College Ave	City: Topeka	State: KS	Zip: 66621
Diploma/Degree obtained, if any: N/A			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
11/13 - Current	[redacted] N Oak St	Frankfort	KS	66427
5/10 - 11/13	[redacted] N Kansas Ave	Frankfort	KS	66427
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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 MH

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above:

Business Name			From - To (MM/YY – MM/YY)	
VALLEY VET SUPPLY			02/19-CURRENT	
Business Address		City	State	Zip
1118 Pony Express Hwy		MARYSVILLE	KS	66508
Phone	Title		Number of Employed Hours	
800-898-8026	PHARMACIST IN CHARGE		40	
Description of Duties				
Oversee the pharmacy, pharmacists and techs. Ensure the pharmacy stays compliant with regulations. Staff pharm work (See below)				

Business Name			From - To (MM/YY – MM/YY)	
VALLEY VET SUPPLY			10/13-01/19	
Business Address		City	State	Zip
1118 Pony Express Hwy		MARYSVILLE	KS	66508
Phone	Title		Number of Employed Hours	
800-898-8026	STAFF PHARMACIST		40	
Description of Duties				
Oversee technician work, ensure prescription fill for accuracy. Counsel customers and vets and answer questions				

Business Name			From - To (MM/YY – MM/YY)	
WALMART PHARMACY			06/10-CURRENT	
Business Address		City	State	Zip
101 Bluemont		Manhattan	KS	66502
Phone	Title		Number of Employed Hours	
785-776-4841	STAFF PHARMACIST		PRN	
Description of Duties				
Administer immunizations, counsel patients, fill prescriptions oversee technicians				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Continue on next page if additional space is needed.

Applicant's initials MH

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials MH

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

11.22.2021
Date

Applicant's initials

I, Miranda Helmerichs, **certify that as the designated representative for**

VALLEY VETERINARY CLINIC, LLC dba VALLEY VET SUPPLY,

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

Miranda Helmerichs

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11-22-2021

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.

Miranda Helmerichs

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11-22-2021

Date

Please have this section completed in the presence of a Notary Public.

State of Kansas, ss. County of Marshall

I, Miranda Helmerichs, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

11-22-2021

Date

Subscribed and Sworn to before me this 22 day of November. 2021

Linda K. Dressman

Notary Public Signature

NOTARY PUBLIC - State of Kansas
LINDA K. DRESSMAN
My Appt. Expires 3-27-22

Seal

Applicant's initials MH

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler VALLEY VETERINARY CLINIC, LLC DBA VALLEY VET SUPPLY

Physical Address 1118 PONY EXPRESS HWY

City MARYSVILLE State KS Zip 66508

Mailing Address (if different from physical address) PO BOX 504 1118 PONY EXPRESS HWY

City MARYSVILLE State KS Zip 66508

Telephone 8008988026 Website WWW.VALLEYVET.COM

Licensing Company Email OMAR@VALLEYVET.COM

Section 2: Personal Information

First OMAR Middle _____ Last HINOJOSA

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted]

City Marysville State KS Zip 66508

Telephone [redacted] Email omar@valleyvet.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 OH

Section 5: List your high school and college experience 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 Pacific		01/97 - 05/98	
Address	City	State	Zip
3601 Pacific Avenue	Stockton	CA	95211
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Texas A&M University		08/88 - 12/91	
Address	City	State	Zip
750 Agronomy Road, Suite 1601	College Station	TX	77843
Diploma/Degree obtained, if any			
B.S. Animal Science			

School Name		From - To (MM/YY – MM/YY)	
Blinn College		01/90 - 12/90	
Address	City	State	Zip
902 College Avenue	Brenham	TX	77833
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Edinburg High School		08/84 - 05/88	
Address	City	State	Zip
2600 E. Wisconsin Road	Edinburg	TX	78542
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
08/18 - Current	[redacted]GRAND LUXE DR.	MANHATTAN	KS	66503
01/17 - 8/18	[redacted] Grand Mere Pkwy, #[redacted]	Manhattan	KS	66503
05/13 - 01/17	[redacted]W. 239th Street	Bucyrus	KS	66013
07/07 - 05/13	[redacted] Red Rock Road	Amarillo	TX	79118
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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)
Valley Veterinary Clinic, LLC			10/16-CURRENT
Business Address	**City**	**State**	**Zip**
1118 Pony Express HWY	Marysville	KS	66508
Phone	**Title**		
800-898-8026	CEO		

Description of Duties

Oversee all aspects of business operations for e-commerce retailer, including pharmacy sales & marketing. Valley Vet Supply. Valleyvet.com

Business Name			From - To (MM/YY – MM/YY)
Merck Animal Health			02/13 - 10/16
Business Address	**City**	**State**	**Zip**
35500 W 91st Street	De Soto	KS	66018
Phone	**Title**		
913-422-6055	Executive Director, Channel Management		

Description of Duties

Responsible for leading and coordinating all strategic and marketing support of the U.S. Animal Health Channel Management function across all business segments.

Business Name			From - To (MM/YY – MM/YY)
Med-Pharmex Animal Health			04/04 - 12/12
Business Address	**City**	**State**	**Zip**
2727 Thompson Creek Road	Pomona	CA	91767
Phone	**Title**		
909-593-7875	VP, Sales & Operations		

Description of Duties

Budgeting annual sales and profit targets, managing the sales team and work closely with key distributors. Implement marketing programs for both company and private brands.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Continue on next page if additional space is needed.

Applicant's initials 

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

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 _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

OMAR HINOJOSA

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04/04/2022

Date

Please have this section completed in the presence of a Notary Public.

State of Kansas, ss. County of Marshall

I, OMAR HINOJOSA, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

04/04/2022

Date

Subscribed and Sworn to before me this 4th day of April, 2022

Linda K. Dressman

Notary Public Signature

NOTARY PUBLIC - State of Kansas
LINDA K. DRESSMAN
My Appt. Expires 3-27-26
(Seal)

Applicant's initials OKH

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 VALLEY VETERINARY CLINIC, LLC dba VALLEY VET SUPPLY

Physical Address 1118 PONY EXPRESS HWY

City Marysville State KS Zip 66508

Mailing Address (if different from physical address) PO Box 504 1118 Pony Express Hwy

City Marysville State KS Zip 66508

Telephone 8008988026 Website www.valleyvet.com

Licensing Company Email omar@valleyvet.com

Section 2: Personal Information

First MIRANDA Middle NICOLE Last HELMERICHS

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ■ F ☐ X

Mailing Address [redacted]

City Marysville State KS Zip 66508

Telephone [redacted] Email miranda@valleyvet.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials MH

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
UNIVERSITY OF KANSAS		08/06-05/10	
Address	City	State	Zip
2010 Becker Dr	Lawrence	KS	66047
Diploma/Degree obtained, if any			
DOCTOR OF PHARMACY			

School Name		From - To (MM/YY – MM/YY)	
WASHBURN UNIVERSITY		08/03-05/06	
Address	City	State	Zip
1700 SW College Ave	Topeka	KS	66621
Diploma/Degree obtained, if any			
N/A			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
11/13 - Current	[redacted]N Oak St	Frankfort	KS	66427
05/10 - 11/13	[redacted]N Kansas Ave	Frankfort	KS	66427

Applicant's initials MH

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)
VALLEY VET SUPPLY			02/19-CURRENT
Business Address	**City**	**State**	**Zip**
1118 Pony Express Hwy	MARYSVILLE	KS	66508
Phone	**Title**		
800-898-8026	PHARMACIST IN CHARGE		

Description of Duties

Oversee pharmacists and technicians; keep in compliance with regulations in all states Valley Vet is licensed in; develop policies and procedures for the practice of pharmacy; investigate errors through continuous quality control procedures.

Business Name			From - To (MM/YY – MM/YY)
VALLEY VET SUPPLY			10/13-01/19
Business Address	**City**	**State**	**Zip**
1118 Pony Express Hwy	MARYSVILLE	KS	66508
Phone	**Title**		
800-898-8026	STAFF PHARMACIST		

Description of Duties

Oversee technician's daily work, including but not limited to phone call orders and entering of prescriptions; check outgoing prescriptions for accuracy; counsel customers and vets via phone calls and emails.

Business Name			From - To (MM/YY – MM/YY)
WALMART PHARMACY			06/10-CURRENT
Business Address	**City**	**State**	**Zip**
101 E Bluemont	Manhattan	KS	66502
Phone	**Title**		
785-776-4841	STAFF PHARMACIST		

Description of Duties

Oversee technicians; enter prescriptions and check for accuracy; counsel customers regarding legend drugs and over the counter medications and recommendations; immunizations

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**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 MM

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 MM

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)

11-22-2021
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.

Miranda Helmerichs

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11-22-2021

Date

Please have this section completed in the presence of a Notary Public.

State of Kansas, ss. County of Marshall

I, Miranda Helmerichs, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

11-22-2021

Date

Subscribed and Sworn to before me this 22nd day of November, 2021

Linda K Dressman

Notary Public Signature

NOTARY PUBLIC - State of Kansas
LINDA K. DRESSMAN
My Appt. Expires 3-27-22

(Seal)

Applicant's initials MH

Kansas Board of Pharmacy
800 SW Jackson St. Suite 1414
Topeka, Kansas 66612-1244
P:785-296-4056
F:-785-296-8420

INSPECTION REPORT FOR: 2-10220

VALLEY VET PHARMACY 1118 PONY EXPRESS HIGHWAY MARYSVILLE, KS 66508	Original Date: 11/5/2008 On Probation: No Discipline on File: No
INSPECTION REPORT	Inspection Date: 10/23/2020 Inspector: Jim Kinderknecht

This inspection report is not intended as an exhaustive listing of all pharmacy conditions. There may be deficiencies, non-compliance, or violation(s) of Kansas laws or regulations not detected, observed, or noted in this report.

General Information	
Registrations displayed: State, DEA, & PSE -KSA 65-1645(e)	Y
DEA Number NONE	
PSE Certificate Expire N/A	
Medicare Poster	N/A
KTRACS Poster	N/A
Pharmacist in Charge HELMERICHS, MIRANDA	
Pharmacist(s) License(s) posted – KSA 65-1641	Y
Pharmacists: Justin Weyer, Haley Finley, Larry Leseberg, Traci Carpenter,Paula Koch, Anthont Syzmankowski	
Technician(s) Registration(s) posted. - KSA 65-1663(h)	Y
Maintain a list of the names of pharmacy technicians. KSA 65-1663(g)	Y
Name tags - KAR 68-2-15	Y
Is the facility accredited by a national accreditation organization	N/A
If so, by whom	
340B participant	N/A
Qualifying 340b Entity	
Facilities	
Pharmacy clean, well lit, etc.-KSA 65-625 & 65-656(o)	Y
Drugs stored/manufacturer – KAR 68-1634	Y
Room Temp 69	
Refrigerator Temp 41	
No outdated, mislabeled or adulterated drugs 65-1634 KSA65-657(a)(b)	Y
Records	
Duration of Record Keeping - KSA 65-1642(b)(c)(3) & KAR 68-20-16(a)	Y
Review of Prescription files - Of those observed	
Files (C-2 separate) 21CFR 1304.04(h) & KAR 68-20-16(a)	Y
Scheduled: no preprinted blanks KAR 68-20-18(c)	N/A
C-2 properly canceled – KAR 68-20-19(e)	N/A
CS not filled past expiration KAR 69-20-19 & KAR 68-20-20	N/A

No date changes on CII scripts.	N/A
Issuance of Multiple CII Prescriptions 21 CFR 1306.12	N/A
Strict conformity – KSA 65-1637(a)	Y
Proper substitution – KSA 65-1637(a)(2) & 65-657(o)	Y
No Post Office Boxes KAR68-9-1, 68-20-18(c)	Y
Fax /agent ID KSA 65-1637(b) KAR 68-20-18(d)	Y
First and last name of the agent KSA 65-1637b(b)	Y
APRN/PA supervising doctor KSA 65-28a08(d), KSA 65-1130(d), KAR 100-28a-13(e) & KAR 60-11-104a	N/A
LTCF/Hospice identified 21CFR 1306.11(e, f, & g)	N/A
Electronic certification for E-scripts	Y
Review of Inventory and Invoice Records	
ANNUAL Inventory of CS – KAR 68-20-16	N/A
Date: N/A	
C-2 inventory filed separately KAR 68-20-16	N/A
C-2 invoices filed separately KAR 68-20-16	N/A
DEA 222 forms completed 21 CFR 1305.12(e)	N/A
DEA 222 forms for C-2 transfers KAR 68-20-17	N/A
CSOS in lieu of above	N/A
Power of Attorney 21 CFR 1305.05	N/A
Review of invoices –noncontrolled + controlled	N/A
Other Records	
(requires sig) Daily Print-outs or log Book-KAR68-9-1(a)(9) 21CFR 1306.22(f)(3)	Y
Log Book for C-5 (ie. cough syrups) KAR 68-20-22	N/A
KTRACS reporting	N/A
C-5 PSE sales KSA65-1643(j)	
Electronic (PSE)	N/A
POS	N/A
LogBook Sig	N/A
Valid driver's license, time, gm quantity, no POBox	N/A
Pharmacist in Charge Responsibilities	
All personnel registered / licensed	Y
Incident reports completed timely	Y
Policy and procedures	Y
Child poof packaging – FDA Poison Prevention Packaging Act	Y
Observation of Counseling -KAR 68-2-20(a)(5) & (b)	Y
Oxygen dispensed	N
Transfilled By:	
Prescription Labels – KAR 68-7-14	
Name, Address & Phone number of Pharmacy	Y
Name of Prescriber or PA/APRN	Y
Full name of Patient	Y
Prescription number	Y
Date filled or refilled	Y
Adequate directions for use	Y
Beyond Use Date	Y
Brand Name or Generic Name of the Drug	Y
Name of Manufacturer or distributor	Y
Strength of Drug	Y

Quantity dispensed	Y
Auxiliary labels if needed	Y
Does Pharmacy give Medication Guides	Y
Does Pharmacy dispense to LTCF?	N
E-Kit supply and maintenance KAR68-7-10(d)	N
Automation housed at LTCF.	N
Stocked By:	
Controlled substance in Automation at LTCF	N
DEA # of Automation:	
Prepackaging/Repackaging KAR 68-7-15	
Type of packaging used: manufacturer original packaging	
Proper storage as Manufacturer recommends	Y
Labels: KAR 68-7-16 | Proper control system for recall purposes	Y
Brand or Generic Name/Manu or/Distributor name	Y
Strength and quantity	Y
Lot number, date repackaged and person responsible for repackaging or suitable record if not on label	Y
Expiration Date	Y
Auxiliary labels if necessary	Y
Incident Reports KAR 68-7-12b(c)	
Timely preparation	Y
Name, address, age & phone number of complainant	Y
Name and license number of all employees involved	Y
Signature of all employees involved	Y
Date of incident	Y
Date of Report	Y
Description of the incident	Y
Prescriber's name	Y
Prescriber was contacted	Y
CQI Reports	
CQI meeting KAR 68-19-1 Meets quarterly	Y
Preventative steps for each reportable incident	Y
Technicians	
Ratio During Inspection 2-1 KAR 68-5-16	
Technician Training Course KAR 68-5-15(b)	Y
Documentation of Annual Review 68-5-15(d)	Y
Necessary Equipment/Library	
Reference material available KAR 68-7-11(i)	Y
Access to KS Pharmacy Laws/Regulations	Y
Necessary Equipment	N/A
Compounded Sterile Product –797 compliant KAR68-13-1	N/A
Compounding limited quantities / prescription FDA	N/A
Security	
Secure when Pharmacist not on duty KAR 68-2-11	Y
Keys only with pharmacists	Y
Controlled drugs locked or dispersed - 21CFR1301.75	Y
Pharmacist Responsibilities	
Med. Profile Review KSA 65-1642(c)&KAR68-2-20(a)(9)	Y

Supervise Technicians KSA 65-1626(g)	Y
Perform the final check KSA 65-1626(g)	Y
Document verification KAR 68-2-20(a)(4)	Y
Automated Pharmacy System KAR 68-9-1	
Daily Back-up of system	N/A
Maintain the original prescription	N/A
Prevent modification / Manipulation	N/A
Type of Automation	
Vaccinations / IMMUNIZATIONS	
Vaccination protocol KSA 65-1626(jj)	N/A
Documentation of training KSA 65-1635a +CPR certification	N/A
Written record & reporting KSA 65-1635(b)	N/A
Review Of Vac Recs	
Problems with VAC records	N/A
Collaborative Practice	
In date (signed within last 2 years)	N/A
All required elements	N/A

NOTES

This report created on: 10/27/2020

VALLEY VET SUPPLY
1118 Pony Express Hwy • PO Box 504 • Marysville, KS 66508
785-562-5106 • Fax 800-446-5597

11/28/2021

Nevada State Board of Pharmacy
Division of Professional Regulation
985 Damonte Ranch Pkwy, Suite 206, Reno, NV 89521

RE: Valley Veterinary Clinic, LLC
License Change of Ownership

To Whom It May Concern:

Please be advised that Valley Veterinary Clinic, LLC d/b/a Valley Vet Supply (Lic #PH02655) is set to experience a change of ownership effective November 30, 2021. The current licensee, Valley Veterinary Clinic, LTD, will undergo a reorganization and a change of ownership, wherein the current licensee will convert from a limited company to a limited liability company (i.e., Valley Veterinary Supply, LLC), and will obtain a new parent owner, VVS AcquireCo, LLC. The FEIN, location, and day-to-day operations of the applicant pharmacy will remain unchanged.

We have attached a new organizational structure and an updated officer list.

If you have questions or would like additional information about the foregoing, please do not hesitate to contact us at ProjectArk@licenselogix.com.

Thank you for your time and assistance with this matter.

Sincerely,

Omar Hinojosa, CEO

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 – July 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 – July 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 – July 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 – July 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 – July 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 – July 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 – July 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

5A

FILED
MAY 02 2022
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **RICHARD S. TEH, MD,** **Certificate of Registration Nos. CS19708, CS31633, and** **CYNTHIA E. TEH, MD,** **Certificate of Registration No. CS09236,** **Respondents.**	**Case Nos. 20-021-CS-A-B-S** **20-021-CS-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 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 Richard S. Teh, MD ("Teh 1"), held controlled substance registrations, Certificate of Registration Nos. CS19708, CS31633, and Respondent Cynthia E. Teh, MD ("Teh 2"), held a controlled substance registration, Certificate of Registration No. CS09236, all issued by the Board.

FACTUAL ALLEGATIONS

2. Respondent Teh 1 and Respondent Teh 2 are husband and wife. They operate/operated a medical practice called Medical Group at Sun City located at 2440 Professional Court, Suite 110, Las Vegas, Nevada 89128 during the relevant and alleged timeframes.

3. The United States Department of Justice ("DOJ") referred this case to the Board against Teh 1 and Teh 2 for alleged violations of unlawful prescribing of controlled substance prescriptions while out of the country.

4. Teh 1 was outside of the United States from March 21-April 4, 2018, April 29-May 6, 2018, September 17-23, 2018, January 7-10, 2019, March 31-April 7, 2019, and June 13-17, 2019.

5. Teh 2 was outside of the United States from March 21-April 4, 2018, April 29-May 6, 2018, September 17-23, 2018, January 7-10, 2019, January 13-19, 2019, March 31-April 7, 2019, and November 5-18, 2019.

6. Teh 1 prescribed at least fourteen (14) handwritten prescriptions for patients while he was outside of the United States.

7. Teh 2 prescribed at least nine (9) handwritten prescriptions for patients while she was outside of the United States.

8. These controlled substance prescriptions written by Teh 1 and Teh 2 were either pre-signed on blank prescription pads or pre-written prescriptions, then given to staff/medical assistant(s) to complete the medication names, medication quantities, directions for use, and/or dates.

9. Sampling of prescriptions "written" by Teh 1 while outside of the United States were as follows:

a. A prescription dated March 23, 2018 was handwritten for patient S.P. for d-amphetamine salt combo (generic for Adderall) 20 mg tablets;

b. A prescription dated May 1, 2018 was handwritten for patient H.L. for hydrocodone/acetaminophen 7.5-325 mg tablets;

c. A prescription dated September 19, 2018 was handwritten for patient T.K. for hydrocodone/acetaminophen 10-325 mg tablets; and

d. A prescription dated June 14, 2019 was handwritten for patient A.M. for hydrocodone/acetaminophen 10-325 mg tablets.

10. Sampling of prescriptions "written" by Teh 2 while outside the United States were as follows:

a. A prescription dated March 22, 2018 was handwritten for patient L.H. for hydrocodone 10-325 mg tablets;

b. A prescription dated September 18, 2018 was handwritten for patient P.B. for hydrocodone 10-325 mg tablets; and

c. A prescription dated April 2, 2019 was handwritten for patient M.M. for hydrocodone/acetaminophen 10-325 mg tablets.

APPLICABLE LAW

11. 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).

12. 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).

13. It is unlawful for a practitioner to prescribe a controlled substance or dangerous drug except as authorized by law. NRS 453.226(1); NRS 453.321(1)(a); NRS 639.100(1).

14. It is a felony offense to falsify a prescription for a controlled substance or otherwise purchase or possess a controlled substance except as authorized by law. 21 U.S.C. § 841(a); 21 U.S.C. § 842(a); NRS 453.331(1)(c), (d), (f), (h) and (i).

15. Conspiring to violate the Controlled Substances Act is a felony offense. 21 U.S.C. § 846; NRS 453.401(l).

16. 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).

17. 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).

18. 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).

19. Violating any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(11).

20. Violating, attempting to violate, assisting, or abetting in the violation of or conspiring to violate any law or regulation relating to drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(12).

21. 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).

22. Respondents are 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

23. By pre-signing, or pre-writing controlled substance and/or dangerous drug prescriptions, providing blank prescription pads to staff, and/or allowing staff to complete prescriptions, including dates for patients while Teh 1 was engaged in overseas travel, Teh 1 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 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.

24. By pre-signing, or pre-writing controlled substance and/or dangerous drug prescriptions, providing blank prescription pads to staff, and/or allowing staff to complete prescriptions, including dates for patients while Teh 2 was engaged in overseas travel, Teh 2 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 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

25. By pre-signing, or pre-writing controlled substance and/or dangerous drug prescriptions, providing blank prescription pads to staff, and/or allowing staff to complete prescriptions, including dates for patients while Teh 1 was engaged in overseas travel, Teh 1 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, and 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.

26. By pre-signing, or pre-writing controlled substance and/or dangerous drug prescriptions, providing blank prescription pads to staff, and/or allowing staff to complete prescriptions, including dates for patients while Teh 2 was engaged in overseas travel, Teh 2 performed her 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, and 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

27. By permitting unlicensed office staff, or medical assistants to write, or complete controlled substances and/or dangerous drug prescriptions, including providing pre-signed blank prescriptions, or pre-completed but undated prescriptions, Teh 1 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.

28. By permitting unlicensed office staff, or medical assistants to write, or complete controlled substances and/or dangerous drug prescriptions, including providing pre-signed blank prescriptions, or pre-completed but undated prescriptions, Teh 2 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

29. By permitting his staff/medical assistants to prescribe controlled substances and/or dangerous drugs under Teh 1's name by providing blank or pre-signed prescription pads,

pre-written prescriptions and/or allowing staff to complete dates on prescriptions, Teh 1 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 and 21 CFR § 1306.03, 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.

30. By permitting her staff/medical assistants to prescribe controlled substances and/or dangerous drugs under Teh 2's name by providing blank or pre-signed prescription pads, pre-written prescriptions and/or allowing staff to complete dates on prescriptions, Teh 2 violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a), 21 U.S.C. § 846 and 21 CFR § 1306.03, 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

31. As set forth herein, Teh 1 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).

32. As set forth herein, Teh 2 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)(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 certificates of registration of these Respondents.

DATED this 2nd 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.** **RICHARD S. TEH, MD,** **Certificate of Registration Nos. CS19708, CS31633,** **Respondent.**	**CASE NO. 20-021-CS-A-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, 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.** **RICHARD S. TEH, MD,** **Certificate of Registration Nos. CS19708, CS31633,** **Respondent.**	**Case NO. 20-021-CS-A-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.

_____

RICHARD S. TEH, MD

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:

Richard Teh
[redacted]E. CHARLESTON BLVD
LAS VEGAS, NV 89104

Richard Teh
[redacted] S Main St #1709
Tonopah, NV 89049

Darlene Nases
DARLENE NASES

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **RICHARD S. TEH, MD,** **Certificate of Registration Nos. CS19708, CS31633, and** **CYNTHIA E. TEH, MD,** **Certificate of Registration No. CS09236,** **Respondents.**	**Case Nos. 20-021-CS-A-S** **20-021-CS-B-S** **STIPULATION AND ORDER**

Courtney K. Lee, General Counsel for Petitioner the Nevada State Board of Pharmacy ("Board"), and Respondent Richard S. Teh, MD ("Teh 1"), Certificate of Registration Nos. CS19708, CS31633, Respondent Cynthia E. Teh, MD ("Teh 2"), Certificate of Registration No. CS09236, by and through counsel, Crane Pomerantz, Esq., of Clark Hill, **HEREBY STIPULATE AND AGREE THAT**:

1. The Board has jurisdiction over Respondents and this matter.

2. On or about May 25, 2022, Board Staff served Respondents Teh 1 and Teh 2 with the Notice of Intended Action and Accusation ("Accusation") on file in this matter together with the Statement to Respondents and Notice of Hearing.

3. In lieu of filing Answers through counsel, this agreed Stipulation and Order is presented for the Board's consideration.

4. Respondents Teh 1 and Teh 2 are fully aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering this Stipulation.

5. 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.

6. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that any Respondent failed to comply with the provisions of this Stipulation and Order, Respondents hereby freely and voluntarily waive their right to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to him by NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

7. Respondent Teh 1 admits that evidence exists, and that Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for certain of the violations alleged in the Accusation, that Respondent Teh 1:

A. Pre-signed or pre-wrote controlled substance and/or dangerous drug prescriptions while engaged in overseas travel, provided blank prescription pads to staff and/or allowed staff to complete information on written prescriptions in violation of 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 846 and 21 CFR § 1306.03, NRS 453.236(1), NRS 453.331, and NAC 639.945(1)(h), (i), (j).

B. Specifically, Respondent Teh 1 admits that evidence exists that he pre-wrote, -signed, and -dated prescriptions during 2017 to coincide with scheduled patient visits. He did not, however, hand over blank prescriptions to staff or patients and locked the signed prescriptions away so they could only be distributed on the date of the visit.

8. These violations are plead with particularity in the Accusation, and are grounds for disciplinary action pursuant to NRS 453.236, NRS 453.241, NRS 639.210 and/or NRS 639.255.

9. Respondent Teh 2 admits that evidence exists, and that Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for certain of the violations alleged in the Accusation, that Respondent Teh 2:

A. Pre-signed or pre-wrote controlled substance and/or dangerous drug prescriptions while engaged in overseas travel, provided blank prescription pads to staff and/or allowed staff to complete information in written prescriptions in violation of 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 846 and 21 CFR § 1306.03, NRS 453.236(1), NRS 453.331, and NAC 639.945(1)(h), (i), (j).

B. Specifically, Respondent Teh 2 admits that evidence exists that she pre-wrote, -signed, and -dated prescriptions during 2017 to coincide with scheduled patient visits. She did not, however, hand over blank prescriptions to staff or patients and locked the signed prescriptions away so they could only be distributed on the date of the visit.

10. These violations are plead with particularity in the Accusation, and are grounds for disciplinary action pursuant to NRS 453.236, NRS 453.241, NRS 639.210 and/or NRS 639.255.

11. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, and with Respondent not conceding or admitting to such allegations, the Board and Respondent stipulate to the following penalties and conditions. The registrations of Respondent Richard S. Teh, MD, Certificates of Registration Nos. CS19708, CS31633, are hereby suspended. The suspensions are stayed, and Teh 1 is placed on probation for two (2) years, subject to the following conditions. Teh 1 shall:

A. Accept this Stipulation and Order as a public reprimand regarding Respondent Teh1's duties and responsibilities as a prescribing practitioner;

B. Pay a fine of Four-Thousand Dollars ($4,000.00) for the alleged violations;

C. Pay Two Thousand Dollars ($2,000.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter; and

D. Comply with all federal and state statutes and regulations regarding controlled substances and dangerous drugs, and have no additional charges filed against him while on probation.

12. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, and with Respondent not conceding or admitting to such allegations, the Board and Respondent stipulate to the following penalties and conditions. The registration of Respondent Cynthia E. Teh, MD, Certificate of Registration No. CS09236, is hereby suspended. The suspension is stayed, and Teh 2 is placed on probation for two (2) years, subject to the following conditions. Teh 2 shall:

A. Accept this Stipulation and Order as a public reprimand regarding Respondent Teh2's duties and responsibilities as a prescribing practitioner;

B. Pay a fine of Four-Thousand Dollars ($4,000.00) for the alleged violations;

C. Pay Two Thousand Dollars ($2,000.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter; and

D. Comply with all federal and state statutes and regulations regarding controlled substances and dangerous drugs, and have no additional charges filed against her while on probation.

13. In addition, Board inspectors shall conduct scheduled quarterly inspections of Respondents' practice for a period of 12 months from the effective date of this Order, and

Respondents shall bear and reimburse the Board for inspection costs in an amount not to exceed $500 per quarterly inspection.

14. If each Respondent complies with the terms of probation, at the end of the probationary period the Executive Secretary is granted authority, at his sole discretion, to terminate compliant Respondent's probation.

15. 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 Respondent, the Board may impose additional discipline upon that Respondent consistent with the provisions of NRS Chapter 453 and/or Chapter 639.

16. 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 September 7, 2022. Respondents will appear in person at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent(s) or counsel are not present at the meeting.

17. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 USC § 1396r–2 and 45 CFR Part 60.

18. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board the same day or at a later date. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

19. Upon approval of this Stipulation by the Board, each Respondent shall pay the fines agreed to herein by *personal check, business check, cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) of the effective date of this Order.

20. Upon approval of this Stipulation by the Board, each Respondent shall pay the attorney's fees and costs agreed to herein by *personal check, business check, cashier's check* or *certified check* or *money order* made payable to "Nevada State Board of Pharmacy," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) of the effective date of this Order.

21. Subject to the approval of this Stipulation by the Board, the Board and Respondents agree to release one another from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondents have fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have freely and voluntarily agreed to the terms set forth, and waived certain rights, as stated herein.

AGREED:

Signed this ___ day of _____, 2022

_____
RICHARD S. TEH, MD
Certificate of Registration Nos. CS19708, CS31633

Signed this ___ day of _____, 2022

_____
CYNTHIA E. TEH, MD
Certificate of Registration No. CS09236

APPROVED AS TO FORM AND CONTENT this 11th day of July, 2022

_____
CRANE POMERANTZ, ESQ.
Counsel for Respondents Richard S. Teh, MD, and Cynthia E. Teh, MD

Signed this 11th day of July, 2022

_____
COURTNEY K. LEE, ESQ.
General Counsel
Nevada State Board of Pharmacy

alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board the same day or at a later date. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

19. Upon approval of this Stipulation by the Board, each Respondent shall pay the fines agreed to herein by *personal check, business check, cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) of the effective date of this Order.

20. Upon approval of this Stipulation by the Board, each Respondent shall pay the attorney's fees and costs agreed to herein by *personal check, business check, cashier's check* or *certified check* or *money order* made payable to "Nevada State Board of Pharmacy," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) of the effective date of this Order.

21. Subject to the approval of this Stipulation by the Board, the Board and Respondents agree to release one another from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

□

Respondents have fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have freely and voluntarily agreed to the terms set forth, and waived certain rights, as stated herein.

AGREED:

Signed this 8th day of July, 2022

Richard S. Teh

RICHARD S. TEH, MD
Certificate of Registration Nos. CS19708,
CS31633

Signed this ___ day of _____, 2022

Cynthia E. Teh, MD

CYNTHIA E. TEH, MD
Certificate of Registration No. CS09236

APPROVED AS TO FORM AND
CONTENT this ___ day of July, 2022

CRANE POMERANTZ, ESQ.
Counsel for Respondents Richard S. Teh,
MD, and Cynthia E. Teh, MD

Signed this ____ day of _____, 2022

COURTNEY K. LEE, ESQ.
General Counsel
Nevada State Board of Pharmacy

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent Richard S. Teh, MD, Certificate of Registration Nos. CS19708, CS31633, and Respondent Cynthia E. Teh, MD, Certificate of Registration No. CS09236, in Case Nos. 20-021-CS-A-S, 20-021-CS-B-S, and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of September, 2022.

_____

Helen Park, President
Nevada State Board of Pharmacy

5B

FILED
MAY 02 2022
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **RICHARD S. TEH, MD,** **Certificate of Registration Nos. CS19708, CS31633, and** **CYNTHIA E. TEH, MD,** **Certificate of Registration No. CS09236,** **Respondents.**	**Case Nos. 20-021-CS-A-B-S** **20-021-CS-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 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 Richard S. Teh, MD ("Teh 1"), held controlled substance registrations, Certificate of Registration Nos. CS19708, CS31633, and Respondent Cynthia E. Teh, MD ("Teh 2"), held a controlled substance registration, Certificate of Registration No. CS09236, all issued by the Board.

FACTUAL ALLEGATIONS

2. Respondent Teh 1 and Respondent Teh 2 are husband and wife. They operate/operated a medical practice called Medical Group at Sun City located at 2440 Professional Court, Suite 110, Las Vegas, Nevada 89128 during the relevant and alleged timeframes.

3. The United States Department of Justice ("DOJ") referred this case to the Board against Teh 1 and Teh 2 for alleged violations of unlawful prescribing of controlled substance prescriptions while out of the country.

4. Teh 1 was outside of the United States from March 21-April 4, 2018, April 29-May 6, 2018, September 17-23, 2018, January 7-10, 2019, March 31-April 7, 2019, and June 13-17, 2019.

5. Teh 2 was outside of the United States from March 21-April 4, 2018, April 29-May 6, 2018, September 17-23, 2018, January 7-10, 2019, January 13-19, 2019, March 31-April 7, 2019, and November 5-18, 2019.

6. Teh 1 prescribed at least fourteen (14) handwritten prescriptions for patients while he was outside of the United States.

7. Teh 2 prescribed at least nine (9) handwritten prescriptions for patients while she was outside of the United States.

8. These controlled substance prescriptions written by Teh 1 and Teh 2 were either pre-signed on blank prescription pads or pre-written prescriptions, then given to staff/medical assistant(s) to complete the medication names, medication quantities, directions for use, and/or dates.

9. Sampling of prescriptions "written" by Teh 1 while outside of the United States were as follows:

a. A prescription dated March 23, 2018 was handwritten for patient S.P. for d-amphetamine salt combo (generic for Adderall) 20 mg tablets;

b. A prescription dated May 1, 2018 was handwritten for patient H.L. for hydrocodone/acetaminophen 7.5-325 mg tablets;

c. A prescription dated September 19, 2018 was handwritten for patient T.K. for hydrocodone/acetaminophen 10-325 mg tablets; and

d. A prescription dated June 14, 2019 was handwritten for patient A.M. for hydrocodone/acetaminophen 10-325 mg tablets.

10. Sampling of prescriptions "written" by Teh 2 while outside the United States were as follows:

a. A prescription dated March 22, 2018 was handwritten for patient L.H. for hydrocodone 10-325 mg tablets;

b. A prescription dated September 18, 2018 was handwritten for patient P.B. for hydrocodone 10-325 mg tablets; and

c. A prescription dated April 2, 2019 was handwritten for patient M.M. for hydrocodone/acetaminophen 10-325 mg tablets.

APPLICABLE LAW

11. 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).

12. 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).

13. It is unlawful for a practitioner to prescribe a controlled substance or dangerous drug except as authorized by law. NRS 453.226(1); NRS 453.321(1)(a); NRS 639.100(1).

14. It is a felony offense to falsify a prescription for a controlled substance or otherwise purchase or possess a controlled substance except as authorized by law. 21 U.S.C. § 841(a); 21 U.S.C. § 842(a); NRS 453.331(1)(c), (d), (f), (h) and (i).

15. Conspiring to violate the Controlled Substances Act is a felony offense. 21 U.S.C. § 846; NRS 453.401(l).

16. 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).

17. 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).

18. 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).

19. Violating any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(11).

20. Violating, attempting to violate, assisting, or abetting in the violation of or conspiring to violate any law or regulation relating to drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(12).

21. 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).

22. Respondents are 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

23. By pre-signing, or pre-writing controlled substance and/or dangerous drug prescriptions, providing blank prescription pads to staff, and/or allowing staff to complete prescriptions, including dates for patients while Teh 1 was engaged in overseas travel, Teh 1 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 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.

24. By pre-signing, or pre-writing controlled substance and/or dangerous drug prescriptions, providing blank prescription pads to staff, and/or allowing staff to complete prescriptions, including dates for patients while Teh 2 was engaged in overseas travel, Teh 2 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 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

25. By pre-signing, or pre-writing controlled substance and/or dangerous drug prescriptions, providing blank prescription pads to staff, and/or allowing staff to complete prescriptions, including dates for patients while Teh 1 was engaged in overseas travel, Teh 1 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, and 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.

26. By pre-signing, or pre-writing controlled substance and/or dangerous drug prescriptions, providing blank prescription pads to staff, and/or allowing staff to complete prescriptions, including dates for patients while Teh 2 was engaged in overseas travel, Teh 2 performed her 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, and 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

27. By permitting unlicensed office staff, or medical assistants to write, or complete controlled substances and/or dangerous drug prescriptions, including providing pre-signed blank prescriptions, or pre-completed but undated prescriptions, Teh 1 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.

28. By permitting unlicensed office staff, or medical assistants to write, or complete controlled substances and/or dangerous drug prescriptions, including providing pre-signed blank prescriptions, or pre-completed but undated prescriptions, Teh 2 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

29. By permitting his staff/medical assistants to prescribe controlled substances and/or dangerous drugs under Teh 1's name by providing blank or pre-signed prescription pads,

pre-written prescriptions and/or allowing staff to complete dates on prescriptions, Teh 1 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 and 21 CFR § 1306.03, 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.

30. By permitting her staff/medical assistants to prescribe controlled substances and/or dangerous drugs under Teh 2's name by providing blank or pre-signed prescription pads, pre-written prescriptions and/or allowing staff to complete dates on prescriptions, Teh 2 violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a), 21 U.S.C. § 846 and 21 CFR § 1306.03, 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

31. As set forth herein, Teh 1 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).

32. As set forth herein, Teh 2 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)(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 certificates of registration of these Respondents.

DATED this 2nd 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.** **CYNTHIA E. TEH, MD,** **Certificate of Registration No. CS09236,** **Respondent.**	**CASE NO. 20-021-CS-C-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation 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.** **CYNTHIA E. TEH, MD,** **Certificate of Registration No. CS09236,** **Respondent.**	**Case NO. 20-021-CS-C-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2022.

_____

CYNTHIA E. TEH, MD

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:

Cynthia Teh
[redacted] Professional Ct. #110
Las Vegas, NV 89128

Cynthia Teh
[redacted] S Fort Apache Rd, Suite 330
Las Vegas, NV 89148

Darlene Nases
DARLENE NASES

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **RICHARD S. TEH, MD,** **Certificate of Registration Nos. CS19708, CS31633, and** **CYNTHIA E. TEH, MD,** **Certificate of Registration No. CS09236,** **Respondents.**	**Case Nos. 20-021-CS-A-S** **20-021-CS-B-S** **STIPULATION AND ORDER**

Courtney K. Lee, General Counsel for Petitioner the Nevada State Board of Pharmacy ("Board"), and Respondent Richard S. Teh, MD ("Teh 1"), Certificate of Registration Nos. CS19708, CS31633, Respondent Cynthia E. Teh, MD ("Teh 2"), Certificate of Registration No. CS09236, by and through counsel, Crane Pomerantz, Esq., of Clark Hill, **HEREBY STIPULATE AND AGREE THAT**:

1. The Board has jurisdiction over Respondents and this matter.

2. On or about May 25, 2022, Board Staff served Respondents Teh 1 and Teh 2 with the Notice of Intended Action and Accusation ("Accusation") on file in this matter together with the Statement to Respondents and Notice of Hearing.

3. In lieu of filing Answers through counsel, this agreed Stipulation and Order is presented for the Board's consideration.

4. Respondents Teh 1 and Teh 2 are fully aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering this Stipulation.

5. 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.

6. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that any Respondent failed to comply with the provisions of this Stipulation and Order, Respondents hereby freely and voluntarily waive their right to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to him by NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

7. Respondent Teh 1 admits that evidence exists, and that Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for certain of the violations alleged in the Accusation, that Respondent Teh 1:

A. Pre-signed or pre-wrote controlled substance and/or dangerous drug prescriptions while engaged in overseas travel, provided blank prescription pads to staff and/or allowed staff to complete information on written prescriptions in violation of 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 846 and 21 CFR § 1306.03, NRS 453.236(1), NRS 453.331, and NAC 639.945(1)(h), (i), (j).

B. Specifically, Respondent Teh 1 admits that evidence exists that he pre-wrote, -signed, and -dated prescriptions during 2017 to coincide with scheduled patient visits. He did not, however, hand over blank prescriptions to staff or patients and locked the signed prescriptions away so they could only be distributed on the date of the visit.

8. These violations are plead with particularity in the Accusation, and are grounds for disciplinary action pursuant to NRS 453.236, NRS 453.241, NRS 639.210 and/or NRS 639.255.

9. Respondent Teh 2 admits that evidence exists, and that Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for certain of the violations alleged in the Accusation, that Respondent Teh 2:

A. Pre-signed or pre-wrote controlled substance and/or dangerous drug prescriptions while engaged in overseas travel, provided blank prescription pads to staff and/or allowed staff to complete information in written prescriptions in violation of 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 846 and 21 CFR § 1306.03, NRS 453.236(1), NRS 453.331, and NAC 639.945(1)(h), (i), (j).

B. Specifically, Respondent Teh 2 admits that evidence exists that she pre-wrote, -signed, and -dated prescriptions during 2017 to coincide with scheduled patient visits. She did not, however, hand over blank prescriptions to staff or patients and locked the signed prescriptions away so they could only be distributed on the date of the visit.

10. These violations are plead with particularity in the Accusation, and are grounds for disciplinary action pursuant to NRS 453.236, NRS 453.241, NRS 639.210 and/or NRS 639.255.

11. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, and with Respondent not conceding or admitting to such allegations, the Board and Respondent stipulate to the following penalties and conditions. The registrations of Respondent Richard S. Teh, MD, Certificates of Registration Nos. CS19708, CS31633, are hereby suspended. The suspensions are stayed, and Teh 1 is placed on probation for two (2) years, subject to the following conditions. Teh 1 shall:

A. Accept this Stipulation and Order as a public reprimand regarding Respondent Teh1's duties and responsibilities as a prescribing practitioner;

B. Pay a fine of Four-Thousand Dollars ($4,000.00) for the alleged violations;

C. Pay Two Thousand Dollars ($2,000.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter; and

D. Comply with all federal and state statutes and regulations regarding controlled substances and dangerous drugs, and have no additional charges filed against him while on probation.

12. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, and with Respondent not conceding or admitting to such allegations, the Board and Respondent stipulate to the following penalties and conditions. The registration of Respondent Cynthia E. Teh, MD, Certificate of Registration No. CS09236, is hereby suspended. The suspension is stayed, and Teh 2 is placed on probation for two (2) years, subject to the following conditions. Teh 2 shall:

A. Accept this Stipulation and Order as a public reprimand regarding Respondent Teh2's duties and responsibilities as a prescribing practitioner;

B. Pay a fine of Four-Thousand Dollars ($4,000.00) for the alleged violations;

C. Pay Two Thousand Dollars ($2,000.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter; and

D. Comply with all federal and state statutes and regulations regarding controlled substances and dangerous drugs, and have no additional charges filed against her while on probation.

13. In addition, Board inspectors shall conduct scheduled quarterly inspections of Respondents' practice for a period of 12 months from the effective date of this Order, and

Respondents shall bear and reimburse the Board for inspection costs in an amount not to exceed $500 per quarterly inspection.

14. If each Respondent complies with the terms of probation, at the end of the probationary period the Executive Secretary is granted authority, at his sole discretion, to terminate compliant Respondent's probation.

15. 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 Respondent, the Board may impose additional discipline upon that Respondent consistent with the provisions of NRS Chapter 453 and/or Chapter 639.

16. 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 September 7, 2022. Respondents will appear in person at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent(s) or counsel are not present at the meeting.

17. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 USC § 1396r–2 and 45 CFR Part 60.

18. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board the same day or at a later date. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

19. Upon approval of this Stipulation by the Board, each Respondent shall pay the fines agreed to herein by *personal check, business check, cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) of the effective date of this Order.

20. Upon approval of this Stipulation by the Board, each Respondent shall pay the attorney's fees and costs agreed to herein by *personal check, business check, cashier's check* or *certified check* or *money order* made payable to "Nevada State Board of Pharmacy," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) of the effective date of this Order.

21. Subject to the approval of this Stipulation by the Board, the Board and Respondents agree to release one another from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondents have fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have freely and voluntarily agreed to the terms set forth, and waived certain rights, as stated herein.

AGREED:

Signed this ___ day of _____, 2022

_____
RICHARD S. TEH, MD
Certificate of Registration Nos. CS19708, CS31633

Signed this ___ day of _____, 2022

_____
CYNTHIA E. TEH, MD
Certificate of Registration No. CS09236

APPROVED AS TO FORM AND CONTENT this 11th day of July, 2022

_____
CRANE POMERANTZ, ESQ.
Counsel for Respondents Richard S. Teh, MD, and Cynthia E. Teh, MD

Signed this 11th day of July, 2022

_____
COURTNEY K. LEE, ESQ.
General Counsel
Nevada State Board of Pharmacy

alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board the same day or at a later date. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

19. Upon approval of this Stipulation by the Board, each Respondent shall pay the fines agreed to herein by *personal check, business check, cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) of the effective date of this Order.

20. Upon approval of this Stipulation by the Board, each Respondent shall pay the attorney's fees and costs agreed to herein by *personal check, business check, cashier's check* or *certified check* or *money order* made payable to "Nevada State Board of Pharmacy," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) of the effective date of this Order.

21. Subject to the approval of this Stipulation by the Board, the Board and Respondents agree to release one another from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

□

Respondents have fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have freely and voluntarily agreed to the terms set forth, and waived certain rights, as stated herein.

AGREED:

Signed this 8th day of July, 2022

Richard S. Teh

RICHARD S. TEH, MD
Certificate of Registration Nos. CS19708,
CS31633

Signed this ___ day of _____, 2022

Cynthia E. Teh, MD

CYNTHIA E. TEH, MD
Certificate of Registration No. CS09236

APPROVED AS TO FORM AND
CONTENT this ___ day of July, 2022

CRANE POMERANTZ, ESQ.
Counsel for Respondents Richard S. Teh,
MD, and Cynthia E. Teh, MD

Signed this ____ day of _____, 2022

COURTNEY K. LEE, ESQ.
General Counsel
Nevada State Board of Pharmacy

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent Richard S. Teh, MD, Certificate of Registration Nos. CS19708, CS31633, and Respondent Cynthia E. Teh, MD, Certificate of Registration No. CS09236, in Case Nos. 20-021-CS-A-S, 20-021-CS-B-S, and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of September, 2022.

_____

Helen Park, President
Nevada State Board of Pharmacy

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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ANN CHILDRESS, MD,** **Certificate of Registration Nos. CS08793, PD27575,** **Respondent.**	**Case Nos. 20-250-CS-S** **20-250-PD-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 Ann Childress, MD ("Childress"), held a controlled substance registration, Certification of Registration No. CS08793, and later obtained a practitioner dispensing registration, Certificate of Registration No. PD27575 issued by the Board.

FACTUAL ALLEGATIONS

2. Childress operates a medical practice located 7351 Prairie Falcon Road, #160, Las Vegas, Nevada 89128.

3. On or about December 21, 2020, the Board received an anonymous complaint about the quality of the United States Food and Drug Administration ("FDA") study medications being dispensed by Dr. Childress' office. This complaint was investigated and deemed to be unfounded by the Board's inspection in January.

4. On January 21, 2021, the Board's inspector and investigator conducted a site visit of Dr. Childress' medical office to investigate the complaint received by the Board. However, during the site visit, although the complaint itself was deem unfounded, it was discovered that Dr. Childress was dispensing clinical study medications without a practitioner dispensing registration.

5. Dr. Childress' practitioner dispensing registration was not issued until March 31, 2021.

6. Dr. Childress provided a list of thirteen (13) clinical trials from January 1, 2019 through March 31, 2021 where study medications - controlled substances and dangerous drugs – including escitalopram, Guanfacine Hydrochloride Prolonged-release, Brexpiprazole, Amphetamine Extended-Release tablets, were dispensed without a dispensing registration.

APPLICABLE LAW

7. A practitioner who wishes to dispense controlled substances or dangerous drugs must apply to the Board for a certificate of registration. NAC 639.742(1).

8. As a holder of a controlled substance registration, and later as a holder of a practitioner dispensing registration, it is unprofessional conduct or conduct contrary to the public interest to perform her duties in an incompetent, unskillful or negligent manner. NAC 639.945(1)(i).

9. As a holder of a controlled substance registration, it is unprofessional conduct or conduct contrary to the public interest to perform any act, task, or operation for which licensure, certification, or registration is required without the licensure, certification, or registration. NAC 639.945(1)(k).

10. Respondent is subject to discipline pursuant to NRS 453.236, NRS 453.241, NRS 639.210, and/or NRS 639.255.

///

COUNT ONE

Unprofessional Conduct – Incompetent, Unskillful or Negligent Conduct

11. By dispensing study medications without the required dispensing registration in violation of NAC 639.742(1), Respondent Childress performed her duties as a holder of a controlled substance registration in an incompetent, unskillful, or negligent manner pursuant to NAC 639.945(1)(i) by negligently failing to obtain licensure, or failing to confirm licensure, prior to dispensing study medications, and are grounds for suspension or revocation of any license or registration issued by the Board pursuant to NRS 453.236, NRS 453.241, NRS 639.210, and/or NRS 639.255.

COUNT TWO

Unprofessional Conduct - Unlicensed/Unregistered Activity

12. By dispensing study medications without the required dispensing registration in violation of NAC 639.742(1), Respondent Childress engaged in 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 453.236, NRS 453.241, NRS 639.210(4), and (12), and/or NRS 639.255.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this Respondent.

DATED this 2nd day of May, 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ANN CHILDRESS, MD,** **Certificate of Registration Nos. CS08793, PD27575,** **Respondent.**	**Case Nos. 20-250-CS-S** **20-250-PD-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.** **ANN CHILDRESS, MD,** **Certificate of Registration Nos. CS08793, PD27575,** **Respondent.**	**Case Nos. 20-250-CS-S** **20-250-PD-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.

_____

ANN CHILDRESS, MD

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:

Ann Childress
[redacted]PRAIRIE FALCON RD #160
LAS VEGAS, NV 89128

Darlene Nases
DARLENE NASES

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ANN CHILDRESS, MD,** **Certificate of Registration Nos. CS08793, PD27575,** **Respondent.**	**Case Nos. 20-250-CS-S** **20-250-PD-S** **STIPULATION AND ORDER**

Courtney K. Lee, General Counsel for Petitioner the Nevada State Board of Pharmacy ("Board"), and Respondent Ann Childress, MD ("Childress"), Certificate of Registration Nos. CS08793, PD27575, by and through counsel, Joseph Reynolds, Esq. of Hutchison & Steffen,

HEREBY STIPULATE AND AGREE THAT:

1. The Board has jurisdiction over Respondent and this matter.

2. On or about May 25, 2022, Board Staff served Respondent Childress with the Notice of Intended Action and Accusation ("Accusation") on file in this matter together with the Statement to Respondent and Notice of Hearing.

3. In lieu of filing an Answer through counsel, this agreed Stipulation and Order is presented for the Board's consideration.

4. Respondent Childress is fully aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering into this Stipulation.

5. Respondent Childress is aware of the right to a hearing on the matters alleged in the Accusation, the right to reconsideration, the right to appeal and any and all other rights which may be accorded pursuant to NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

6. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondent Childress failed to comply with any

provision of this Stipulation, Respondent hereby freely and voluntarily waives her right to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to her by NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

7. Respondent Childress admits that evidence exists, and that Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for certain violations alleged in the Accusation, that Respondent Childress:

> Dispensed study medications, consisting of controlled substances and dangerous drugs, without the required licensure in violation of NAC 639.742(1) and NAC 639.945(1)(k).

8. These violations are plead with particularity in the Accusation, and are grounds for disciplinary action pursuant to NRS 453.236, NRS 453.241, NRS 639.210 and/or NRS 639.255.

9. Respondent Childress maintains that a good faith factual basis mitigates the allegations against her. However, in order to resolve this matter without incurring any further costs or the expense associated with a hearing, and with Respondent Childress not conceding or admitting to such allegations, the Board and Respondent Childress stipulate to the following penalties and conditions:

A. Pay a fine of Five-Thousand Dollars ($5,000.00) for the alleged violations; and

B. Pay Five Hundred Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

10. Any failure by Respondent Childress 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 Childress to appear before the Board at the next regularly-scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by Respondent, the Board may impose additional discipline upon Respondent consistent with the provisions of NRS Chapter 453 and/or Chapter 639.

11. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on September 7, 2022. Respondent Childress will appear in person at the meeting to answer questions from the Board Members and/or Board Staff. Respondent Childress may be accompanied by counsel and may provide a statement. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent or counsel are not present at the meeting.

12. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 USC § 1396r–2 and 45 CFR Part 60.

13. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board at a later date. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

14. Upon approval of this Stipulation by the Board, Respondent Childress shall pay the fines agreed to herein by *personal check, business check, cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) of the effective date of this Order.

15. Upon approval of this Stipulation by the Board, Respondent shall pay the attorney's fees and costs agreed to herein by *personal check, business check, cashier's check* or *certified check* or *money order* made payable to "Nevada State Board of Pharmacy," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) of the effective date of this Order.

16. Subject to the approval of this Stipulation by the Board, the Board and Respondent Childress agree to release one another from any and all additional claims arising from the facts set

forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has freely and voluntarily agreed to the terms set forth, and waived certain rights, as stated herein.

AGREED:

Signed this 10th day of July, 2022

ANN CHILDRESS, MD
Certificate of Registration Nos.
CS08793, PD27575

APPROVED AS TO FORM AND CONTENT this 12th day of July, 2022

JOSEPH REYNOLDS, ESQ.
Counsel for Respondent
Ann Childress, MD

Signed this 18th day of July, 2022

COURTNEY K. LEE, ESQ.
General Counsel
Nevada State Board of Pharmacy

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent Ann Childress, MD, Certificate of Registration Nos. CS08793, PD27575, in Case Nos. 20-250-CS-S, 20-250-PD-S, and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of September, 2022.

_____

Helen Park, President
Nevada State Board of Pharmacy

5D

FILED
MAY 11 2022
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **CHRISTOPHER OLSEN, RPH,** **Certificate of Registration No. 11156, and** **OLSEN'S CORNER DRUG STORE COMPOUNDING CENTER,** **Pharmacy License No. PH03816,** **Respondents.**	**Case Nos. 21-171-RPH-N** **21-171-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 Christopher Olsen, R.Ph., Certificate of Registration No. 11156, was a pharmacist registered by the Board, and Respondent Olsen's Corner Drug Store Compounding Center (Olsen's Drug), License No. PH03816, was a pharmacy licensed by the Board.

FACTUAL ALLEGATIONS

2. Christopher Olsen owned and operated Olsen's Drug, located at 1041 Grass Valley Road – Suite A in Winnemucca, Nevada, at the time of the events alleged herein.

3. On or about May 24, 2021, Christopher Olsen entered into a Memorandum of Agreement with the United States Attorney's Office for the District of Nevada and the U.S. Drug Enforcement Administration requiring Olsen to sell all his interest in Olsen's Drug, to never

again maintain any ownership interest or management position in any pharmacy, and to pay the $135,254 in civil penalties for failing to maintain complete and accurate records causing numerical deviations in accountability, as required by 21 CFR 1304.21 (a), in violation of 21 U.S.C. § 842(a)(5).

APPLICABLE LAW

4. Pharmacies shall maintain a complete and accurate record of controlled substances. 21 U.S.C. § 842(a)(5); 21 C.F.R. § 1304.04; 21 C.F.R. § 1304.11; 21 C.F.R. § 1304.21(a); NRS 453.246; NRS 453.326; NAC 639.482; NAC 639.485; NAC 639.487.

5. Pharmacies shall provide effective controls and procedures to guard against theft and diversion of controlled substances. 21 CFR § 1301.71(a); NAC 639.520.

6. 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).

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. 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).

9. Violation of any law or regulation concerning recordkeeping or inventory by a managing pharmacist is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(15).

10. Failing to maintain and make available to a state or federal officer any records in accordance with State law is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(17).

11. The managing pharmacist of a pharmacy is responsible for compliance by the pharmacy with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy, including the procurement and storage of drugs, recordkeeping and inventory. NRS 639.220(1); NAC 639.473(1); NAC 639.510.

12. The owner of a pharmacy is responsible for the acts of all personnel in his or her employ. NRS 639.230(5); NAC 639.945(2).

COUNT ONE
Violation of Federal and State Law

13. By failing to maintain accurate and complete records for controlled substance inventories and ensuring the security thereof, Christopher Olsen and Olsen's Drug violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 842(a)(5), 21 CFR § 1301.71(a), 21 C.F.R. § 1304.04, 21 C.F.R. § 1304.11, 21 C.F.R. § 1304.21(a), NRS 453.246, NRS 453.326, NAC 639.482, NAC 639.485, NAC 639.487 and/or NAC 639.520, and are subject to discipline pursuant to NRS 639.210(11), (12), (15) and/or (17).

COUNT TWO
Incompetent, Unskillful and Negligent Practice of Pharmacy
(Respondent Christopher Olsen)

14. By failing to maintain accurate and complete records for controlled substance inventories and ensuring the security thereof, Christopher Olsen has performed his duties as a registered pharmacist and as the managing pharmacist and owner of Olsen's Drug in an incompetent, unskillful or negligent manner, engaged in unprofessional conduct as defined in NAC 639.945(1)(i), and is subject to discipline pursuant to NRS 639.210(4).

COUNT THREE
Managing Pharmacist Responsibility
(Respondent Christopher Olsen)

15. As the managing pharmacist of Olsen's Drug at the time of the violations alleged herein, Christopher Olsen is responsible for those violations pursuant to NRS 639.220(1), NAC 639.473(1), and NAC 639.510, and is subject to discipline pursuant to NRS 639.210(15).

COUNT FOUR
Pharmacy/Pharmacy Owner Responsibility
(Respondent Christopher Olsen)

16. As the owner of Olsen's Drug at the time of the violations alleged herein, Christopher Olsen is responsible for the violations pursuant to NRS 639.230(5) and NAC 639.945(2).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration/license 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.** **CHRISTOPHER OLSEN, RPH,** **Certificate of Registration No. 11156,** **Respondent.**	**CASE NO. 21-171-RPH-N** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, July 13, 2022, at 9:00 AM PST or soon thereafter at the following location:**

Hyatt Place
1790 E. Plumb Lane
Reno, NV 89502

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 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.** **CHRISTOPHER OLSEN, RPH,** **Certificate of Registration No. 11156,** **Respondent.**	**CASE NO. 21-171-RPH-N** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **CHRISTOPHER OLSEN, RPH,** **Certificate of Registration No. 11156, and** **OLSEN'S CORNER DRUG STORE COMPOUNDING CENTER,** **Pharmacy License No. PH03816,** **Respondents.**	**Case Nos. 21-171-RPH-N** **21-171-PH-N** **STIPULATION AND ORDER**

Brett Kandt, General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and Respondent Christopher Olsen, R.Ph., Certificate of Registration No. 11156, and Respondent Olsen's Corner Drug Store Compounding Center, License No. PH03816, by and through counsel**,** Sarah B. Lee, 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, and Respondents filed an Answer and Notice of Defense to the Accusation on or about June 9, 2022.

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).

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 deny 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. On or about May 24, 2021, Respondent Christopher Olsen entered into a Memorandum of Agreement with the United States Attorney's Office for the District of Nevada and the U.S. Drug Enforcement Administration (MOA) requiring Olsen to sell all his interest in Olsen's Corner Drug Store, License No. PH01913, to never again maintain any ownership interest or management position in any pharmacy, and to pay the $135,254 in civil penalties for failing to maintain complete and accurate records causing numerical deviations in accountability, as required by 21 CFR 1304.21 (a), in violation of 21 U.S.C. § 842(a)(5);

B. By failing to maintain accurate and complete records for controlled substance inventories and ensuring the security thereof in his operation of Olsen's Corner Drug Store, License No. PH01913, Respondent Christopher Olsen violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 842(a)(5), 21 CFR § 1301.71(a), 21 C.F.R. § 1304.04, 21 C.F.R. § 1304.11, 21 C.F.R. § 1304.21(a), NRS 453.246, NRS 453.326, NAC 639.482, NAC 639.485, NAC 639.487 and/or NAC 639.520;

C. By failing to maintain accurate and complete records for controlled substance inventories and ensuring the security thereof in his operation of Olsen's Corner Drug Store, License No. PH01913, Respondent Christopher Olsen has performed his duties as a registered pharmacist and as a managing pharmacist in an incompetent, unskillful or negligent manner, engaged in unprofessional conduct as defined in NAC 639.945(1)(i);

D. As the managing pharmacist of Olsen's Corner Drug Store, License No. PH01913, at the time of the violations alleged herein, Respondent Christopher Olsen is responsible for those violations pursuant to NRS 639.220(1), NAC 639.473(1), and NAC 639.510; and

E. As the owner of Olsen's Corner Drug Store, License No. PH01913, at the time of the violations alleged herein, Respondent Christopher Olsen is responsible for the violations pursuant to NRS 639.230(5) and NAC 639.945(2).

7. The parties acknowledge that the Accusation erroneously identifies Respondent Olsen’s Corner Drug Store Compounding Center, License No. PH03816, as the subject of the MOA, rather than Olsen's Corner Drug Store, License No. PH01913.

8. On or about September 30, 2020, Respondent Olsen’s Corner Drug Store Compounding Center relinquished License No. PH03816 and ceased to operate. On or about April 15, 2021, Olsen's Corner Drug Store, License No. PH01913, was approved by the Board for a change of ownership.

9. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Christopher Olsen stipulate to the following penalties. The certificate of registration of Respondent Christopher Olsen, Certificate of Registration No. 11156, is hereby revoked pursuant to NRS 639.255(1)(d). The revocation is stayed, and Respondent Christopher Olsen is placed a probation for five (5) years subject to the following conditions:

A. Respondent Christopher Olsen may not work as a managing pharmacist of any pharmacy licensed by the Board or hold an ownership interest in any pharmacy licensed by the Board;

B. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Respondent Christopher Olsen shall pay a fine of Five Thousand Dollars ($5,000.00) for the violations, by personal, business, certified or cashier's check or money order made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within sixty (60) days of the effective date of this Order; and

C. Pursuant to NRS 622.400, Respondent Christopher Olsen shall pay Five Hundred Dollars ($500.00) to partially reimburse the Board for reasonable attorney's fees and recoverable costs incurred in investigating and prosecuting this matter. Payment shall be made by personal, business, certified or cashier's check or money order made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within sixty (60) days of entry of this Order.

Upon the successful completion of probation, Respondent's Certificate of Registration No. 11156 will be fully restored.

10. Any failure by Respondent Christopher Olsen to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing Respondent Christopher Olsen to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by Respondent Christopher Olsen, the Board may lift the stay and impose additional discipline upon Respondent Christopher Olsen 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 September 7, 2022. 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 Respondent Christopher Olsen or his 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. Subject to the approval of this Stipulation by the Board, the Board and Respondent Christopher Olsen 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.

Respondents, and each of them, have fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 28th day of July, 2022

CHRISTOPHER OLSEN, RPH,
Certificate of Registration No. 11156

Signed this ___ day of September, 2022

BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

APPROVED AS TO FORM AND CONTENT this 29th day of July, 2022

SARAH B. LEE, ESQ.
Counsel for Respondent

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondents Christopher Olsen, R.Ph., Certificate of Registration No. 11156, in Case No. 21-171-RPH-N, and Olsen's Corner Drug Store Compounding Center, License No. PH03816, in Case No. 21-171-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 September, 2022.

Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

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 _____, 2021.

_____

CHRISTOPHER OLSEN, 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:

Christopher Olsen, R.Ph.
[redacted] Pelican Way
Fernley, NV 89408

Olsen's Corner Drug Store
200 W. Fifth St.
Winnemucca, NV 89445

SHIRLEY HUNTING

5E

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **OLSEN'S CORNER DRUG STORE COMPOUNDING CENTER,** **Respondent.**	**CASE NO. 21-171-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.** **OLSEN'S CORNER DRUG STORE COMPOUNDING CENTER, Pharmacy License No. PH03816,** **Respondent.**	**CASE NO. 21-171-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 _____, 2021.

_____

TYPE OR PRINT NAME

_____

AUTHORIZED REPRESENTATIVE FOR OLSEN'S CORNER DRUG STORE COMPOUNDING CENTER

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:

Christopher Olsen, R.Ph.
[redacted] Pelican Way
Fernley, NV 89408

Olsen's Corner Drug Store
200 W. Fifth St.
Winnemucca, NV 89445

SHIRLEY HUNTING

5F

FILED
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NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MORTON ISAAC HYSON, MD,** **Certificate of Registration No. CS05851,** **Respondent.**	**CASE NO. 22-146-CS-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300 and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter because, at the time of the events alleged herein, Respondent Morton Isaac Hyson, MD, held a Nevada controlled substance registration, Certificate of Registration No. CS05851, issued by the Board.

FACTUAL ALLEGATIONS

2. On or about May 12, 2022, the Nevada State Board of Medical Examiners ("NSBME") entered an order in Case Nos. 22-8616-1, in which Respondent's NSBME License No. 6020 to practice medicine was summarily suspended for violations of NRS Chapter 630.

3. On or about June 9, 2022, Board staff served Respondent with notice that the suspension of his NSBME License No. 6020 operated as an immediate suspension of his Certificate of Registration No. CS05851 with the Board pursuant to NRS 639.2107, and that Respondent must immediately cease and desist possessing, administering and/or prescribing controlled substances for Nevada patients.

APPLICABLE LAW

4. A practitioner must hold a license to practice his or her profession in this State and be registered with both the DEA and the Board to possess, administer, prescribe and/or otherwise dispense any controlled substance. NRS 453.226(1); 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03.

5. Performing any duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

6. The Board may suspend or revoke a registration issued pursuant to NRS 453.226 to prescribe or otherwise dispense a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest. NRS 453.236(1)(e) and NRS 453.241(1).

7. The surrender, revocation or a suspension that has not been stayed of any certificate, license, or registration of a practitioner, as defined in NRS 453.126, 454.00958 or 639.0125, by a licensing board or the Drug Enforcement Administration operates as an immediate suspension of a certificate, license, registration, or permit issued by the Board pursuant to NRS chapters 453, 454 or 639 to possess, administer, prescribe, or dispense drugs. NRS 639.2107.

FIRST COUNT

Commission of Acts that Render Registration Inconsistent with the Public Interest

8. By violating NRS Chapter 630 as detailed in the NSBME's order in Case Nos. 22-8616-1, Respondent has committed acts that render his registration inconsistent with the public interest, no longer qualifies for registration to dispense controlled substances under federal or state law and is subject to discipline pursuant to NRS 453.236(1) and NRS 453.241(1).

SECOND COUNT
Surrender of License to Practice Medicine

9. By the surrender of his NSBME License No. 6062 to practice medicine, Respondent has committed acts that render his registration to dispense controlled substances inconsistent with the public interest, no longer qualifies for registration to dispense controlled substances under federal or state law and is subject to discipline pursuant to NRS 453.236(1) and NRS 453.241(1).

10. The pre-hearing suspension of Respondent's Certificate of Registration No. CS05851 pursuant to NRS 233B.127(3), NRS 453.241(3) and/or NRS 639.2107 is subject to review by the Board. *Barry v. Barchi*, 443 U.S. 55, 99 S. Ct. 2642 (1979); *Spiegel v. Ryan*, 946 F.2d 1435, 1439 (9th Cir. 1991).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of this respondent.

DATED this 09 day of June 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.** **MORTON ISAAC HYSON, MD,** **Certificate of Registration No. CS05851,** **Respondent.**	**CASE NO. 22-146-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, 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 09 day of June 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.** **MORTON ISAAC HYSON, MD,** **Certificate of Registration No. CS05851,** **Respondent.**	**CASE NO. 22-146-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.

_____

MORTON ISAAC HYSON, MD

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 9th day of June, 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Morton Isaac Hyson, MD
[redacted] Shadow Ln #170
Las Vegas, NV 89106

Darlene Nases
DARLENE NASES

5G

This matter was continued to a future Board meeting.

5H

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **RICHARD WASHINSKY, MD,** **Certificate of Registration No. CS06491,** **Respondent.**	**Case Nos. 19-232-CS-S** **22-094-CS-S** **STIPULATION AND ORDER ON SECOND ORDER TO SHOW CAUSE**

Brett Kandt, General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and Respondent Richard Washinsky, MD, Certificate of Registration No. CS06491, **HEREBY STIPULATE AND AGREE THAT**:

1. The Board has jurisdiction over Respondent and this matter.

2. On January 13, 2021, the Board entered an Order pursuant to stipulation with Respondent in Case No. 19-232-CS-S, attached hereto as **Exhibit A**. The Order revoked Certificate of Registration No. CS06491, the revocation was stayed, and Respondent was placed on probation for two (2) years subject to conditions.

3. On January 21, 2022, the Board's Executive Secretary issued an Order to Show Cause to Respondent for violation of the January 13, 2021, Order. The Order to Show Cause is attached hereto as **Exhibit B**.

4. On March 2, 2022, at the show cause hearing the Board found Respondent in violation of the January 13, 2021, Order and issued an Order suspending Certificate of Registration No. CS06491 for a period of one hundred eighty (180) days effective immediately. The March 2, 2022, Order is attached hereto as **Exhibit C**.

5. On May 31, 2022, Respondent's DEA Certificate of Registration No. BW3227318 expired and Certificate of Registration No. CS06491 became subject to revocation pursuant to NRS 453.236(1) and NRS 453.241(1).

6. On June 14, 2022, the Board's Executive Secretary issued a Second Order to Show Cause to Respondent in Case No. 22-094-CS-S for prescribing a controlled substance on a suspended registration in violation of the previous Orders. The Second Order to Show Cause is attached hereto as **Exhibit D**.

7. On July 27, 2022, the Board issued an Order pursuant to NRS 639.2895(1) for Respondent to cease and desist prescribing controlled substances, attached hereto as **Exhibit E**.

8. Respondent is fully aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering into this Stipulation.

9. Respondent is aware of the right to a hearing on the matters alleged herein, the right to reconsideration, the right to appeal and any and all other rights which may be accorded to him pursuant to NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

10. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondent has failed to comply with the provisions of this Stipulation, Respondent hereby freely and voluntarily waives his rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to him by NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

11. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent stipulate to the following penalties:

A. The certificate of registration of Respondent Richard Washinsky, MD, Certificate of Registration No. CS06491, is hereby revoked pursuant to NRS 453.241(l)(b);

B. Respondent may not possess (except pursuant to the lawful order of a practitioner), administer, prescribe or dispense a controlled substance until he has petitioned the

Board for reinstatement pursuant to NRS 639.257 and the Board reinstates his certificate of registration;

C. Pursuant to NRS 622A.410(1) and 639.257(1), Respondent may not petition for reinstatement of his certificate of registration for a period of five (5) years from the effective date of this Order; and

D. In the event 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 to answer questions and give testimony regarding his application, his compliance with this Order, and the facts and circumstances underlying this matter.

11. Any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing Respondent to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by Respondent, the Board may impose additional discipline upon Respondent not inconsistent with the provisions of NRS Chapters 453 and 639.

12. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on September 7, 2022. Respondent or his counsel will appear at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent is not present at the meeting.

13. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 U.S.C. § 1396r–2 and 45 CFR Part 60.

14. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the

merits of this matter may be heard by the Board. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

15. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release each other from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondent has fully considered the charges and allegations in this matter, and the terms of this Stipulation, and has knowingly and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 19 day of August, 2022

RICHARD WASHINSKY, MD,
Certificate of Registration No. CS06491

Signed this 23rd day of August, 2022

BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent Richard Washinsky, MD, Certificate of Registration No. CS06491, in Case Nos. 19-232-CS-S/22-094-CS-S and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of September, 2022.

Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

NEVADA STATE BOARD OF PHARMACY
JAN 13 2021
FILED

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **RICHARD WASHINSKY, MD,** **Certificate of Registration No. CS06491,** **Respondent.**	**Case No. 19-232-S** **STIPULATION AND ORDER**

Courtney K. Lee, General Counsel for Petitioner the Nevada State Board of Pharmacy ("Board"), and Respondent Richard Washinsky, MD ("Washinsky"), Certificate of Registration No. CS06491, by and through counsel, Kevin Murphy, Esq. of Murphy Jones, **HEREBY STIPULATE AND AGREE THAT:**

1. The Board has jurisdiction over Respondent and this matter.

2. On or about November 17, 2020, and December 3, 2020, Board Staff served Respondent Washinsky with the Notice of Intended Action and Accusation ("Accusation") on file in this matter together with the Statement to Respondent and Notice of Hearing.

3. On or about December 7, 2020, Respondent Washinsky filed an Answer and Notice of Defense ("Answer") through counsel.

4. Respondent Washinsky is fully aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering into this Stipulation.

5. Respondent Washinsky is aware of the right to a hearing on the matters alleged in the Accusation, the right to reconsideration, the right to appeal and any and all other rights which may be accorded pursuant to NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

6. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondent Washinsky failed to

Exhibit A

comply with the provisions of Paragraphs 9, 15 and/or 16 below, Respondent hereby freely and voluntarily waives his right to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to him by NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

7. Respondent Washinsky admits that evidence exists, and that Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for certain of the violations alleged in the Accusation, that Respondent Washinsky:

A. Unlawfully prescribed controlled substance prescriptions and/or dangerous drugs issued to patients while Respondent was engaged in overseas travel, in violation of NRS 453.331(1)(f) and (h), NRS 453.401(l)(a), NRS 454.223(2), NAC 453.440, NAC 454.060, NAC 639.945, 21 CFR § 1306.03, 21 CFR § 1306.04 and/or 21 CFR § 1306.05.

B. Permitted an employee or staff to access/utilize his credentials by providing blank prescription pads with Washinsky's pre-printed name and/or signature, and/or to telephone prescriptions, in violation of NRS 453.226, NRS 453.321, NRS 453.381(1), NRS 453.401(1), NRS 639.100, NRS 639.235, NRS 639.2813(1), NAC 453.440(1)(c), NAC 639.945, 21 CFR § 1306.03, 21 CFR § 1306.04 and/or 21 CFR § 1306.05.

8. Those violations are plead with particularity in the Accusation, and are grounds for action pursuant to NRS 453.236, NRS 453.241, NRS 639.210 and/or NRS 639.255.

9. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, and with Washinsky not conceding or admitting to such allegations, the Board and Washinsky stipulate to the following penalties and conditions. The registration of Respondent Washinsky, MD, Certificate of Registration No. CS06491, is hereby revoked. The revocation is stayed, and Washinsky is placed on probation for two (2) years from the effective date of this signed Stipulation and Order, subject to the following conditions. Washinsky shall:

A. Accept this Stipulation and Order as a public reprimand regarding Respondent Washinsky's duties and responsibilities as a prescribing practitioner;

B. Pay a fine of Five-Thousand Dollars ($5,000.00) for the alleged violations;

C. Pay Two-Thousand Dollars ($2,000.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter; and

D. Comply with all federal and state statutes and regulations regarding controlled substances and dangerous drugs, and have no additional charges filed against him while on probation.

10. Upon successful completion of probation, Respondent Washinsky's Certificate of Registration No. CS06491 will be fully restored, conditioned upon Washinsky's underlying medical license and DEA registration being active and in good standing.

11. Any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing that Respondent to appear before the Board at the next regularly-scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by Respondent, the Board may lift the stay of revocation, and immediately revoke Washinsky's Certificate of Registration No. CS06491. The Board may impose additional discipline upon that Respondent consistent with the provisions of NRS Chapter 453 and/or Chapter 639.

12. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on January 13, 2021. Respondent will appear telephonically or *via* Zoom at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent or counsel are not present at the meeting.

13. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board it shall be a public record pursuant to NRS 622.330.

14. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board at a later date. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

15. Upon approval of this Stipulation by the Board, Respondent shall pay the fines agreed to herein by *cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) of the effective date of this Order.

16. Upon approval of this Stipulation by the Board, Respondent shall pay the attorney's fees and costs agreed to herein by *cashier's check* or *certified check* or *money order* made payable to "Nevada State Board of Pharmacy," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) of the effective date of this Order.

17. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release one another from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 14 day of December, 2020

RICHARD WASHINSKY, MD
Certificate of Registration No. CS06491

APPROVED AS TO FORM AND CONTENT this 16th day of December, 2020

KEVIN MURPHY, ESQ.
Counsel for Respondent Richard Washinsky, MD

Signed this 13th day of ~~December~~ January, 2021

COURTNEY K. LEE, ESQ.
General Counsel
Nevada State Board of Pharmacy

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent Richard Washinsky, MD, Certificate of Registration No. CS06491, in Case No. 19-232-CS-S and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this 13th day of January, 2021.

Helen Park, President
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 21st day of January, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Kevin Murphy, Esq.
5575 Lake Park Way, Ste. 218
La Mesa, CA 91942

Kevin Murphy, Esq.
2855 La Casita Avenue
Las Vegas, NV 89120

SHIRLEY HUNTING

FILED
JAN 21 2022
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **RICHARD WASHINSKY, MD,** **Certificate of Registration No. CS06491,** **Respondent.**	**Case No. 19-232-CS-S** **ORDER TO SHOW CAUSE**

1. On January 13, 2021, the Nevada State Board of Pharmacy (Board) entered an Order pursuant to stipulation with the Respondent, Richard Washinsky, MD, Certificate of Registration No. CS06491. The Order revoked Certificate of Registration No. CS06491, the revocation was stayed, and Respondent was placed on probation for two (2) years. Paragraph 9(D) states:

> Respondent shall comply with all federal and state statutes and regulations regarding controlled substances and dangerous drugs, and have no additional charges filed against him while on probation.

Respondent has failed to comply with the terms of the Order.

2. On or about September 21, 2021, Board staff determined that Respondent has not reviewed his controlled substance prescription activity in the Prescription Monitoring Program (PMP) database since November 25, 2019, in violation of NRS 453.164(7).

3. Board staff further determined that for the period from September 21, 2020, to September 21, 2021, Respondent had 3,694 filled prescriptions in the PMP database for 306 unique patients, for which Respondent conducted only 119 patient reviews; only 39% of patients to whom he wrote controlled substance prescriptions were reviewed, in violation of NRS 639.23507.

4. Failure to comply with an order entered by the Board may result in the issuance by the Executive Secretary of an order to show cause directing the Respondent to appear before the Board at the next regularly scheduled meeting for a show cause hearing. NAC 639.965.

Exhibit B

IT IS HEREBY ORDERED that Respondent Richard Washinsky, MD, Certificate of Registration No. CS06491, appear before the Board and show cause, if any, why Certificate of Registration No. CS06491 should not be subject to suspension or immediate revocation pursuant to NRS 453.236(1), NRS 453.241(1), NRS 639.210, and/or NRS 639.255.

ENTERED this 21st day of January 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); NAC 639.968.

The Board has scheduled your show cause hearing on this matter for Wednesday, March 2, 2022, at 9:00 AM PST or soon thereafter. Pursuant to NRS 241.023(1)(c) you may appear live via Zoom remotely or at the following location:

Home2 Suites Las Vegas Strip South
7740 Las Vegas Blvd. South
Las Vegas, NV 89123

Via Videoconference at Zoom: https://zoom.us/j/5886256671
or
Via Teleconference at 1 (669) 900-6833
Meeting ID: 588 625 6671

Pursuant to NRS 241.033 and NRS 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 enter 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.

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 27th day of January, 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Richard Washinsky, MD
2851 N. Tenaya Way Ste. 103
Las Vegas, NV 89128

Kevin Murphy, Esq.
5575 Lake Park Way, Ste. 218
La Mesa, CA 91942

Kevin Murphy, Esq.
2855 La Casita Avenue
Las Vegas, NV 89120

SHIRLEY HUNTING

FILED
MAR 2 2022
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **RICHARD WASHINSKY, MD,** **Certificate of Registration No. CS06491,** **Respondent.**	**Case No. 19-232-CS-S** **ORDER ON SHOW CAUSE HEARING**

This matter came before the Nevada State Board of Pharmacy ("Board") at its regularly scheduled meeting on Wednesday, March 2, 2022, in Las Vegas, Nevada on an Order to Show Cause. Courtney K. Lee, Esq., General Counsel, appeared on behalf of the Board, and Respondent Richard Washinsky, MD ("Washinsky"), Certificate of Registration No. CS06491, appeared by and through counsel, Kevin Murphy, Esq. of Murphy Jones.

Evidence was submitted, including Dr. Washinsky's response letter through counsel dated October 26, 2021, and by testimonies of Board staff, Dave Jones, Compliance Coordinator, and Dr. Washinsky. Based upon the evidence/testimony provided, the Board determines that Dr. Washinsky violated paragraph 9(D) of the previous Board's Order filed on January 13, 2021 in case no. 19-232-CS-S, incorporated by reference. The Board found that Dr. Washinsky failed to check his myRx every six (6) months in 2020 and 2021 in violation of NRS 453.164(7), and that Dr. Washinsky failed to check PMP database for all patients, initially before prescribing controlled substances and/or every ninety (90) days in violation of NRS 639.23507, for whom he prescribed controlled substances pursuant to the Order to Show Cause, incorporated by reference. The Board orders the following additional or modified discipline as a result of the finding of non-compliance with the Board's Order dated January 13, 2021:

Exhibit C

A. Dr. Washinsky's Certificate of Registration No. CS06491 for controlled substances is hereby suspended immediately for a period of one-hundred eighty (180) days.

B. Dr. Washinsky shall be re-trained as a prescriber in the Prescription Monitoring Program ("PMP") pursuant to NRS 453.164.

C. Dr. Washinsky's previous probation period shall be extended to forty-eight (48) months beginning immediately.

D. Dr. Washinsky shall comply with all other non-modified provisions of the Board's January 13, 2021 Order in this matter.

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ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Order on the Show Cause Hearing as to Respondent Richard Washinsky, MD, Certificate of Registration No. CS06491, in Case No. 19-232-CS-S and hereby orders that the terms of the foregoing be made effective immediately.

IT IS SO ORDERED.

Entered this 2nd day of March, 2022.

Helen Park, President
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 4th day of March 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Richard Washinsky
2851 N Tenaya Way Ste 103
Las Vegas, NV 89128

Kevin Murphy
2855 La Casita Ave
Las Vegas, NV 89120

Kevin Murphy
5575 Lake Park Way, Ste 218
La Mesa, CA 91942

KRISTOPHER MANGOSING

FILED
JUN 14 2022
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **RICHARD WASHINSKY, MD,** **Certificate of Registration No. CS06491,** **Respondent.**	**Case Nos. 22-094-CS-S** **SECOND ORDER TO SHOW CAUSE**

1. On January 13, 2021, the Nevada State Board of Pharmacy ("Board") entered an Order pursuant to stipulation ("Order") with the Respondent, Richard Washinsky, MD ("Washinsky"), Certificate of Registration No. CS06491, in case no. 19-232. The stipulated Order contained certain admissions that evidence existed to establish a factual basis for the violations, including unlawful prescribing of controlled substances to patients while Respondent Washinsky was engaged in overseas travel, permitting an employee to access/utilize his credentials by providing blank prescription pads with Washinsky's pre-printed name and/or signature, and/or allowing staff to telephone prescriptions. The Board revoked the Certificate of Registration No. CS06491 of Respondent Washinsky, along with other penalties and fines. The revocation was stayed and the Respondent was placed on probation for two (2) years from the effective date of the signed Order.

2. On or about January 21, 2022, the Board's Executive Secretary issued an Order to Show Cause pursuant to NAC 639.965 for violation of the Board's January 13, 2021 Order because of Dr. Washinsky's additional violations while on probation in case no. 19-232, including failure to review his controlled substance prescriptions in the Prescription Monitoring Program ("PMP") at least once every six (6) months pursuant to NRS 453.164(7), failure to query the PMP initially and every 90 days for continuing controlled substance treatment in violation of NRS 639.23507.

3. On or about March 2, 2022, the hearing on the Show Cause Order occurred ("SC Order"). The Board found that these violations constituted failures to comply with state law, NRS

Exhibit D

453.164(7) and NRS 639.23507, regarding controlled substances pursuant to paragraph 9(D) of the January 13, 2021 Board's Order. The Board immediately suspended the controlled registration CS06491 for a period of one hundred eighty (180) days beginning immediately, required re-training as a prescriber in the PMP, extended probation to an additional forty-eight (48) months, and required compliance with all other non-modified provisions in the Board's January 13, 2021 Order.

4. On March 4, 2022, Respondent Washinsky prescribed controlled substance Morphine Sulfate 30 mg oral tablet, 120 tablets, a 30-day supply, for patient C.C. even though the Board ordered that his controlled substance registration be suspended immediately at the Board's first Order to Show Cause hearing on March 2, 2022. This was a clear violation of the Board's SC Order on March 2, 2022.

IT IS HEREBY ORDERED that Respondent Richard Washinsky, MD, Certificate of Registration No. CS06491, appear before the Board and show cause, for a second time, why Certificate of Registration No. CS06491 should not be subject to immediate revocation and/or other additional discipline pursuant to NRS 453.236(1), NRS 453.241(1), NRS 639.210, and/or NRS 639.255.

ENTERED this 14th day of June, 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); NAC 639.968. The Board has scheduled your hearing on this matter for July 13, at 9:00 a.m. or soon thereafter. The meeting must be attended in person at the following location:

Hyatt Place
1790 E. Plumb Lane
Reno, NV 89502

Pursuant to NRS 241.033 and NRS 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 enter 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.

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 14th day of June, 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Richard Washinsky
2851 N Tenaya Way Ste 103
Las Vegas, NV 89128

Kevin Murphy, Esq
2855 La Casita Avenue
Las Vegas, NV 89120

Kevin Murphy, Esq
5575 Lake Park Way, Ste 218
La Mesa, CA 91942

Darlene Nases

DARLENE NASES

STEVE SISOLAK
Governor

HELEN PARK
President

J. DAVID WUEST
Executive Secretary

STATE OF NEVADA

BOARD OF PHARMACY

985 Damonte Ranch Pkwy, Ste 206
Reno, NV 89521

July 27, 2022

VIA CERTIFIED U.S. MAIL AND ELECTRONIC MAILTO: dfrench15@cox.net

Richard Washinsky, MD
2851 N Tenaya Way - Suite 103
Las Vegas, NV 89128

CEASE-AND-DESIST ORDER: Case No. 19-232-CS-S/22-094-CS-S

Dear Dr. Washinsky:

The Nevada State Board of Pharmacy (Board) has determined that you have issued one or more prescriptions for a controlled substance while your Certificate of Registration No. CS06491 is suspended.

This constitutes a violation of federal and state law, including, without limitation, 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a), 21 U.S.C. § 843(a)(3), 21 U.S.C. § 844, 21 U.S.C. § 846, 21 CFR § 1306.03(a)(1), NRS 453.226(1), NRS 453.232, NRS 453.321(1)(a), NRS 453.331(1)(b), (c), (d), (f) and/or (i), NRS 453.377, NRS 453.401(l)(a), NRS 639.100(1), 639.235(1), NRS 639.281(1) and/or NRS 639.2813(1). Falsely representing oneself as a practitioner entitled to write prescriptions in this state is a felony offense. 21 U.S.C. § 841(a); 21 U.S.C. § 842(a); NRS 453.321(1)(a); NRS 453.232; NRS 639.2813(1).

YOU ARE HEREBY ORDERED pursuant to NRS 639.2895(1) to immediately CEASE- and-DESIST prescribing controlled substances for Nevada patients.

Please be aware that the forgoing cease and desist order does not preclude further investigation or the filing of administrative or criminal charges. If you have any questions, please do not hesitate to contact me at 775-850-1440 or bkandt@pharmacy.nv.gov.

Regards,

Brett Kandt
General Counsel
Nevada State Board of Pharmacy

cc: Kevin Murphy, Esq.

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FILED
AUG 13 2021
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. **STEPHEN DUBIN, MD,** **Certificate of Registration No. CS19164,** **Respondent.**	CASE NO. 20-020-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 Stephen P. Dubin, MD ("Dubin"), held a controlled substance registration, Certificate of Registration No. CS19164, issued by the Board.

FACTUAL ALLEGATIONS

2. Respondent Dubin is/was the medical director of a home hospice company, Jireh Healthcare ("Jireh"), located at 2320 Paseo Del Prado, Suite B101, Las Vegas, Nevada 89102.

3. Jireh employs registered nurses and/or physician assistants, who are agents or staff members for Dubin, to travel to patients' homes to provide in-home hospice services.

4. Respondent Dubin did not travel to patients' homes to examine patients in person nor did Dubin directly consult with patients by other electronic or remote device.

5. The United States Department of Justice filed a referral for civil prosecution against Respondent Dubin for prescribing controlled substances prescriptions while out of the country.

6. Dubin was outside of the United States from December 17-24, 2018.

7. On December 18, 2018, Dubin's agent or staff member "Honey" called in a controlled substance schedule IV prescription for patient A.D. for Alprazolam 1 mg tablet, quantity 15.

8. On December 19, 2018, Dubin's agent or staff member "Speedy" called in a controlled substance schedule II prescription for patient M.G. for oxycodone 10-325 mg tablets, quantity 60.

9. On December 19, 2018, Dubin's agent or staff member "Speedy" called in a controlled substance schedule IV prescription for patient M.H. for Lorazepam 0.5 mg tablets, quantity 45.

10. Patient D.B. started care with Jireh on December 20, 2018 and was discharged on December 22, 2018 because he passed away, all during the time when Dubin was out of the country.

11. On December 20, 2018, Dubin's agent or staff member "Honey" called in a controlled substance schedule II prescription for patient D.B. for Morphine Sulfate 20 mg/ml, quantity 30.

12. On December 20, 2018, Dubin's agent or staff member "Honey" called in a controlled substance schedule IV prescription for patient D.B. for Lorazepam 2mg/ml, quantity 30.

13. All of the foregoing controlled substance prescriptions were telephoned by Dubin's agent(s) or staff member(s) to Trinity Pharmacy during a time when Dubin was out of the country.

APPLICABLE LAW

14. 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).

15. 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 USC § 822(a)(2); 21 USC § 823(f); 21 CFR § 1306.03(a)(1); NRS 453.331; NRS 453.431; NRS 453.381(1).

16. It is unlawful for a practitioner to prescribe a controlled substance except as authorized by law. NRS 453.226(1); NRS 453.256; NRS 453.321(1)(a); NRS 453.431; NRS 639.100(1); NRS 639.235; NRS 639.23505; NRS 639.2353; NRS 639.2355; NRS 639.239145(2)(a); NAC 453.410; NAC 453.420; NAC 453.440; NAC 453.450; NAC 639.742; NAC 639.745.

17. 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 USC § 841(a); 21 USC § 842(a); NRS 453.331(1)(c), (d), (f), (h) and (i).

18. Conspiring to violate the Controlled Substances Act is a felony offense. 21 USC § 846; NRS 453.401(l)(a).

19. 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).

20. 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).

21. Prescribing a drug as a practitioner to a patient with whom the practitioner does not have a bona fide therapeutic relationship pursuant to NRS 639.235(2)(a), NRS

639.239145(2)(a) constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(n) and (o), and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

22. 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).

23. 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).

24. 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).

25. 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).

FIRST CAUSE OF ACTION
Unprofessional Conduct – Party to a Fraudulent/Deceitful Practice/Transaction

26. By pre-signing, post-signing, or allowing staff to call in controlled substance schedule II prescriptions for patients without Dubin's dated and handwritten signature while Dubin was engaged in overseas travel, Dubin 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 NAC 639.945(1)(h)(i), NRS 453.236(1), NRS 453.331, and is subject to discipline pursuant to NRS 453.236, NRS 453.241, and/or NRS 639.210.

SECOND CAUSE OF ACTION

Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties

27. By pre-signing, post-signing, or allowing staff to call in controlled substance schedule II prescriptions for patients without Dubin's dated and handwritten signature while Dubin was engaged in overseas travel, and when no bona fide therapeutic relationships with patients were established, Dubin performed his duty as a holder of a Nevada Controlled Substance Registration in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct in violation of NRS 453.331, and NAC 639.945(1)(i), and (o), and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210.

THIRD CAUSE OF ACTION

Violations of the Federal and State Controlled Substances Act

28. By pre-signing, post-signing, or permitting his staff to telephone controlled substances schedule II prescriptions without Dubin's dated and handwritten signature, Dubin violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 USC § 822(a)(2), 21 USC § 823(f), 21 USC § 841(a), 21 USC § 842(a), 21 USC § 846 and 21 CFR §§ 1306.03–1306.05, NRS 453.331, and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(11).

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FOURTH CAUSE OF ACTION

Commission of Acts that Render Registration Inconsistent with the Public Interest

29. As set forth herein, Dubin 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 13th day of August, 2021.

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. **STEPHEN DUBIN, MD,** **Certificate of Registration No. CS19164,** **Respondent.**	CASE NOS. 20-020-CS-S **STATEMENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

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.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, October 13, 2021, at 9:00 a.m. or soon thereafter. Pursuant to Governor Steve Sisolak's Emergency

Directive 044 and AB 253, the meeting can be listened to or viewed live over Zoom remotely or at the following location:

Hampton Inn Las Vegas Strip South
7850 Giles Street
Las Vegas, NV 89123

Via Videoconference at Zoom: https://zoom.us/j/5886256671
or
Via Teleconference at 1 (669) 900-6833
Meeting ID: 588 625 6671

IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 13th day of August, 2021.

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 17th day of August, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Stephen Dubin, MD
[redacted] S. Rainbow Blvd., Ste. [redacted]
Las Vegas, NV 89118

SHIRLEY HUNTING

FILED
SEP 08 2021
NEVADA STATE BOARD OF PHARMACY

Crane M. Pomerantz, Esq.
Nevada Bar No.: 14103
SKLAR WILLIAMS PLLC
410 South Rampart Boulevard, Suite 350
Las Vegas, Nevada 89145
Telephone: (702) 360-6000
Facsimile: (702) 360-0000
Email: cpomerantz@sklar-law.com

Attorneys for Stephen Dubin, MD

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. STEPHEN DUBIN, MD, Certificate of Registration No. CS19164, Respondent.	CASE NO.: 20-020-CS-S **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-titled matter before the Nevada States Board of Pharmacy (the "Board"), declares:

1. That his objections to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds:

a. This action is barred by the doctrine of laches. The Board's Notice of Intended Action and Accusation addresses conduct that is alleged to have occurred in December 2018. The Board filed its Complaint on August 13, 2021, almost *three years* after the alleged conduct, without a valid excuse for such delay, as a result of which Dr. Dubin was prejudiced. Implicit in the Board's statutes (NRS 639.241, *et. seq.*) and its regulations (NAC 639.120, *et. seq.*) is an obligation to proceed promptly and fairly against Respondent. Because the Board did not promptly make a determination as to whether the Notice of Intended Action and Accusation would be filed against Dr. Dubin until approximately three years after the alleged conduct, it would be

inequitable and unjust to proceed.

b. The Board has unclean hands because it is engaging in selective and vindictive prosecution by proceeding against Respondent in bad faith and pursuant to a bad motive in retaliation for the United States Attorney's Office for the District of Nevada's ("USAO") decision to decline the referral for civil prosecution due to lack of evidence against Respondent.

c. Respondent steadfastly denies that he "pre-sign[ed], post-sign[ed], or allow[ed] staff to call in controlled substance schedule II prescriptions for patients without Dubin's dated and handwritten signature while Dubin was engaged in overseas travel," as alleged in the First, Second, and Third Causes of Action. The Notice of Intended Action and Accusation demonstrates a fundamental misunderstanding of the operative facts, as follows:

i. At no point did Dr. Dubin pre-sign, write or approve prescriptions while he was out of the country.

ii. Jireh Healthcare is a hospice provider. Respondent is the medical director. As the medical director, Respondent is the supervising physician for the mid-level providers who work there. They are the providers who are responsible for the actual home visits with the patients. They subsequently review their chart notes and prescriptions with Dr. Dubin, as appropriate. These providers make the initial decision as to whether a particular prescription is appropriate based on their first-hand encounter with the patient. If the treating provider determines that a prescription is warranted, the process is as follows: The provider presents or calls in the prescription to Trinity Pharmacy, Jireh's exclusive pharmacy. Trinity Pharmacy processes the prescription without further delay, in order to best treat hospice patients in need of medication. Trinity Pharmacy physically writes the prescription out on a pharmacy pad and has a courier return the prescription to Dr. Dubin at his medical practice for him to review and sign. If appropriate, he signs it and sends it back to Trinity Pharmacy for filling. *See* NAC 639.7105 and 739.711 (addressing electronic transmission of controlled substances, including NAC 639.711(1)(c) which expressly permits facsimile transmission of prescriptions for Schedule II controlled substances "for issuance to a patient enrolled in a program that provides hospice care . . .") Trinity Pharmacy is permitted fill any prescription within 14 days of the date of issue. NRS 453.431(4).

iii. It appears that the allegations in the Notice of Intended Action and Accusation rely entirely on the fill date listed in the Prescription Monitoring Program ("PMP") printout and not the actual prescriptions. The PMP for patients A.D., M.G., M.H. and D.B. reflects

a fill date when the prescription was called in by the mid-level hospice provider, and not when the prescription actually was signed by Dr. Dubin, which occurred when he reviewed (and approved) the prescriptions, upon his return from travel. This speaks to the process utilized by the hospice and exculpates Respondent, insofar as it demonstrates he did not pre-sign the any prescriptions. In each case, Trinity Pharmacy filled the prescriptions immediately after receiving the request.[1]

iv. In context, the Notice of Intended Action and Accusation relates to prescriptions written for hospice patients who are most in need of controlled substances to treat intractable pain and other conditions attendant to their terminal status. The prescriptions for Patients M.G. and D.B. for example, plainly state that these are hospice patients.

d. The purpose of the foregoing paragraphs is to place the Board on notice of Respondent's current legal objections to its Complaint. Respondent respectfully reserves the right to expand upon and brief these objections at the appropriate juncture, if necessary, and further reserves the right to raise such other defenses as further investigation and additional evidence dictates.

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies, and alleges as follows:

a. Respondent admits that the Board has jurisdiction over this matter.

b. Respondent admits the allegations in Paragraphs 2 and 3.

c. The allegations in Paragraph 4 are vague because they are not limited to a specific time frame. Because Respondent cannot respond adequately to these allegations, he denies them.

d. With regard to the allegations in Paragraph 5, Respondent admits that diversion investigators with the Drug Enforcement Administration filed a referral for civil prosecution with the USAO. After vetting the matter, including receiving a fulsome response from Respondent, the USAO *declined* the referral for civil prosecution.

e. Respondent admits the allegations in Paragraph 6.

f. With regard to the allegations in Paragraphs 7 through 9, Respondent denies

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[1] To eliminate any doubt about the propriety of these prescriptions, Respondent would have – and subsequently did - authorize each of these prescriptions. They were the product of a *bona fide* patient encounter with a mid-level provider and were issued for a legitimate medical purpose by that provider acting in the usual course of their professional practice. *See, e.g.*, 21 C.F.R. § 1306.04(a) (purpose of issue of prescription).

that "Honey" or "Speedy" are his "agent or staff member." "Honey" and "Speedy" are mid-level providers employed by Jireh Healthcare.

g. Respondent is without sufficient knowledge to respond to the allegations in Paragraph 10, and, thus, denies the allegation on that basis.

h. With regard to the allegations in Paragraphs 11 through 13, Respondent denies that "Honey" or "Speedy" are his "agent or staff member." "Honey" and "Speedy" are mid-level providers employed by Jireh Healthcare.

i. The allegations in Paragraphs 14 - 25 contain conclusions of law for which no answer is required.

j. For the reasons set forth in his objections, and based on his admissions and denials of the allegations in the preceding paragraphs, Respondent denies the allegations in the First through Fourth Causes of Action.

k. 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 best of my knowledge.

Dated this 3rd day of September, 2020.

Stephen Dubin, MD

On behalf of Respondent:

SKLAR WILLIAMS PLLC

Crane M. Pomerantz, Esq.
Nevada Bar No. 14103
410 South Rampart Blvd., Suite 350
Las Vegas, Nevada 89145
Telephone: (702) 360-6000
Facsimile: (702) 360-000

CERTIFICATE OF SERVICE

I hereby certify that I am an employee of SKLAR WILLIAMS PLLC, and that on this 2nd day of September, 2021, I caused two true and correct copies of the foregoing **Answer and Notice of Defense** to be sent via overnight mail to the Board of Pharmacy, 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521.

/s/ Gene Crawford
An employee of SKLAR WILLIAMS PLLC

FILED
OCT 21 2021
NEVADA STATE BOARD OF PHARMACY

Crane M. Pomerantz, Esq.
Nevada Bar No.: 14103
Nadia Ahmed, Esq.
Nevada Bar No.: 15489
SKLAR WILLIAMS PLLC
410 South Rampart Boulevard, Suite 350
Las Vegas, Nevada 89145
Telephone: (702) 360-6000
Facsimile: (702) 360-0000
Email: cpomerantz@sklar-law.com

Attorneys for Stephen Dubin, MD

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. STEPHEN DUBIN, MD, Certificate of Registration No. CS19164, Respondent.	CASE NO.: 20-020-CS-S ***AMENDED* ANSWER AND NOTICE OF DEFENSE**

Respondent above named, respectfully submits this amended answer to the Notice of Intended Action and Accusation filed in the above-titled matter before the Nevada States Board of Pharmacy (the "Board"). This amended answer is intended to take the place of, and otherwise supersede, Respondent's answer filed with the Board on September 3, 2021. Respondent declares:

1. That his objections to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds:

a. This action is barred by the doctrine of laches. The Board's Notice of Intended Action and Accusation addresses conduct that is alleged to have occurred in December 2018. The Board filed its Notice of Intended Action and Accusation on August 13, 2021, almost *three years* after the alleged conduct, without a valid excuse for such delay, as a result of which Dr. Dubin was prejudiced. Implicit in the Board's statutes (NRS 639.241, *et. seq.*) and its

regulations (NAC 639.120, *et. seq.*) is an obligation to proceed promptly and fairly against Respondent. Because the Board did not promptly make a determination as to whether the Notice of Intended Action and Accusation would be filed against Dr. Dubin until approximately three years after the alleged conduct, evidence favorable to Dr. Dubin's defense has been negatively affected, including the availability of documentary evidence and the erosion of witness memories, among other matters. Lacking good cause and undermining Respondent's ability to defend against the charges, it would be inequitable and unjust for the Board to proceed on these charges.

b. The Board has unclean hands because it is engaging in selective and vindictive prosecution by proceeding against Respondent in bad faith and pursuant to a bad motive in retaliation for the United States Attorney's Office for the District of Nevada's ("USAO") decision to decline the referral for civil prosecution due to lack of evidence against Respondent.

c. Respondent steadfastly denies that he "pre-sign[ed], post-sign[ed], or allow[ed] staff to call in controlled substance schedule II prescriptions for patients without Dubin's dated and handwritten signature while Dubin was engaged in overseas travel," as alleged in the First, Second, and Third Causes of Action. The Notice of Intended Action and Accusation demonstrates a fundamental misunderstanding of the operative facts, as follows:

i. At no point did Dr. Dubin pre-sign, post-sign, or approve prescriptions while he was out of the country.

ii. Jireh Healthcare is a hospice provider. Respondent is the medical director. At the time of the events in issue in the Notice of Intended Action and Accusation, Trinity Pharmacy served as Jireh's exclusive pharmacy. Trinity Pharmacy is permitted to fill any prescription within 14 days of the date of issue. NRS 453.431(4).

iii. It appears that the allegations in the Notice of Intended Action and Accusation rely entirely on the fill date listed in the Prescription Monitoring Program ("PMP") printout and not the actual prescriptions. The PMP for patients A.D., M.G., M.H. and D.B. reflects a fill date when the prescription was called in by the mid-level hospice provider.

iv. For the specific prescriptions at issue, however, Dr. Dubin was unaware they were being filled. He did not pre-sign, post-sign, or authorize Jireh staff to call them in to Trinity. In each case, Trinity Pharmacy appears to have filled the prescriptions immediately after receiving the request from the mid-level provider and did not seek or obtain authorization

from Dr. Dubin.[1] The face of the prescriptions do not reflect Dr. Dubin's actual signature, and appear to have been signed by someone else or left unsigned.

iv. In context, the Notice of Intended Action and Accusation relates to prescriptions written for hospice patients who are most in need of controlled substances to treat intractable pain and other conditions attendant to their terminal status. The prescriptions for Patients M.G. and D.B. for example, plainly state that these are hospice patients.

d. The purpose of the foregoing paragraphs is to place the Board on notice of Respondent's current legal objections to its Complaint. Respondent respectfully reserves the right to expand upon and brief these objections at the appropriate juncture, if necessary, and further reserves the right to raise such other defenses as further investigation and additional evidence dictates.

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies, and alleges as follows:

a. Respondent admits that the Board has jurisdiction over this matter.

b. Respondent admits the allegations in Paragraphs 2 and 3, but denies that Jireh's employees are his agents or staff members.

c. The allegations in Paragraph 4 are vague and overbroad because they are not limited to a specific time frame and fail to identify alleged patients. Because Respondent cannot respond adequately to these allegations, he denies them.

d. With regard to the allegations in Paragraph 5, Respondent admits that diversion investigators with the Drug Enforcement Administration filed a referral for civil prosecution with the USAO. After vetting the matter, including receiving a fulsome response from Respondent, the USAO *declined* the referral for civil prosecution.

e. Respondent admits the allegations in Paragraph 6.

f. With regard to the allegations in Paragraphs 7 through 9, Respondent denies that "Honey" or "Speedy" are his "agent or staff member." "Honey" and "Speedy" are mid-level providers employed by Jireh Healthcare. Respondent is without sufficient knowledge to respond to the remainder of the allegations in Paragraphs 7 through 9, and thus, denies the allegations on that basis.

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[1] Nonetheless, Respondent would have authorized each of these prescriptions had he known about them because he believes they were appropriate for the conditions being treated.

g. Respondent is without sufficient knowledge to respond to the allegations in Paragraph 10, and, thus, denies the allegation on that basis.

h. With regard to the allegations in Paragraphs 11 through 13, Respondent denies that "Honey" or "Speedy" are his "agent or staff member." "Honey" and "Speedy" are mid-level providers employed by Jireh Healthcare. Respondent is without sufficient knowledge to respond to the remainder of the allegations in Paragraphs 11 through 13, and thus, denies the allegations on that basis.

i. The allegations in Paragraphs 14 - 25 contain conclusions of law for which no answer is required.

j. For the reasons set forth in his objections, and based on his admissions and denials of the allegations in the preceding paragraphs, Respondent denies the allegations in the First through Fourth Causes of Action.

k. 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 best of my knowledge.

Dated this 21st day of October, 2021.

[*Please see attached counter-signed copy*]

_____

Stephen Dubin, MD

On behalf of Respondent:

SKLAR WILLIAMS PLLC

Crane M. Pomerantz, Esq.
Nevada Bar No.: 14103
Nadia Ahmed, Esq.
Nevada Bar No.: 15489
410 South Rampart Blvd., Suite 350
Las Vegas, Nevada 89145
Telephone: (702) 360-6000
Facsimile: (702) 360-000

to respond to the remainder of the allegations in Paragraphs 11 through 13, and thus, denies the allegations on that basis.

i. The allegations in Paragraphs 14 - 25 contain conclusions of law for which no answer is required.

j. For the reasons set forth in his objections, and based on his admissions and denials of the allegations in the preceding paragraphs, Respondent denies the allegations in the First through Fourth Causes of Action.

k. 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 best of my knowledge.

Dated this 21st day of October, 2021.

Stephen Dubin, MD

On behalf of Respondent:

SKLAR WILLIAMS PLLC

Crane M. Pomerantz, Esq.
Nevada Bar No.: 14103
410 South Rampart Blvd., Suite 350
Las Vegas, Nevada 89145
Telephone: (702) 360-6000
Facsimile: (702) 360-000

CERTIFICATE OF SERVICE

I hereby certify that I am an employee of SKLAR WILLIAMS PLLC, and that on this 21st day of October, 2021, I caused two true and correct copies of the foregoing **Amended Answer and Notice of Defense** to be sent via overnight mail to the Board of Pharmacy, 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521.

/s/ Amanda Brandon
An employee of SKLAR WILLIAMS PLLC

FILED
OCT 15 2021
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **TRINITY PHARMACY,** **Pharmacy License No. PH03287,** **MA LOURDES JAUREGUI, RPH,** **Certificate of Registration No. 17035,** **Respondents.**	**CASE NOS. 19-240-PH-S** **19-240-RPH-S** **STIPULATION AND ORDER FOR RESPONDENT TRINITY PHARMACY ONLY**

Courtney K. Lee, General Counsel for Petitioner, the Nevada State Board of Pharmacy ("Board"), and Respondent Trinity Pharmacy ("Trinity"), Pharmacy License No. PH03287, by and through counsel, Lyn Beggs, Esq., **HEREBY STIPULATE AND AGREE THAT**:

1. The Board has jurisdiction over Respondent Trinity and this matter.

2. On or about August 13, 2021, Board Staff served Respondent Trinity with the Notice of Intended Action and Accusation ("Accusation") on file in this matter together with the Statement to Respondent and Notice of Hearing.

3. On or about September 22, 2021, Respondent Trinity filed its Answer and Notice of Defense through retained counsel, Lyn Beggs, Esq.

4. Respondent is aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering this Stipulation.

5. Respondent is aware of the right to a hearing on the matters alleged in the Accusation, its right to reconsideration, its right to appeal, and any and all other rights which may be accorded pursuant to NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

6. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondent has failed to comply with the provisions of this Stipulation, Respondent hereby freely and voluntarily waive its rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded by NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

7. Respondent admits that evidence exists, and that Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for certain of the violations alleged in the Accusation, that:

A. Respondent Jauregui was the managing pharmacist of Trinity Pharmacy during all alleged and relevant timeframes. During an annual Board inspection of Trinity Pharmacy on or about September 4, 2019, a Board inspector discovered unsigned faxed prescriptions for schedule II controlled substances.

B. Upon further Board investigation, it was discovered from June 10, 2020 to September 28, 2020, forty-two (42) controlled substance schedule II ("CII") prescriptions ("Prescriptions") were dispensed and/or delivered to hospice patients without valid practitioners' handwritten signatures ("Practitioners"). Jauregui's failure to obtain handwritten signatures of Practitioners, and/or verifying the accuracy and completeness of CII Prescriptions violated NRS 453.381(8); NAC 453.420; NAC 453.440; NAC 453.450; NAC 639.945(1); 21 CFR § 1306.11, which also constituted unprofessional conduct.

C. The 42 CII Prescriptions appeared to have been received and notated by Respondent Jauregui as oral orders. However, none of the Prescriptions stated "Authorization for Emergency Dispensing" nor did any of the prescriptions meet legal

requirements to qualify as dispensing CIIs by oral authorization in an emergency. Jauregui's failure to notate the prescriptions, satisfy the requirements of an oral emergency prescription, including verifying that the telephoned prescription was from the prescribing practitioner, violated NAC 453.420, and NAC 453.440.

D. As the owner/operator of a pharmacy, Trinity is responsible for the violations of its employees, including its managing pharmacist, pursuant to NAC 639.702, and/or NAC 639.945(2).

8. These violations are plead with particularity in the Accusation, and are grounds for disciplinary action pursuant to NRS 639.210(11), (12), and/or NRS 639.255.

9. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Trinity stipulate to the following. Trinity is placed on probation for a period of one (1) year subject to the following conditions and penalties:

A. Respondent shall accept this Stipulation and Order as a public reprimand regarding its duties and responsibilities as a licensed pharmacy;

B. Respondent shall pay a fine of Eight-Thousand Four-Hundred Dollars ($8,400.00) for the violations;

C. Respondent shall pay One Thousand Dollars ($1,000.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter;

D. Respondent shall successfully pass quarterly inspections to be completed by Board's staff at Trinity's expense~~for~~ one (1) year; (CC)

E. Respondent shall establish policies and procedures regarding emergency oral controlled substance prescriptions in compliance with federal and state law, establish

policies and procedures regarding faxed controlled substance prescriptions, and present to Board's staff for approval within thirty (30) days of entry of this Order; and

Upon successful completion of probation, Respondent Trinity's Pharmacy License No. PH03287, will be fully restored.

10. Any failure by Respondent Trinity to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing the non-compliant Respondent to appear before the Board at the next regularly-scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by Respondent, the Board may impose additional discipline upon the non-compliant Respondent consistent with the provisions of NRS Chapter 639.

11. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on October 13, 2021. Respondent will appear telephonically or *via* Zoom at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent or counsel are not present at the meeting.

12. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 USC § 1396r-2 and 45 CFR Part 60.

13. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board on the same day or at a later date. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

14. Upon approval of this Stipulation by the Board, Respondent shall pay the fines agreed to herein by *cashier's check* or *certified check* or *money order* made payable to "State of

Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of entry of this Order.

15. Upon approval of this Stipulation by the Board, Respondent shall pay the attorney's fees and costs agreed to herein by *cashier's check* or *certified check* or *money order* made payable to "Nevada State Board of Pharmacy," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of entry of this Order.

16. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release one another from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 23rd day of September, 2021

TRINITY PHARMACY,
Pharmacy License No. PH03287

APPROVED AS TO FORM AND CONTENT
this 23rd day of September, 2021

LYN BEGGS, ESQ.
Counsel for Respondent
Trinity Pharmacy

Signed this 13th day of ~~September~~ October, 2021

COURTNEY K. LEE, ESQ.
General Counsel
Nevada State Board of Pharmacy

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent Trinity Pharmacy. Pharmacy License No. PH03287 in Case No. 19-240-PH-S and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this 13th day of October, 2021.

Helen Park. President
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 19th day of October, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Lyn E. Beggs, Esq.
Law Offices of Lyn E. Beggs, PLLC
316 California Ave. #863
Reno, NV 89509

KRISTOPHER MANGOSING

FILED
OCT 15 2021
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **TRINITY PHARMACY,** **Pharmacy License No. PH03287,** **MA LOURDES JAUREGUI, RPH,** **Certificate of Registration No. 17035,** **Respondents.**	**CASE NOS. 19-240-PH-S** **19-240-RPH-S** **STIPULATION AND ORDER FOR RESPONDENT MA LOURDES JAUREGUI, RPH ONLY**

Courtney K. Lee, General Counsel for Petitioner, the Nevada State Board of Pharmacy ("Board"), and Respondent Ma Lourdes Jauregui, RPh ("Jauregui"), Certificate of Registration No. 17035, by and through counsel, Francis C. Flaherty, Esq. of Dyer Lawrence, LLP,

HEREBY STIPULATE AND AGREE THAT:

1. The Board has jurisdiction over Respondent Jauregui and this matter.

2. On or about August 17, 2021, Board Staff served Respondent Jauregui with the Notice of Intended Action and Accusation ("Accusation") on file in this matter together with the Statement to Respondent and Notice of Hearing.

3. On or about September 3, 2021, Respondent Jauregui filed her Answer and Notice of Defense through retained counsel, Francis C. Flaherty, Esq.

4. Respondent is aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering this Stipulation.

5. Respondent is aware of the right to a hearing on the matters alleged in the Accusation, her right to reconsideration, her right to appeal, and any and all other rights which may be accorded pursuant to NRS Chapter 233B, Nevada Administrative Procedure Act, NRS

Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

6. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondent has failed to comply with the provisions of this Stipulation, Respondent hereby freely and voluntarily waives her rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to her by NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

7. Respondent admits that evidence exists, and that Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for certain of the violations alleged in the Accusation, that:

A. Respondent Jauregui was the managing pharmacist of Trinity Pharmacy ("Trinity") during the alleged and relevant timeframes. During an annual Board inspection on or about September 4, 2019, a Board inspector discovered unsigned faxed prescriptions for schedule II controlled substances.

B. Upon further Board investigation, it was discovered from June 10, 2020 to September 28, 2020, forty-two (42) controlled substance schedule II ("CII") prescriptions ("Prescriptions") were dispensed and/or delivered to hospice patients without valid practitioners' handwritten signatures ("Practitioners"). Jauregui's failure to obtain handwritten signatures of Practitioners, and/or verifying the accuracy and completeness of CII Prescriptions violated NRS 453.381(8); NAC 453.420; NAC 453.440; NAC 453.450; NAC 639.945(1); 21 CFR § 1306.11, which also constituted unprofessional conduct.

C. The 42 CII Prescriptions appeared to have been received and notated by Respondent Jauregui as oral orders. However, none of the Prescriptions stated "Authorization for Emergency Dispensing" nor did any of the prescriptions meet legal requirements to qualify as dispensing CIIs by oral authorization in an emergency. Jauregui's failure to notate the prescriptions, satisfy the requirements of an oral emergency prescription, including verifying that the telephoned prescription was from the prescribing practitioner, violated NAC 453.420, and NAC 453.440.

8. These violations are plead with particularity in the Accusation, and are grounds for disciplinary action pursuant to NRS 453.236, NRS 453.241, NRS 639.210(4), (11), (12), and (15), and/or NRS 639.255.

9. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Jauregui stipulate to the following. Respondent Jauregui is placed on probation for a period of one (1) year subject to the following conditions and penalties:

A. Respondent shall accept this Stipulation and Order as a public reprimand regarding her duties and responsibilities as a registered pharmacist;

B. Respondent shall pay a fine of Four-Thousand Two Hundred Dollars ($4,200.00) for the violations;

C. Respondent shall 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;

D. Respondent shall complete an additional four (4) hours of continuing education within ninety (90) days of this Order regarding validation of controlled substance prescriptions; and

E. Respondent shall comply with all federal and state statutes and regulations regarding controlled substances and dangerous drugs, and have no additional charges/violations filed against her while on probation.

Upon successful completion of probation, Respondent Jauregui's Certificate of Registration No. 17035 will be fully restored.

10. Any failure by Respondent Jauregui to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing the non-compliant Respondent to appear before the Board at the next regularly-scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by Respondent, the Board may impose additional discipline upon the non-compliant Respondent consistent with the provisions of NRS Chapter 639.

11. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on October 13, 2021. Respondent will appear telephonically or *via* Zoom at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent or counsel are not present at the meeting.

12. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 USC § 1396r–2 and 45 CFR Part 60.

13. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the

merits of this matter may be heard by the Board on the same day or at a later date. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

14. Upon approval of this Stipulation by the Board, Respondent shall pay the fines agreed to herein by *cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of entry of this Order.

15. Upon approval of this Stipulation by the Board, Respondent shall pay the attorney's fees and costs agreed to herein by *cashier's check* or *certified check* or *money order* made payable to "Nevada State Board of Pharmacy," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of entry of this Order.

16. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release one another from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ___ day of September, 2021

MA LOURDES JAUREGUI, RPH,
Certificate of Registration No. 17035

APPROVED AS TO FORM AND CONTENT
this 22 day of September, 2021

FRANCIS C. FLAHERTY, ESQ.
Counsel for Respondent
Ma Lourdes Jauregui, RPH

Signed this 13th day of ~~September~~ October, 2021

COURTNEY K. LEE, ESQ.
General Counsel
Nevada State Board of Pharmacy

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent Ma Lourdes Jauregui, RPH, Certificate of Registration No. 17035 in Case No. 19-240-RPH-S and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this 18th day of October, 2021.

Helen Park, President
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 19th day of October, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Francis Flaherty
2805 Mountain Street
Carson City, NV 89703

KRISTOPHER MANGOSING

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **STEPHEN DUBIN, MD,** **Certificate of Registration No. CS19164,** **Respondent.**	**Case Nos. 20-020-CS-S** **STIPULATED FACTS**

Courtney K. Lee, General Counsel for Petitioner, the Nevada State Board of Pharmacy ("Board"), and Respondent Stephen Dubin, MD ("Dubin"), Certificate of Registration No. CS19164, by and through counsel, Crane M. Pomerantz, Esq. and Nadia J. Ahmed, Esq. of Sklar Williams, PLLC, **HEREBY STIPULATE AND AGREE TO THE FOLLOWING FACTS:**

1. The Board has jurisdiction over Respondent and this matter.

2. Respondent Dubin is/was the medical director of a home hospice company, Jireh Healthcare ("Jireh"), located formerly at 2320 Paseo Del Prado, Suite B101, Las Vegas, Nevada 89102. Jireh is currently located at 2688 S. Rainbow Boulevard, Suite A, Las Vegas, Nevada 89146. Jireh is a Medicare-certified home hospice care entity that provides palliative care to terminal patients.

3. Jireh employs registered nurses and/or physician assistants to travel to patients' homes to provide in-home hospice services.

4. Dubin was outside of the United States from December 17-24, 2018.

5. The United States Department of Justice filed a referral for civil prosecution against Respondent Dubin for prescribing controlled substances while out of the country. The civil investigation was closed on June 2020 without prosecution.

6. On December 18, 2018, "Honey" called in a controlled substance schedule IV prescription for patient A.D. for Alprazolam 1 mg tablet, quantity 15, to Trinity Pharmacy.

7. On December 19, 2018, "Speedy" called in a controlled substance schedule II prescription for patient M.G. for oxycodone 10-325 mg tablets, quantity 60, to Trinity Pharmacy.

8. On December 19, 2018, "Speedy" called in a controlled substance schedule IV prescription for patient M.H. for Lorazepam 0.5 mg tablets, quantity 45, to Trinity Pharmacy.

9. Patient D.B. started care with Jireh on December 20, 2018 and was discharged on December 22, 2018.

10. On December 20, 2018, "Honey" called in a controlled substance schedule II prescription for patient D.B. for Morphine Sulfate 20 mg/ml, quantity 30, to Trinity Pharmacy.

11. On December 20, 2018, "Honey" called in a controlled substance schedule IV prescription for patient D.B. for Lorazepam 2mg/ml, quantity 30, to Trinity Pharmacy.

12. All of the foregoing controlled substance prescriptions were telephoned by "Honey" and "Speedy" to Trinity Pharmacy during a time when Dubin was out of the country.

13. Trinity Pharmacy is a retail pharmacy located at 2797 S. Maryland Parkway, Las Vegas, Nevada. Respondent Dubin has no relationship with Trinity Pharmacy, but was aware that it periodically filled prescriptions that he actually authorized for Jireh patients.

14. Janyvill Ruiz ("Ruiz") is a registered nurse who is/was employed by or an independent contractor of Jireh during the relevant timeframes.

15. Ruiz is also known as "Honey".

16. Speedy Cacanindin ("Cacanindin") is a registered nurse who is/was employed by or an independent contractor of Jireh during the relevant timeframes.

17. Cacanindin is also known as "Speedy".

AGREED:

APPROVED AS TO FORM AND CONTENT
this 10th day of November, 2021

CRANE POMERANTZ, ESQ.
NADIA J. AHMED, ESQ.
Counsel for Respondent

Signed this 11th day of November, 2021

COURTNEY K. LEE, ESQ.
General Counsel
Nevada State Board of Pharmacy

NEVADA STATE BOARD OF PHARMACY V. STEPHEN DUBIN, MD,

CASE NO. 20-020

LIST OF STIPULATED/ADMITTED EXHIBITS

Exhibit	Board Book Page #	Bate #	Description
1			Redacted prescription records for patient A.D. for Alprazolam from Trinity Pharmacy dated 12/18/2018
2			Redacted prescription records for patient M.G. for oxycodone from Trinity Pharmacy dated 12/19/2018
3			Redacted prescription records for patient M.H. for Lorazepam from Trinity Pharmacy dated 12/19/2018
4			Redacted prescription records for patient D.B. for morphine sulfate from Trinity Pharmacy dated 12/20/2018 Redacted prescription records for patient D.B. for Lorazepam from Trinity Pharmacy dated 12/20/2018
5		Dubin0002-0004	Declaration from Ma Lourdes Jauregui, managing pharmacist for Trinity Pharmacy at the time of sample prescriptions in Exhibits 1-4
6		Dubin0007-0054	Redacted relevant medical and billing records for patient A.D. from Jireh Healthcare
7		Dubin0055-0094	Redacted relevant medical and billing records for patient M.G. from Jireh Healthcare
8		Dubin0095-0162	Redacted relevant medical and billing records for patient M.H. from Jireh Healthcare
9		Dubin0163-0166	Redacted relevant previous medical record for patient M.H. from Jireh Healthcare
10		Dubin0167-0182	Redacted relevant medical and billing records for patient D.B. from Jireh Healthcare

Nevada State Board of Pharmacy v. Stephen Dubin, MD,
Case No. 20-020

EXHIBIT "1"

TRINITY PHARMACY
2797 S MARYLAND PKWY, STE 28
LAS VEGAS, NV 89109
TEL 702.776.8210

Your Home for a Healthier You

Name: A[redacted] D[redacted]
Address:
Tel:

Date: 9/18/18
Time: 11:42A
DOB: 5/31/43

alp. 1mg
1 qhs Anx/SL #15
RF

A[redacted] AVE LAS VEGAS NV[redacted]
RX0159967

DR.: Honey
TEL:
NPI:
DEA:

Dubin
FD 2419706
359-1388

Trinity Pharmacy
2797 S. Maryland Pkwy 28 Las Vegas, NV 89109
Phone : 702-776-8210 Fax : 702-776-7195

Prescription Signature Information

Printed on 06-30-2020

Rx #	:	169967
Fill Date	:	12-18-2018
Patient Name	:	D[redacted], A[redacted]
Facility Name	:	GC JIREH HEALTHCARE HOSPICE
Filled By	:	PVN
Dispensed By	:	JD
Declined Counseling	:	Yes
Drug Name	:	ALPRAZOLAM 1 MG TABLET
Qty	:	15
Patient Paid	:	17.10
Total	:	17.10
Dispense Date & Time	:	12-21-2018 10:54 AM
Signature	:	

If You Are Pregnant, Plan To Become Pregnant, Or Are Breast-feeding, Talk With Your Doctor.

Do Not Take Other Medicines Without Checking With Your Doctor Or Pharmacist.

Different Manufacturers Same Drug

Controlled substance dangerous unless used as directed. Caution: Federal law prohibits the transfer of this drug to any person other than the patient for whom it was prescribed.

TRINITY PHARMACY "Your Home for a Healthier You" 2797 S. MARYLAND PKWY. #28, LAS VEGAS, NV 89109 DEA: FT5011363 PHONE: 702-776-8210

Rx #: C169967 12-18-18

[redacted] AVE LAS VEGAS NV [redacted]

TAKE ONE TABLET BY MOUTH AT BEDTIME FOR ANXIETY/SLEEP

ALPRAZOLAM 1 MG TABLET
Generic for XANAX 1MG TABLET
Qty: 15 Refills: 0 Mfg: ACTAVIS US
Dr. DUBIN, STEPHEN PVN
Use By: 12-18-19 Original Date: 12-18-18

Rx # C169967 12-18-18 12-18-18 CHARGEACCT

[redacted] AVE LAS VEGAS NV [redacted] DOB [redacted]

Dr. DUBIN, STEPHEN FD2419706
ALPRAZOLAM 1 MG TABLET ACTAVIS
TAKE ONE TABLET BY MOUTH AT BEDTIME FOR ANXIETY/SLEEP

D

QD Total: $17.10 Copay: $0.00 NDC # 00228-2031-50
DAW: 0 Days Supply: 15 PVN Qty: 15 2 - Telephone
Auth #:
Use By: 12-18-19

Rx #: C169967 12-18-18
DOB: [redacted]
[redacted] AVE LAS VEGAS NV [redacted]
Dr. DUBIN, STEPHEN 1023311040
ALPRAZOLAM 1 MG TABLET #15
TAKE ONE TABLET BY MOUTH AT BEDTIME FOR ANXIETY/SLEEP
QD $17.10 $0.00 00228-2031-50
DAW: 0 Auth #:
Plan: CHARGEACCT PVN

Rx #: C169967 12-18-18
[redacted]
ALPRAZOLAM 1 MG TABLET QTY: 15
Use for XANAX

[redacted] AVE LAS VEGAS NV [redacted]
RX0169967

TRINITY PHARMACY "Your Home for a Healthier You" 2797 S. MARYLAND PKWY. #28, LAS VEGAS, NV 89109 DEA: FT5011363 PHONE: 702-776-8210

Trinity Pharmacy
2797 S Maryland Pkwy 29 Las Vegas, NV 89109 702-776-8210
Rx #: C169967 12-18-18 CHARGEACCT

[redacted] AVE LAS VEGAS NV [redacted]
Phone # 702[redacted] Card ID:

Dr. DUBIN, STEPHEN
5360 S RAINBOW STE 306 LAS VEGAS NV 89118
Phone #: 702-359-1368 DEA #: FD2419706

ALPRAZOLAM 1 MG TABLET
Generic for XANAX 1MG TABLET
ROUND BLUE
Qty: 15 NDC #: 00228-2031-50
Auth #

Amount Due: $17.10

TRINITY PHARMACY "Your Home for a Healthier You" 2797 S. MARYLAND PKWY. #28, LAS VEGAS, NV 89109 DEA: FT5011363 PHONE: 702-776-8210

FAST FRIENDLY SERVICE

FREE DELIVERY - MINIMUM OF 3 SCRIPTS
MISSED DELIVERY WILL HAVE CHARGES

MOVING? KEEP YOUR RECORD UP TO DATE
QUESTIONS? PLS CALL THE PHARMACY

Delivery Attempt: __1 __2 __3 Note DT below:

*** HAVE A NICE DAY ***

TRINITY PHARMACY "Your Home for a Healthier You" 2797 S. MARYLAND PKWY. #28, LAS VEGAS, NV 89109 DEA: FT5011363 PHONE: 702-776-8210

PATIENT COUNSELING
** PATIENT COUNSELING **

Rx # C169967 ALPRAZOLAM 1 MG TABLET

Patient: [redacted]
Dr. DUBIN, STEPHEN NDC #: 00228-2031-50

00228203150016996700 15

Call your doctor for medical advice about side effects. You may report side effects to the FDA at 1-800-FDA-1088.

WHAT IS THIS DRUG USED FOR?
It is used to treat anxiety.It is used to treat panic attacks.

WHAT ARE SOME SIDE EFFECTS THAT I NEED TO CALL MY DOCTOR ABOUT RIGHT AWAY?
Signs of an allergic reaction, like rash; hives; itching; red, swollen, blistered, or peeling skin with or without fever; wheezing; tightness in the chest or throat; trouble breathing, swallowing, or talking; unusual hoarseness; or swelling of the mouth, face, lips, tongue, or throat.Signs of depression, suicidal thoughts, emotional ups and downs, abnormal thinking, anxiety, or lack of interest in life.Change in balance.Shortness of breath.Very bad dizziness or passing out.Feeling confused.Memory problems or loss.Trouble speaking.Trouble passing urine.Period (menstrual) changes. WHAT ARE SOME OTHER SIDE EFFECTS OF THIS DRUG?Feeling dizzy, sleepy, tired, or weak.Dry mouth.Feeling more or less hungry.Upset stomach.Constipation.Change in sex interest.Sex problems.Weight gain or loss.

HOW IS THIS DRUG BEST TAKEN?
Take with or without food. Take with food if it causes an upset stomach.

OTHER PRECAUTIONS
May Make You Drowsy Or Dizzy. Do Not Drink Alcohol With This Drug. Use Care When Operating A Vehicle, Vessel, Or Other Machines

HOW DO I STORE AND/OR THROW OUT THIS DRUG?
Store at room temperature in a dry place. Do not store in a bathroom.Store this drug in a safe place where children cannot see or reach it, and where other people cannot get to it. A locked box or area may help keep this drug safe. Keep all drugs away from pets.Throw away unused or expired drugs. Do not flush down a toilet or pour down a drain unless you are told to do so. Check with your pharmacist if you have questions about the best way to throw out drugs. There may be drug take-back programs in your area.

WHAT DO I DO IF I MISS A DOSE?
If you take this drug on a regular basis, take a missed dose as soon as you think about it.If it is close to the time for your next dose, skip the missed

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Case No. 20-020

EXHIBIT "2"

12/19/18
4 PM
Speedy

JIREH HEALTHCARE
2320 PASEO DEL PRADO SUITE B101, LAS VEGAS, NV 89102
TEL: 702-359-1388

PATIENT NAME: M[redacted] G[redacted] DATE OF BIRTH: [redacted]

RX NUMBER:

Percocet 10/325 mg #60
1 po q 6 prn pain
for 15 days supply

ICD: M54.5

[redacted]
RX0170088

"HOSPICE PATIENT"

PHYSICIAN SIGNATURE: DEA#: FD2419706
PHYSICIAN NAME: STEPHEN DUBIN DATE:
PHYSICIAN ADDRESS: 5380 S RAINBOW STE 306 LAS VEGAS NV 89128
PLEASE FAX BACK TO 702-776-7195

TRINITY PHARMACY
2797 S. MARYLAND PKWY. #28, LAS VEGAS, NV 89109 | TEL: 702-776-8210 | FAX: 702-776-7195

1776

Trinity Pharmacy
2797 S. Maryland Pkwy 28 Las Vegas, NV 89109
Phone : 702-776-8210 Fax : 702-776-7195

Prescription Signature Information

Printed on 06-30-2020

Rx #	:	170068
Fill Date	:	12-19-2018
Patient Name	:	G[redacted], M[redacted]
Filled By	:	MLJ
Dispensed By	:	JD
Declined Counseling	:	Yes
Drug Name	:	OXYCODONE/APAP 10-325 MG TABLET (PERCOCET 10/325)
Qty	:	60
Patient Paid	:	120.00
Total	:	120.00
Dispense Date & Time	:	12-21-2018 10:55 AM
Signature	:	

May Make You Drowsy Or Dizzy. Do Not Drink Alcohol With This Drug. Use Care When Operating A Vehicle Or Other Machines.

Contains Acetaminophen. Do Not Take More Than Recommended. Tell Your Doctor If You Are Taking Any Medicines With Your Doctor.

Do Not Take Other Medicines That Have Acetaminophen (Prescription Or Nonprescription) With This Medicine Unless Your Doctor Tells You To.

Different Manufacturers Same Drug

Controlled substance dangerous unless used as directed. Caution: Federal law prohibits the transfer of this drug to any person other than the patient for whom it was prescribed.

TRINITY PHARMACY "Your Home for a Healthier You" 2797 S. MARYLAND PKWY. #28, LAS VEGAS, NV 89109 DEA: FT5011363 PHONE: 702-776-8210

Rx #: N170068 12-19-18

M[redacted] G[redacted]
[redacted] RD LAS VEGAS NV [redacted]

TAKE ONE TABLET BY MOUTH EVERY 6 HOURS AS NEEDED FOR PAIN

OXYCODONE/APAP 10-325 MG TABLET (PERCOCET 10/325)
Generic for ENDOCET 10/325MG TABLE
Qty: 60 Refills: 0 Mfg: RHODES PHA
Dr. DUBIN, STEPHEN MLJ
Use By: 12-19-19 Original Date: 12-19-18

Rx #: N170068 12-19-18 12-19-18 CHARGEACCT

M[redacted] G[redacted] DOB [redacted]
[redacted] RD LAS VEGAS NV [redacted]

Dr. DUBIN, STEPHEN FD2419706

OXYCODONE/APAP 10-325 MG TABLET (PERCOCET 10/325) RHODES

TAKE ONE TABLET BY MOUTH EVERY 6 HOURS AS NEEDED FOR PAIN

D

O/D Total: $120.00 Copay: $0.00 NDC #: 42858-0104-01
DAW: 0 Days Supply: 15 MLJ Qty: 60 1 - Written
Auth #:
Use By: 12-19-19

RX0170068

Rx #: N170068 12-19-18 DOB: [redacted]
[redacted] RD LAS VEGAS NV [redacted]
Dr. DUBIN, STEPHEN 1023311040
OXYCODONE/APAP 10-325 MG TABLET (PERCOCET 10/325) #60
TAKE ONE TABLET BY MOUTH EVERY 6 HOURS AS NEEDED FOR PAIN
O/D $120.00 $0.00 42858-0104-01
DAW: 0 Auth #:
Plan: CHARGEACCT MLJ/CC

Rx #: N170068 12-19-18
M[redacted] G[redacted]
OXYCODONE/APAP 10-325 MG TABLET (PERCOCET 10/325)
Gen for ENDOCET
[redacted] RD LAS VEGAS NV [redacted]
RX0170068

TRINITY PHARMACY "Your Home for a Healthier You" 2797 S. MARYLAND PKWY. #28, LAS VEGAS, NV 89109 DEA: FT5011363 PHONE: 702-776-8210

Trinity Pharmacy
2797 S. Maryland Pkwy 28 Las Vegas, NV 89109 702-776-8210
Rx #: N170068 12-19-18 CHARGEACCT

M[redacted] G[redacted]
[redacted] RD LAS VEGAS NV [redacted]
Phone # 702[redacted] Card ID:

Dr. DUBIN, STEPHEN
5380 S RAINBOW STE 306 LAS VEGAS NV 89125
Phone #: 702-359-1368 DEA #: FD2419706

OXYCODONE/APAP 10-325 MG TABLET (PERCOCET 10/325)
Generic for ENDOCET 10/325MG TABLET
ROUND,BICONVEX WHITE TO OFF WHITE
Qty: 60 NDC #: 42858-0104-01
Auth #:

Amount Due $120.00

TRINITY PHARMACY "Your Home for a Healthier You" 2797 S. MARYLAND PKWY. #28, LAS VEGAS, NV 89109 DEA: FT5011363 PHONE: 702-776-8210

FAST FRIENDLY SERVICE

FREE DELIVERY - MINIMUM OF 3 SCRIPTS
MISSED DELIVERY WILL HAVE CHARGES

MOVING? KEEP YOUR RECORD UP TO DATE
QUESTIONS? PLS CALL THE PHARMACY

Delivery Attempt: __1 __2 __3 Note DT below

*** HAVE A NICE DAY ***

TRINITY PHARMACY "Your Home for a Healthier You" 2797 S. MARYLAND PKWY. #28, LAS VEGAS, NV 89109 DEA: FT5011363 PHONE: 702-776-8210

PATIENT COUNSELING
** PATIENT COUNSELING **

Rx #: N170068 OXYCODONE/APAP 10-325 MG TABLET (PERCOCET 10/325)

Patient: M[redacted] G[redacted] NDC #: 42858-0104-01
Dr. DUBIN, STEPHEN

42858010401017006800 80

Call your doctor for medical advice about side effects. You may report side effects to the FDA at 1-800-FDA-1088.

WHAT IS THIS DRUG USED FOR?
It is used to ease pain

WHAT ARE SOME SIDE EFFECTS THAT I NEED TO CALL MY DOCTOR ABOUT RIGHT AWAY?
Signs of an allergic reaction, like rash, hives, itching; red, swollen, blistered, or peeling skin with or without fever; wheezing; tightness in the chest or throat; trouble breathing, swallowing, or talking; unusual hoarseness; or swelling of the mouth, face, lips, tongue, or throat. Signs of liver problems like dark urine, feeling tired, not hungry, upset stomach or stomach pain, light-colored stools, throwing up, or yellow skin or eyes. Very bad dizziness or passing out. Feeling very sleepy. Trouble breathing, slow breathing, or shallow breathing. Noisy breathing. Breathing problems during sleep (sleep apnea). Feeling confused. Hallucinations (seeing or hearing things that are not there). Mood changes. Very bad constipation. Very bad belly pain. Feeling very tired or weak. A burning, numbness, or tingling feeling that is not normal. Not able to pass urine or change in how much urine is passed. Fast or slow heartbeat. A heartbeat that does not feel normal. Fever or chills. Sore throat. Hearing loss. Seizures. Very bad headache. Shakiness. Any unexplained bruising or bleeding. Change in eyesight. Chest pain. Memory problems or loss. Trouble walking. Trouble speaking. Swelling in the arms or legs. A very bad skin reaction (Stevens-Johnson syndrome/toxic epidermal necrolysis) may happen. It can cause very bad health problems that may not go away, and sometimes death. Get medical help right away if you have signs like red, swollen, blistered, or peeling skin (with or without fever); red or irritated eyes; or sores in your mouth, throat, nose, or eyes. Taking an opioid drug like this drug may lead to a rare but very bad adrenal gland problem. Call your doctor right away if you have very bad dizziness or passing out, very bad upset stomach or throwing up, or if you feel less hungry, very tired, or very weak. WHAT ARE SOME OTHER SIDE EFFECTS OF THIS DRUG? Constipation. Belly pain. Dizziness. Feeling sleepy. Headache. Upset stomach or throwing up. Feeling tired or weak.

HOW IS THIS DRUG BEST TAKEN?
Take by mouth only. Take with or without food. Take with food if it causes an upset stomach. Do not inject or snort this drug. Doing any of these things

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Case No. 20-020

EXHIBIT "3"

Trinity Pharmacy
2797 S. Maryland Pkwy 2B Las Vegas, NV 89109
Phone: 702-776-8210 Fax: 702-776-7195

Telephoned Prescription

STEPHEN DUBIN
6380 S RAINBOW STE 306
LAS VEGAS NV 89128
Phone : 702-369-1388
Fax : 702-362-9954
DEA # : FD2416708
Lic # : 13772
NPI # : 1023311040

Rx# : 170055
Rx Written : 12-19-2018

Patient : H[redacted] M[redacted]
Address : [redacted] AVE (JIREH)
LAS VEGAS NV [redacted]
Phone # : 702-[redacted]
D.O.B. : [redacted]
Gender : Female

LORAZEPAM 0.5MG TABLET
Generic for ATIVAN TAB 0.5MG 100
Quantity : 45

Sig Instructions :
TAKE ONE TABLET BY MOUTH THREE TIMES DAILY AS NEEDED

Refills Authorized : 0 RPh : MLJ/CC

PHD 0K Speedy @ 1:00pm 12/19/18

Signature Date

THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "DAW" IN THE BOX BELOW

[redacted] AVE (JIREH) LAS VEGAS NV [redacted]
RX017,0065

Trinity Pharmacy
2797 S. Maryland Pkwy 28 Las Vegas, NV 89109
Phone : 702-776-8210 Fax : 702-776-7195

Prescription Signature Information

Printed on 06-30-2020

Rx #	: 170055
Fill Date	: 12-19-2018
Patient Name	: H[redacted], M[redacted]
Filled By	: MLJ
Dispensed By	: JD
Declined Counseling	: Yes
Drug Name	: LORAZEPAM 0.5MG TABLET
Qty	: 45
Patient Paid	: 35.00
Total	: 35.00
Dispense Date & Time	: 12-21-2018 10:55 AM
Signature	: 

Any Medicine Can Cause Drowsiness Or Dizziness. Do Not Drink Alcohol With This Drug. Use Care When Operating A Vehicle, Vessel, Or Other Machines.

If You Are Pregnant, Plan To Become Pregnant, Or Are Breast-feeding, Talk With Your Doctor.

Do Not Take Other Medicines Without Checking With Your Doctor Or Pharmacist.

Different Manufacturers Same Drug

Controlled substance dangerous unless used as directed. Caution: Federal law prohibits the transfer of this drug to any person other than the patient for whom it was prescribed.

TRINITY PHARMACY "Your Home for a Healthier You" 2797 S. MARYLAND PKWY. #28, LAS VEGAS, NV 89109 DEA: FT5011363 PHONE: 702-776-8210

Rx #: C170055 **12-19-18**

M H
AVE LAS VEGAS NV

TAKE ONE TABLET BY MOUTH THREE TIMES DAILY AS NEEDED

LORAZEPAM 0.5MG TABLET
Generic for ATIVAN TAB 0.5MG 100
Qty: 45 Refills: 0 Mfg: ACTAVIS PH
Dr. DUBIN, STEPHEN MLJ
Use By: 12-19-19 Original Date: 12-19-18

Rx #: C170055 12-19-18 12-19-18 CHARGEACCT
M H DOB:
AVE LAS VEGAS NV
Dr. DUBIN, STEPHEN FD2419706
LORAZEPAM 0.5MG TABLET ACTAVIS
TAKE ONE TABLET BY MOUTH THREE TIMES DAILY AS NEEDED

D

0/0 Total: $35.00 Copay: $0.00 NDC #: 00591-0240-10
DAW: 0 Days Supply: 15 MLJ Qty: 45 2 - Telephone
Auth #:
Use By: 12-19-19

RX0170033

Rx #: C170055 12-19-18 (12-19-18)
M H DOB:
AVE LAS VEGAS NV
Dr. DUBIN, STEPHEN 1023311040
LORAZEPAM 0.5MG TABLET # 45
TAKE ONE TABLET BY MOUTH THREE TIMES DAILY AS NEEDED
0/0 $35.00 $0.00 00591-0240-10
DAW: 0 Auth #:
Plan: CHARGEACCT MLJ/CC

Rx #: C170055 12-19-18
M H
LORAZEPAM 0.5MG TABLET QTY: 45
Gen for ATIVAN
M H AVE LAS VEGAS NV
RX0170055

TRINITY PHARMACY "Your Home for a Healthier You" 2797 S. MARYLAND PKWY. #28, LAS VEGAS, NV 89109 DEA: FT5011363 PHONE: 702-776-8210

Trinity Pharmacy
2797 S. Maryland Pkwy 28 Las Vegas, NV 89109 702-776-8210
Rx #: C170055 12-19-18 CHARGEACCT

M H 12-09-1932
AVE LAS VEGAS NV
Phone #: 702- Card ID

Dr. DUBIN, STEPHEN
5380 S RAINBOW STE 336 LAS VEGAS NV 89128
Phone #: 702-359-1388 DEA #: FD2419706

LORAZEPAM 0.5MG TABLET
Generic for ATIVAN TAB 0.5MG 100
ROUND,FLAT-FACED,BEVELED EDGE
Qty: 45 NDC # 00591-0240-10
Auth #:

Amount Due: $35.00

TRINITY PHARMACY "Your Home for a Healthier You" 2797 S. MARYLAND PKWY. #28, LAS VEGAS, NV 89109 DEA: FT5011363 PHONE: 702-776-8210

FAST FRIENDLY SERVICE

FREE DELIVERY - MINIMUM OF 3 SCRIPTS
MISSED DELIVERY WILL HAVE CHARGES

MOVING? KEEP YOUR RECORD UP TO DATE
QUESTIONS? PLS CALL THE PHARMACY

Delivery Attempt: __1 __2 __3 Note DT below:

*** HAVE A NICE DAY ***

TRINITY PHARMACY "Your Home for a Healthier You" 2797 S. MARYLAND PKWY. #28, LAS VEGAS, NV 89109 DEA: FT5011363 PHONE: 702-776-8210

PATIENT COUNSELING
** PATIENT COUNSELING **

Rx #: C170055 LORAZEPAM 0.5MG TABLET
Patient: M H
Dr. DUBIN, STEPHEN NDC #: 0059[illegible]

00591024010017005500 45

Call your doctor for medical advice about side effects. You may report side effects to the FDA at 1-800-FDA-1088.

WHAT IS THIS DRUG USED FOR?
It is used to treat anxiety.It is used to treat seizures.It is used to ease anxiety before surgery.It may be given to you for other reasons. Talk with the doctor.

WHAT ARE SOME SIDE EFFECTS THAT I NEED TO CALL MY DOCTOR ABOUT RIGHT AWAY?
Signs of an allergic reaction, like rash; hives; itching; red, swollen, blistered, or peeling skin with or without fever; wheezing; tightness in the chest or throat; trouble breathing, swallowing, or talking; unusual hoarseness; or swelling of the mouth, face, lips, tongue, or throat.New or worse behavior or mood changes like depression or thoughts of suicide.Hallucinations (seeing or hearing things that are not there).Change in balance.Feeling confused.Memory problems or loss.Very bad dizziness or passing out.Change in eyesight.Muscle weakness.Dark urine or yellow skin or eyes.This drug may cause very bad and sometimes deadly breathing problems. Call your doctor right away if you have slow, shallow, or trouble breathing. WHAT ARE SOME OTHER SIDE EFFECTS OF THIS DRUG? Feeling dizzy, sleepy, tired, or weak.Headache.

HOW IS THIS DRUG BEST TAKEN?
Take with or without food. Take with food if it causes an upset stomach.

OTHER PRECAUTIONS:
May Make You Drowsy Or Dizzy. Do Not Drink Alcohol With This Drug. Use Care When Operating A Vehicle, Vessel, Or Other Machines.

HOW DO I STORE AND/OR THROW OUT THIS DRUG?
Store at room temperature protected from light. Store in a dry place. Do not store in a bathroom.Store this drug in a safe place where children cannot see or reach it, and where other people cannot get to it. A locked box or area may help keep this drug safe. Keep all drugs away from pets.Throw away unused or expired drugs. Do not flush down a toilet or pour down a drain unless you are told to do so. Check with your pharmacist if you have questions about the best way to throw out drugs. There may be drug take-back programs in your area.

Nevada State Board of Pharmacy v. Stephen Dubin, MD,
Case No. 20-020

EXHIBIT "4"

JIREH HEALTHCARE

2320 PASEO DEL PRADO SUITE B101 LAS VEGAS, NV 89102
TEL: 702-369-1388

12/28/18 4 PM Honey

PATIENT NAME: D[redacted] B[redacted] DATE OF BIRTH: [redacted]

Rx NUMBER: _____

MORPHINE SULFATE OS 20MG/ML #30

GIVE 5MG (0.25 ML) SL EVERY 4 HOURS PRN FOR MILD PAIN/SOB, 10 MG (0.5 ML) SL Q4H PRN FOR MOD PAIN/SOB, 20 MG (1 ML) SL Q4H PRN FOR SEVERE PAIN/SOB

"HOSPICE PATIENT"

PHYSICIAN SIGNATURE: _____ DEA #: FD2419706

PHYSICIAN NAME: STEPHEN DUBIN DATE: _____

PHYSICIAN ADDRESS: 5380 S RAINBOW STE 306 Las Vegas, Nevada 89128

PLEASE FAX BACK TO 702-776-7195

[redacted] CIRCLE LAS VEGAS NV [redacted]
RX0170143

TRINITY PHARMACY
2810 W CHARLESTON BLVD STE E44 LAS VEGAS, NV 89102 T: 702-776-8210 F: 702-776-7195

Warning: Breastfeeding is Not Recommended While Using This Medicine. Consult Your Doctor Or Pharmacist.

Taking More Of This Medication Than Recommended May Cause Serious Breathing Problems

Different Manufacturers Same Drug

Controlled substance dangerous unless used as directed. Caution: Federal law prohibits the transfer of this drug to any person other than the patient for whom it was prescribed.

TRINITY PHARMACY "Your Home for a Healthier You" 2797 S. MARYLAND PKWY. #28, LAS VEGAS, NV 89109 DEA: FT5011383 PHONE: 702-776-8210

Rx #: N170143 12-20-18

D[redacted] B[redacted]
[redacted] CIRCLE LAS VEGAS NV [redacted]

GIVE 5MG (0.25ML) SL EVERY 4 HOURS AS NEEDED FOR MILD PAIN/SOB, 10MG (0.5ML) EVERY 4 HOURS AS NEEDED FOR MODERATE PAIN/SOB) 20MG (1ML) EVERY 4 HOURS FOR SEVERE PAIN/SOB

MORPHINE SULFATE OS 20MG/ML

Qty: 30 Refills: 0 Mfg: ROXANE LAB
Dr. DUBIN, STEPHEN MLJ
Use By: 12-20-19 Original Date: 12-20-18

Rx #: N170143 12-20-18 12-20-18 CHARGEACCT

D[redacted] B[redacted] DOB [redacted]
[redacted] CIRCLE LAS VEGAS [redacted]

Dr. DUBIN, STEPHEN FD2419706

MORPHINE SULFATE OS 20MG/ML ROXANE L

GIVE 5MG (0.25ML) SL EVERY 4 HOURS AS NEEDED FOR MILD PAIN/SOB, 10MG (0.5ML) EVERY 4 HOURS AS NEEDED FOR MODERATE PAIN/SOB) 20MG (1ML) EVERY 4 HOURS FOR SEVERE PAIN/SOB

Qty: 30 Total: 60.00 Copay: 50.00 NDC #: 00054-0404-44
DAW: 3 Days Supply: 15 MLJ Qty: 30 1 - Written
Auth #:
Use By: 12-20-19

R X 0 1 7 0 1 4 3

Rx #: N170143 12-20-18
DOB [redacted]
CIRCLE LAS VEGAS NV [redacted]
Dr. DUBIN, STEPHEN 1023311D0
MORPHINE SULFATE OS 20MG/ML #30
GIVE 5MG (0.25ML) SL EVERY 4 HOURS AS NEEDED FOR MILD PAIN/SOB, 10MG (0.5ML) EVERY 4 HOURS AS NEEDED FOR MODERATE PAIN/SOB) 20MG (1ML) EVERY 4 HOURS FOR SEVERE PAIN/SOB 00054-0404-44
DAW: 3 Auth #:
Plan: CHARGEACCT MLJ/CC

Rx #: N170143 12-20-18
D[redacted] B[redacted]
MORPHINE SULFATE OS 20MG/ML QTY: 30
D[redacted] 02-15-1935
[redacted] CIRCLE LAS VEGAS NV [redacted]

R X 0 1 7 0 1 4 3

TRINITY PHARMACY "Your Home for a Healthier You" 2797 S. MARYLAND PKWY. #28, LAS VEGAS, NV 89109 DEA: FT5011383 PHONE: 702-776-8210

Trinity Pharmacy
2797 S Maryland Pkwy 28 Las Vegas, NV 89109 702-776-8210
Rx #: N170143 12-20-18 CHARGEACCT

D[redacted] B[redacted] 02-15-1935
[redacted] CIRCLE LAS VEGAS NV [redacted]
Phone #: 702[redacted] Card ID:

Dr. DUBIN, STEPHEN
5360 S RAINBOW STE 308 LAS VEGAS NV 89128
Phone #: 702-359-1388 DEA #: FD2419706

MORPHINE SULFATE OS 20MG/ML

CLEAR

Qty: 30 NDC #: 00054-0404-44
Auth #:

Amount Due $60.00

TRINITY PHARMACY "Your Home for a Healthier You" 2797 S. MARYLAND PKWY. #28, LAS VEGAS, NV 89109 DEA: FT5011383 PHONE: 702-776-8210

FAST FRIENDLY SERVICE

FREE DELIVERY - MINIMUM OF 3 SCRIPTS
MISSED DELIVERY WILL HAVE CHARGES

MOVING? KEEP YOUR RECORD UP TO DATE
QUESTIONS? PLS CALL THE PHARMACY

Delivery Attempt __1 __2 __3 Note DT below

*** HAVE A NICE DAY ***

TRINITY PHARMACY "Your Home for a Healthier You" 2797 S. MARYLAND PKWY. #28, LAS VEGAS, NV 89109 DEA: FT5011383 PHONE: 702-776-8210

PATIENT COUNSELING

** PATIENT COUNSELING **

Rx #: N170143 MORPHINE SULFATE OS 20MG/ML

Patient: D[redacted] B[redacted]
Dr. DUBIN, STEPHEN NDC #: 0005[redacted]

00054040444017014300 30

Call your doctor for medical advice about side effects. You may report side effects to the FDA at 1-800-FDA-1088.

WHAT IS THIS DRUG USED FOR?
It is used to ease pain.

WHAT ARE SOME SIDE EFFECTS THAT I NEED TO CALL MY DOCTOR ABOUT RIGHT AWAY?
Signs of an allergic reaction, like rash; hives; itching; red, swollen, blistered, or peeling skin with or without fever; wheezing; tightness in the chest or throat; trouble breathing, swallowing, or talking; unusual hoarseness; or swelling of the mouth, face, lips, tongue, or throat.Very bad dizziness or passing out.Chest pain or pressure or a fast heartbeat.Feeling confused.Noisy breathing.Breathing problems during sleep (sleep apnea).Seizures.Severe constipation or stomach pain. These may be signs of a severe bowel problem.Depression or other mood changes.Swelling in the arms or legs.Fever, chills, or sore throat.Pain when passing urine.A burning, numbness, or tingling feeling that is not normal.A severe and sometimes deadly problem called serotonin syndrome may happen if you take this drug with certain other drugs. Call your doctor right away if you have agitation; change in balance; confusion; hallucinations; fever; fast or abnormal heartbeat; flushing; muscle twitching or stiffness; seizures; shivering or shaking; sweating a lot; severe diarrhea; upset stomach; or throwing up; or severe headache.Taking an opioid drug like this drug may lead to a rare but very bad adrenal gland problem. Call your doctor right away if you have very bad dizziness or passing out; very bad upset stomach or throwing up; or if you feel less hungry, very tired, or very weak.
WHAT ARE SOME OTHER SIDE EFFECTS OF THIS DRUG? Feeling dizzy, sleepy, tired, or weak.Dry mouth.Constipation, diarrhea, stomach pain, upset stomach, throwing up, or feeling less hungry.Headache.Anxiety.Sweating a lot.

HOW IS THIS DRUG BEST TAKEN?
Take with or without food. Take with food if it causes an upset stomach.Do not inject or snort this drug. Doing any of these things can cause very bad side effects like trouble breathing and death from overdose.Measure liquid doses carefully.Only use the measuring device that comes with this liquid drug.

OTHER PRECAUTIONS:

Trinity Pharmacy
2797 S. Maryland Pkwy 28 Las Vegas, NV 89109
Phone : 702-776-8210 Fax : 702-776-7195

Prescription Signature Information

Printed on 06-30-2020

Rx #	:	170143
Fill Date	:	12-20-2018
Patient Name	:	B[redacted], D[redacted]
Filled By	:	MLJ
Dispensed By	:	ADMIN
Declined Counseling	:	No
Drug Name	:	MORPHINE SULFATE OS 20MG/ML
Qty	:	30
Patient Paid	:	60.00
Total	:	60.00
Dispense Date & Time	:	12-20-2018 05:58 PM
Signature	:	

Trinity Pharmacy
2797 S. Maryland Pkwy 28 Las Vegas, NV 89109
Phone: 702-776-8210 Fax: 702-776-7195

Telephoned Prescription

STEPHEN DUBIN
5380 S RAINBOW STE 306
LAS VEGAS NV 89128
Phone : 702-359-1388
Fax : 702-382-9954
DEA # : FD2419708
Lic # : 13772
NPI # : 1023311040

Rx#: 170144
Rx Written : 12-20-2018

Patient : B[redacted] D[redacted]
Address : [redacted] CIRCLE
LAS VEGAS NV [redacted]
Phone # : 702-[redacted]
D.O.B. : [redacted]
Gender : Male

4 PN
Hmely

LORAZEPAM O/C 2MG/ML
Generic for LORAZEPAM O/S 2MG/ML
Quantity : 30 (thirty)

Sig Instructions :
GIVE 0.25 ML EVERY 4 HOURS AS NEEDED FOR MILD ANXIETY, GIVE 0.5ML EVERY 4 HOURS FOR MODERATE ANXIETY, GIVE 1.0 ML EVERY 4 HOURS FOR SEVERE ANXIETY

Refills Authorized : 0 RPh : MLJ / CC

MD called in new Rx 12/20/18

Signature Date

THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "DAW" IN THE BOX BELOW

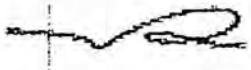
☐ Dispense As Written

Trinity Pharmacy
2797 S. Maryland Pkwy 28 Las Vegas, NV 89109
Phone : 702-776-8210 Fax : 702-776-7195

Prescription Signature Information

Printed on 06-30-2020

Rx #	: 170144
Fill Date	: 12-20-2018
Patient Name	: B[redacted], D[redacted]
Filled By	: MLJ
Dispensed By	: ADMIN
Declined Counseling	: No
Drug Name	: LORAZEPAM O/C 2MG/ML
Qty	: 30
Patient Paid	: 65.00
Total	: 65.00
Dispense Date & Time	: 12-20-2018 05:58 PM
Signature	:



May Make You Drowsy Or Dizzy. Do Not Drink Alcohol With This Drug. Use Care When Operating A Vehicle, Vessel, Or Other Machines.

If You Are Pregnant, Plan To Become Pregnant, Or Are Breast-feeding, Talk With Your Doctor.

Mix With Liquids, Such As Water or Juice. May Also Mix With Soft Foods, Such As Applesauce Or Pudding.

Different Manufacturers Same Drug

Contains substance dangerous unless used as directed. Caution: Federal law prohibits the transfer of this drug to any person other than the patient for whom it was prescribed.

TRINITY PHARMACY "Your Home for a Healthier You" 2797 S. MARYLAND PKWY. #28, LAS VEGAS, NV 89109 DEA: FT5011363 PHONE: 702-776-8210

Rx #: C170144 **12-20-18**

D[redacted] B[redacted]
[redacted] CIRCLE LAS VEGAS NV [redacted]

GIVE 0.25 ML EVERY 4 HOURS AS NEEDED FOR MILD ANXIETY, GIVE 0.5ML EVERY 4 HOURS FOR MODERATE ANXIETY, GIVE 1.0 ML EVERY 4 HOURS FOR SEVERE ANXIETY

LORAZEPAM O/C 2MG/ML
Generic for LORAZEPAM O/S 2MG/ML

Qty: 30 Refills: 0 Mfg: HI TECH PH
Dr DUBIN STEPHEN MLJ
Use By: 12-20-19 Original Date: 12-20-18

Rx #: C170144 12-20-18 12-20-18 CHARGEACCT

D[redacted] B[redacted] DOB [redacted]
[redacted] CIRCLE LAS VEGAS NV [redacted]

Dr. DUBIN, STEPHEN FD2419706

LORAZEPAM O/C 2MG/ML HI TECH P

GIVE 0.25 ML EVERY 4 HOURS AS NEEDED FOR MILD ANXIETY, GIVE 0.5ML EVERY 4 HOURS FOR MODERATE ANXIETY, GIVE 1.0 ML EVERY 4 HOURS FOR SEVERE ANXIETY

0/0 Total: $65.00 Copay: $0.00 NDC #: 50383-0705-30
DAW: 0 Days Supply: 15 MLJ Qty: 30 1 - Written
Auth #:
Use By: 12-20-19

RX0170144

Rx #: C170144 12-20-18
D[redacted] B[redacted] DOB [redacted]
[redacted] CIRCLE LAS VEGAS NV [redacted]
Dr. DUBIN, STEPHEN 1023311000
LORAZEPAM O/C 2MG/ML #30
GIVE 0.25 ML EVERY 4 HOURS AS NEEDED FOR MILD ANXIETY, GIVE 0.5ML EVERY 4 HOURS FOR MODERATE ANXIETY, GIVE 1.0 ML EVERY 4 HOURS FOR SEVERE ANXIETY
$65.00 $0.00 50383-0705-30
DAW: 0 Auth #:
Plan: CHARGEACCT MLJ/CC

Rx #: C170144 12-20-18
D[redacted] B[redacted]
LORAZEPAM O/C 2MG/ML QTY: 30
Can for LORAZEPAM

D[redacted] B[redacted]
[redacted] CIRCLE LAS VEGAS NV [redacted]
RX0170144

TRINITY PHARMACY "Your Home for a Healthier You" 2797 S. MARYLAND PKWY. #28, LAS VEGAS, NV 89109 DEA: FT5011363 PHONE: 702-776-8210

Trinity Pharmacy
2797 S. Maryland Pkwy 28 Las Vegas, NV 89109 702-776-8210
Rx # C170144 12-20-18 CHARGEACCT

D[redacted] B[redacted] 02-15-1935
[redacted] CIRCLE LAS VEGAS NV [redacted]
Phone #: 702-[redacted] Card ID:

Dr. DUBIN, STEPHEN
5380 S RAINBOW STE 306 LAS VEGAS NV 89128
Phone #: 702-359-1368 DEA #: FD2419706

LORAZEPAM O/C 2MG/ML
Generic for LORAZEPAM O/S 2MG/ML

Qty: 30 NDC #: 50383-0705-30
Auth #

Amount Due: $65.00

TRINITY PHARMACY "Your Home for a Healthier You" 2797 S. MARYLAND PKWY. #28, LAS VEGAS, NV 89109 DEA: FT5011363 PHONE: 702-776-8210

FAST FRIENDLY SERVICE

FREE DELIVERY - MINIMUM OF 3 SCRIPTS
MISSED DELIVERY WILL HAVE CHARGES

MOVING? KEEP YOUR RECORD UP TO DATE
QUESTIONS? PLS CALL THE PHARMACY

Delivery Attempt: __1 __2 __3 Note DT below:

*** HAVE A NICE DAY ***

TRINITY PHARMACY "Your Home for a Healthier You" 2797 S. MARYLAND PKWY. #28, LAS VEGAS, NV 89109 DEA: FT5011363 PHONE: 702-776-8210

PATIENT COUNSELING

** PATIENT COUNSELING **

Rx #: C170144 LORAZEPAM O/C 2MG/ML

Patient: D[redacted] B[redacted]
Dr. DUBIN, STEPHEN NDC #: 50383-0705-30

50383070530017014400030

Call your doctor for medical advice about side effects. You may report side effects to the FDA at 1-800-FDA-1088.

WHAT IS THIS DRUG USED FOR?
It is used to treat seizures.It is used to treat anxiety.It is used to ease anxiety before surgery.It may be given to you for other reasons. Talk with the doctor.

WHAT ARE SOME SIDE EFFECTS THAT I NEED TO CALL MY DOCTOR ABOUT RIGHT AWAY?
Signs of an allergic reaction, like rash, hives, itching, red, swollen, blistered, or peeling skin with or without fever, wheezing, tightness in the chest or throat; trouble breathing, swallowing, or talking; unusual hoarseness; or swelling of the mouth, face, lips, tongue, or throat.New or worse behavior or mood changes like depression or thoughts of suicide.Hallucinations (seeing or hearing things that are not there).Change in balance.Feeling confused.Memory problems or loss.Very bad dizziness or passing out.Change in eyesight.Muscle weakness.Dark urine or yellow skin or eyes.This drug may cause very bad and sometimes deadly breathing problems. Call your doctor right away if you have slow, shallow, or trouble breathing.WHAT ARE SOME OTHER SIDE EFFECTS OF THIS DRUG? Feeling dizzy, sleepy, tired, or weak.Headache.

HOW IS THIS DRUG BEST TAKEN?
Take with or without food. Take with food if it causes an upset stomach.Use the dropper that comes with this drug to measure the drug.Mix the liquid with water, juice, soda, applesauce, or pudding before taking it.Swallow the mixture right away. Do not store for use at a later time.

OTHER PRECAUTIONS:
May Make You Drowsy Or Dizzy. Do Not Drink Alcohol With This Drug. Use Care When Operating A Vehicle, Vessel, Or Other Machines.

HOW DO I STORE AND/OR THROW OUT THIS DRUG?
Store in a refrigerator. Do not freeze.Throw away any part not used after 3 months.Protect from light.Store this drug in a safe place where children cannot see or reach it, and where other people cannot get to it. A locked box or area may help keep this drug safe. Keep all drugs away from pets.Throw away unused or expired drugs. Do not flush down a toilet or pour down a drain unless you are told to do so. Check with your

EXHIBIT 5

DECLARATION OF MA LOURDES JAUREGUI, RPH

I, MA LOURDES JAUREGUI, declares under penalty of perjury that the following assertions are true and correct of my own personal knowledge unless stated upon information and belief:

1. I was the managing pharmacist of Trinity Pharmacy ("Trinity") located at 2797 S. Maryland Parkway, Suite 28, Las Vegas, Nevada. I am writing this declaration because I am unavailable for the scheduled hearing for alleged violations against Stephen Dubin, MD ("Dubin") regarding the Nevada State Board of Pharmacy's ("Board") case number 20-020.

2. I have personal knowledge of all matters stated herein and, if called as a witness, could and would testify competently thereto, except as to those matters stated upon information and belief, and as to those matters, I believe them to be true.

3. On or about September 10, 2020, the Board's investigator, Dena McClish, requested certain prescription records from Trinity.

4. On or about September 10, 2020, I forwarded the requested prescription records, which included the following:

   a) True and correct copies of Trinity's (redacted) prescription records for patient A.D. on December 18, 2018 are attached hereto as Exhibit "1". However, I was not the pharmacist who filled this particular prescription. It was filled by a floater pharmacist.

   b) True and correct copies of Trinity's (redacted) prescription records for patient M.G. on December 19, 2018 are attached hereto as Exhibit "2".

   c) True and correct copies of Trinity's (redacted) prescription records for patient M.H. on December 19, 2018 are attached hereto as Exhibit "3".

d) True and correct copies of Trinity's (redacted) prescription records for patient D.B. on December 20, 2018 are attached hereto as Exhibit "4".

5. Exhibit "1" contains a prescription for patient A.D. which was telephoned by "Honey" on behalf of Dr. Dubin. "Honey" indicated that the prescription was authorized by Dr. Dubin. I did not speak with Dr. Dubin himself. The prescription for patient A.D. was taken by the floater pharmacist on December 18, 2018 for alprazolam 1 mg tablet. The alprazolam was dispensed on December 21, 2018 at 10:54 a.m. Dr. Dubin never signed this prescription.

6. Exhibit "2" contains a prescription for patient M.G. which was telephoned by "Speedy" at 4:00 p.m. on December 19, 2018 on behalf of Dr. Dubin. "Speedy" indicated that the prescription was authorized by Dr. Dubin. I did not speak with Dr. Dubin himself. The prescription for patient M.G. was written in my handwriting for Percocet 10/325 mg, 60 tablets for a 15 day supply. The prescription was dispensed on December 21, 2018 at 10:55 a.m. On the prescription signature information, the patient or the guardian signed for receipt of the prescription. Dr. Dubin signed this prescription within 72 hours of December 19, 2018, but is undated.

7. Exhibit "3" contains a prescription for patient M.H. which was telephoned by "Speedy" at 1:00 p.m. on December 19, 2018. "Speedy" indicated that the prescription was authorized by Dr. Dubin. I did not speak with Dr. Dubin himself. The prescription for patient M.H. was for lorazepam 0.5 mg tablet, 45 tablets. The prescription was dispensed on December 21, 2018 at 10:55 a.m. On the prescription signature information, the patient or the guardian signed for receipt of the prescription. Dr. Dubin never signed this prescription.

8. Exhibit "4" contains a prescription for patient D.B. which was telephoned by "Honey" at 4:00 p.m. on December 20, 2018. "Honey" indicated that the prescription was authorized by Dr. Dubin. I did not speak with Dr. Dubin himself. The prescription for patient D.B. was for morphine sulfate OS 20mg/ml, quantity 30. The prescription was dispensed on December 20, 2018 at 5:58 p.m. On the prescription signature information, the patient or the guardian signed for receipt of the prescription. Dr. Dubin signed this prescription within 72 hours of December 20, 2018, but is undated.
9. Exhibit "4" also contains a prescription for patient D.B. which was telephoned by "Honey" at 4:00 p.m. on December 20, 2018. "Honey" indicated that the prescription was authorized by Dr. Dubin. I did not speak with Dr. Dubin himself. The prescription for patient D.B. was for lorazepam O/C, quantity 30. The prescription was dispensed on December 20, 2018 at 5:58 p.m. Dr. Dubin never signed this prescription.
10. My understanding was that the prescriptions for hospice patients from Jireh Healthcare were all considered emergency oral prescriptions. However, I did not notate on the telephoned or oral prescriptions, "Authorization for Emergency Dispensing" nor did I speak with Dr. Dubin directly. I understood that I did have to receive a signed prescription back from the practitioner within 72 hours after the telephoned prescription, which admittedly was not always accomplished.

Further, Your Declarant Sayeth Naught.

Dated: 11/18/2021

Ma Lourdes Jauregui, RPH

JIREH HEALTHCARE SERVICES LLC

(HOSPICE AGENCY)

PATIENT NAME: A[redacted] D[redacted]

DOB: [redacted]

START OF CARE:

09/07/2018 TO 12/31/2018

EXHIBIT 6

Claim Number	From Service Date	To Service Date	Beneficiary Nam	Claim Status	Total Charge	Type Of Bill	Admit Date
219007004222O7NVR	12/1/2018	12/31/2018	[redacted]	P - Paid	$7,790.97	813 - Hospice (...	9/7/2018
21833900538807NVR	11/1/2018	11/30/2018	[redacted]	P - Paid	$8,724.43	813 - Hospice (...	9/7/2018
21830901126607NVR	10/1/2018	10/31/2018	[redacted]	P - Paid	$9,083.84	813 - Hospice (...	9/7/2018
21827601222707NVR	9/7/2018	9/30/2018	[redacted]	P - Paid	$6,942.12	812 - Hospice (...	9/7/2018

Claim Number	From Service Date	To Service Date	Beneficiary Nam	Claim Status	Total Charge	Type Of Bill	Admit Date
21900700421907NVR	12/1/2018	12/31/2018	[redacted]	P - Paid	$6,986.61	813 - Hospice (...	10/10/2018
21833900542507NVR	11/1/2018	11/30/2018	[redacted]	P - Paid	$8,197.48	813 - Hospice (...	10/10/2018
21833900230804NVR	10/10/2018	10/31/2018	[redacted]	P - Paid	$6,230.74	817 - Hospice (...	10/10/2018
21830901121107NVR	10/10/2018	10/31/2018	[redacted]	P - Paid	$5,630.74	812 - Hospice (...	10/10/2018

Claim Number	From Service Date	To Service Date	Beneficiary Nam	Claim Status	Total Charge	Type Of Bill	Admit Date
21900901108507NVR	12/1/2018	12/26/2018	[redacted]	P - Paid	$6,626.68	814 - Hospice (...	6/13/2018
21833900542007NVR	11/1/2018	11/30/2018	[redacted]	P - Paid	$7,635.75	813 - Hospice (...	6/13/2018
21830901128607NVR	10/1/2018	10/31/2018	[redacted]	P - Paid	$8,065.97	813 - Hospice (...	6/13/2018
21827601223807NVR	9/1/2018	9/30/2018	[redacted]	P - Paid	$7,382.91	813 - Hospice (...	6/13/2018
21824701185107NVR	8/1/2018	8/31/2018	[redacted]	P - Paid	$8,276.79	813 - Hospice (...	6/13/2018
21821800581907NVR	7/1/2018	7/31/2018	[redacted]	P - Paid	$9,216.50	813 - Hospice (...	6/13/2018
21818500817807NVR	6/13/2018	6/30/2018	[redacted]	P - Paid	$5,126.72	812 - Hospice (...	6/13/2018

Claim Number	From Service Date	To Service Date	Beneficiary Nam	Claim Status	Total Charge	Type Of Bill	Admit Date
21900700421507NVR	12/20/2018	12/22/2018	[redacted]	P - Paid	$680.54	811 - Hospice (...	12/20/2018

12/31/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/30/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare		178.2523	0
12/29/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare		178.2523	0
12/28/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare		178.2523	0
12/27/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare		178.2523	0
12/26/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare		178.2523	0
12/25/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare		178.2523	0
12/24/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare		178.2523	0
12/23/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare		178.2523	0
12/22/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare		178.2523	0
12/21/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare		178.2523	0
12/20/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare		178.2523	0
12/19/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare		178.2523	0
12/18/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare		178.2523	0
12/17/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare		178.2523	0
12/16/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare		178.2523	0
12/15/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare		178.2523	0
12/14/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare		178.2523	0
12/13/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare		178.2523	0
12/12/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare		178.2523	0
12/11/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare		178.2523	0
12/10/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare		178.2523	0
12/9/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare		178.2523	0
12/8/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare		178.2523	0
12/7/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare		178.2523	0
12/6/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare		178.2523	0
12/5/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare		178.2523	0
12/4/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare		178.2523	0
12/3/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare		178.2523	0
12/2/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare		178.2523	0
12/1/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare		178.2523	0
11/30/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare		178.2523	0
11/29/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare		178.2523	0
11/28/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare		178.2523	0

11/27/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	178.2523	0
11/26/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	178.2523	0
11/25/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	178.2523	0
11/24/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	178.2523	0
11/23/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	178.2523	0
11/22/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	178.2523	0
11/21/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	178.2523	0
11/20/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	178.2523	0
11/19/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	178.2523	0
11/18/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	178.2523	0
11/17/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	178.2523	0
11/16/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	178.2523	0
11/15/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	178.2523	0
11/14/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	178.2523	0
11/13/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	178.2523	0
11/12/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	178.2523	0
11/11/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	178.2523	0
11/10/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	178.2523	0
11/9/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	178.2523	0
11/8/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	178.2523	0
11/7/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	178.2523	0
11/6/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	178.2523	0
11/5/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	226.8452	0
11/4/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	226.8452	0
11/3/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	226.8452	0
11/2/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	226.8452	0
11/1/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	226.8452	0
10/31/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	226.8452	0
10/30/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	226.8452	0
10/29/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	226.8452	0
10/28/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	226.8452	0
10/27/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	226.8452	0
10/26/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	226.8452	0
10/25/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	226.8452	0
10/24/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	226.8452	0
10/23/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	226.8452	0
10/22/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	226.8452	0
10/21/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	226.8452	0
10/20/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	226.8452	0
10/19/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	226.8452	0
10/18/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	226.8452	0
10/17/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	226.8452	0
10/16/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	226.8452	0
10/15/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	226.8452	0
10/14/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	226.8452	0
10/13/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	226.8452	0
10/12/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	226.8452	0

10/11/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	226.8452	0
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10/9/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare		226.8452	0
10/8/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare		226.8452	0
10/7/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare		226.8452	0
10/6/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare		226.8452	0
10/5/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare		226.8452	0
10/4/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare		226.8452	0
10/3/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare		226.8452	0
10/2/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare		226.8452	0
10/1/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare		226.8452	0
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9/28/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare		220.5569	0
9/27/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare		220.5569	0
9/26/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare		220.5569	0
9/25/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare		220.5569	0
9/24/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare		220.5569	0
9/23/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare		220.5569	0
9/22/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare		220.5569	0
9/21/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare		220.5569	0
9/20/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare		220.5569	0
9/19/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare		220.5569	0
9/18/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare		220.5569	0
9/17/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare		220.5569	0
9/16/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare		220.5569	0
9/15/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare		220.5569	0
9/14/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare		220.5569	0
9/13/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare		220.5569	0
9/12/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare		220.5569	0
9/11/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare		220.5569	0
9/10/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare		220.5569	0
9/9/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare		220.5569	0
9/8/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare		220.5569	0
9/7/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare		220.5569	0

Jireh Healthcare Services LLC

HospiceMD™

2320 Paseo Del Prado, Suite B101, Las Vegas, NV 89102 . Tel: Fax:

Personal Information

LEVEL OF CARE	RC, 09/07/18				
MR#	M0466	SSN	[redacted]	DOB	[redacted] (75 yrs)
LAST NAME	D[redacted]	FIRST NAME	A[redacted]	MI	
ADDRESS	[redacted]venue			APT / SUITE #	
CITY	Las Vegas	STATE	NV	ZIP	89120
PHONE	(702) [redacted]	CELL		PRIM LANGUAGE	Chinese
RACE	White	ETHNICITY	Caucasian	MARITAL ST	
GENDER	Female	RELIGION		DENOMINATION	

Insurance

PAY SOURCE	INSURANCE	SHARE OF COST	POLICY / MBI #	GROUP#	BIN#	EFFECTIVE DATE	AUTH TYPE	R&B AUTH NO	R&B AUTH VALID TILL
Primary	Medicare	$0.00	[redacted]			9/7/2018			

Dates of Service, Diagnosis & Allergies

REF DATE	9/6/2018	SOC	9/7/2018	RE-CERT	5/4/2019
		EOC	4/5/2019	DISC CODE	Prognosis Extended
ADMIT TYPE	New Admission				
STARTING CERT#	1				
PRIMARY DX	Alzheimer's disease with late onset (G30.1)			DISEASE	Alzheimer's
SECOND DX	Delirium due to known physiological condition (F05)			DISEASE	
COMORBIDITIES	Anxiety, debility, failure to thrive				

ALLERGIES	LAST UPDATED
NKA	10/9/18

Place of Service (POS)

TYPE	Home	FACILITY NAME			
EFFECTIVE DATE		ROOM NO		PCG	
ADDRESS	[redacted]venue	CITY	Las Vegas	STATE-ZIP	NV 89120 -
PHONE	(702) [redacted]	ALT-PHONE		FAX	

Authorized Rep (AR) / Emergency Contact (EC)

AR/EC , , Address: , , , Phone: , Alt Phone: , AR/EC is:

Referral Source & Attending MD

MEDICAL DIRECTOR	STEPHEN DUBIN, Phone:, Fax:(702) 362-9930, NPI:1023311040
REFERRING/ATTENDING/PATIENT CHOICE	CARLOS INOCENCIO, Phone:(702) 733-0744, Fax:(702) 796-8262, NPI:1558319293

Vendors

PHARMACY	MAIN:Trinity Pharmacy (Las Vegas)
DME	MAIN:Advantage Home Medical Services, Inc. (Las Vegas)

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OTREM HEALTHCARE SERVICES
320 PASEO DEL PRADO STE B101
AS VEGAS NV 891020048
023591388 7023592388

CNTL # 3436259 | TYPE OF BILL 081A
b. MED. REC. # M0466
5 FED. TAX NO. 251927052 | 6 STATEMENT COVERS PERIOD FROM 090718 THROUGH | 7

8 PATIENT NAME	9 PATIENT ADDRESS
a [redacted]	a [redacted] AVE.
D[redacted], A[redacted]	b LAS VEGAS c NV d 89120 e USA

10 BIRTHDATE	11 SEX	12 ADMISSION DATE	HR	14 TYPE	15 SRC	16 DHR	17 STAT	CONDITION CODES 18 19 20 21 22 23 24 25 26 27 28	29 ACDT STATE	30
[redacted]	F	090718	12	3	2		30			

31 OCCURRENCE CODE	DATE	32 OCCURRENCE CODE	DATE	33 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	35 CODE	OCCURRENCE SPAN FROM	THROUGH	36 CODE	OCCURRENCE SPAN FROM	THROUGH	37
7	090718													

	39 VALUE CODES CODE	AMOUNT	40 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a						
b						
c						
d						

REV CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV DATE	46 SERV UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
650		Q5001	090718	1	000	000	
001	PAGE 1 OF 1	CREATION DATE	090718	TOTALS	000		

PAYER NAME	51 HEALTH PLAN ID	52 REL. INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	1427366699
Medicare Part A		Y	Y	000	000	57 OTHER PRV ID	

INSURED'S NAME	59 P REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO
D[redacted] A[redacted]	18	[redacted]		

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME

66 DX											67	68
	G301	F05	F419	F0280	F329	I10						

ADMIT DX | 70 PATIENT REASON DX | 71 PPS CODE | 72 ECI | 73

PRINCIPAL PROCEDURE CODE	DATE	a. OTHER PROCEDURE CODE	DATE	b. OTHER PROCEDURE CODE	DATE	75

c. OTHER PROCEDURE CODE	DATE	d. OTHER PROCEDURE CODE	DATE	e. OTHER PROCEDURE CODE	DATE

76 ATTENDING	NPI 1558319293	QUAL	
LAST Inocencio		FIRST Carlos	
77 OPERATING	NPI	QUAL	
LAST		FIRST	
78 OTHER	NPI 1023311040	QUAL	
LAST Dubin		FIRST Stephen Paul	
79 OTHER	NPI	QUAL	
LAST		FIRST	

REMARKS

80 CODE	
a	
b	B3 251G00000X
c	
d	

M-DOC 1450 *ALCF UB04 1 APPROVED OMB NO 0938 0997 OCR/Original NUBC National Uniform Billing Committee 2430804 THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE

OTHER HEALTHCARE SERVICES
320 PASEO DEL PRADO STE B101
AS VEGAS NV 891020048
023591388 7023592388

1800
0812

CNTL #	3476845		
MED. REC. #	M0466		
5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7
251927052	090718	093018	

PATIENT NAME [redacted] | 9 PATIENT ADDRESS [redacted] AVE.

[redacted] | b LAS VEGAS | c NV | d 89120 | e USA

10	11 SEX	12 ADMISSION DATE	12 HR	14 TYPE	15 SRC	16 DHR	17 STAT	CONDITION CODES	23 ACDT STATE	30
[redacted]	F	090718	12	3	2		30			

31 OCCURRENCE CODE	DATE	32 OCCURRENCE CODE	DATE	33 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 CODE	OCCURRENCE SPAN FROM	THROUGH	35 CODE	OCCURRENCE SPAN FROM	THROUGH	37
7	090718													

	39 CODE	VALUE CODES AMOUNT	40 CODE	VALUE CODES AMOUNT	41 CODE	VALUE CODES AMOUNT
a	61	2982000				
b						
c						
d						

REV. CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0551	RN Clinical Visit	G0299	090718	8	9308	9308	
0561	Social Services Clinical V	G0155	090718	4	4654	4654	
0651	651-Routine Home Care	Q5001	090718	24	5,29336	000	
0551	RN Clinical Visit	G0299	091018	4	4654	4654	
0571	Hospice Aide Clinical Visi	G0156	091018	3	7500	7500	
0571	Hospice Aide Clinical Visi	G0156	091118	3	7500	7500	
0571	Hospice Aide Clinical Visi	G0156	091218	3	7500	7500	
0250	N427241000350UN60.000		091218	1	1952	1952	
0571	Hospice Aide Clinical Visi	G0156	091318	3	7500	7500	
0571	Hospice Aide Clinical Visi	G0156	091418	3	7500	7500	
0551	RN Clinical Visit	G0299	091718	4	4654	4654	
0571	Hospice Aide Clinical Visi	G0156	091718	3	7500	7500	
0571	Hospice Aide Clinical Visi	G0156	091818	3	7500	7500	
0571	Hospice Aide Clinical Visi	G0156	091918	3	7500	7500	
06[redacted]	657-Physician Charges	99205	091918	1	22500	000	
05[redacted]	Hospice Aide Clinical Visi	G0156	092018	3	7500	7500	
0571	Hospice Aide Clinical Visi	G0156	092118	3	7500	7500	
0551	RN Clinical Visit	G0299	092418	4	4654	4654	
0571	Hospice Aide Clinical Visi	G0156	092418	3	7500	7500	
0571	Hospice Aide Clinical Visi	G0156	092518	3	7500	7500	
0571	Hospice Aide Clinical Visi	G0156	092618	3	7500	7500	
0571	Hospice Aide Clinical Visi	G0156	092718	3	7500	7500	
	PAGE 1 OF 2	CREATION DATE	100318	TOTALS	6,94212		

50 PAYER NAME	51 HEALTH PLAN ID	52 REL. INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	1427366699
edicare Part A		Y	Y	000	5,51836	57 OTHER PRV ID	

58 INSURED'S NAME	59 P. REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO
[redacted] A[redacted]	18	[redacted]		

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME

67	67A	68	69	70	71	72	73
G301	F05	F419	F0280	F329	I10		

ADMTG DX	70 PATIENT REASON DX	71 PPS CODE	72 ECI	73

PRINCIPAL PROCEDURE CODE	DATE	a. OTHER PROCEDURE CODE	DATE	b. OTHER PROCEDURE CODE	DATE	74

c. OTHER PROCEDURE CODE	DATE	d. OTHER PROCEDURE CODE	DATE	e. OTHER PROCEDURE CODE	DATE

REMARKS		
	a	
	b	B3 251G00000X
	c	
	d	

76 ATTENDING	NPI 1558319293	QUAL	
LAST Inocencio		FIRST Carlos	
77 OPERATING	NPI	QUAL	
LAST		FIRST	
78 OTHER	NPI 1023311040	QUAL	
LAST Dubin		FIRST Stephen Paul	
79 OTHER	NPI	QUAL	
LAST		FIRST	

M CMS 1450 NUCC 0904-1 APPROVED OMB NO. 0938-0997 OCR/Original

NUBC

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE

DUBIN0014

1801
0812

ORIG. #	3476845
MED. REC. #	M0466
5 FED. TAX NO.	251927052
6 STATEMENT COVERS PERIOD FROM	090718
THROUGH	093018

JIREH HEALTHCARE SERVICES
320 PASEO DEL PRADO STE B101
AS VEGAS NV 891020048
023591388 7023592388

| | | |

OTREH HEALTHCARE SERVICES
320 PASEO DEL PRADO STE B101
AS VEGAS NV 891020048
023591388 7023592388

3535014
M0466
0813
251927052 | 100118 | 103118

PATIENT NAME [redacted], A
PATIENT ADDRESS [redacted] AVE.
LAS VEGAS | NV | 89120 | USA

	11 SEX	12 DATE	ADMISSION 13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	CONDITION CODES	29 ACCT STATE	30
[redacted]	F	090718	12	3	2		30			

OCCURRENCE CODE	DATE	32 OCCURRENCE CODE	DATE	33 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	35 CODE	OCCURRENCE SPAN FROM	THROUGH	36 CODE	OCCURRENCE SPAN FROM	THROUGH	37
7	090718													

	39 CODE	VALUE CODES AMOUNT	40 CODE	VALUE CODES AMOUNT	41 CODE	VALUE CODES AMOUNT
a	61	2982000				
b						
c						
d						

REV CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV DATE	46 SERV UNITS	47 TOTAL CHARGES	48 NON COVERED CHARGES	49
0551	RN Clinical Visit	G0299	100118	4	4803	4803	
0571	Hospice Aide Clinical Visi	G0156	100118	3	7500	7500	
0250	N400228203150UN30.000		100118	1	4000	4000	
0651	651-Routine Home Care	Q5001	100118	31	7,03220	000	
0571	Hospice Aide Clinical Visi	G0156	100218	3	7500	7500	
0571	Hospice Aide Clinical Visi	G0156	100318	3	7500	7500	
0571	Hospice Aide Clinical Visi	G0156	100418	3	7500	7500	
0571	Hospice Aide Clinical Visi	G0156	100518	3	7500	7500	
0551	RN Clinical Visit	G0299	100818	4	4803	4803	
0571	Hospice Aide Clinical Visi	G0156	100818	3	7500	7500	
0571	Hospice Aide Clinical Visi	G0156	100918	3	7500	7500	
0571	Hospice Aide Clinical Visi	G0156	101018	3	7500	7500	
0571	Hospice Aide Clinical Visi	G0156	101118	3	7500	7500	
0571	Hospice Aide Clinical Visi	G0156	101218	3	7500	7500	
05[illegible]	Hospice Aide Clinical Visi	G0156	101518	3	7500	7500	
025[illegible]	N465862006399UN60.000		101518	1	3000	3000	
0250	N427241000350UN120.000		101518	1	4452	4452	
0571	Hospice Aide Clinical Visi	G0156	101618	3	7500	7500	
0571	Hospice Aide Clinical Visi	G0156	101718	3	7500	7500	
0571	Hospice Aide Clinical Visi	G0156	101818	3	7500	7500	
0571	Hospice Aide Clinical Visi	G0156	101918	3	7500	7500	
0551	RN Clinical Visit	G0299	102218	4	4803	4803	
	PAGE 1 OF 2	CREATION DATE	110518	TOTALS	9,08384		

PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	1427366699
edicare Part A		Y	Y	000	7,03220	57 OTHER PRV ID	

INSURED'S NAME	59 P REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO
[redacted], A	18	[redacted]		

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME

G301	F05	F419	F0280	F329	I10					66

ADMIT DX	70 PATIENT REASON DX				71 PPS CODE	72 ECI				73

PRINCIPAL PROCEDURE CODE	DATE	b OTHER PROCEDURE CODE	DATE	c OTHER PROCEDURE CODE	DATE	75
[redacted]						

[redacted]	DATE	d OTHER PROCEDURE CODE	DATE	e OTHER PROCEDURE CODE	DATE

REMARKS	81CC		
	a		
	b	B3	251G00000X
	c		
	d		

76 ATTENDING	NPI 1558319293	QUAL	
LAST Inocencio		FIRST Carlos	
77 OPERATING	NPI	QUAL	
LAST		FIRST	
78 OTHER	NPI 1023311040	QUAL	
LAST Dubin		FIRST Stephen Paul	
79 OTHER	NPI	QUAL	
LAST		FIRST	

M CMS-1450 NUCP:0804.1 APPROVED OMB NO. 0938-0997 OCR/Original NUBC 2438H6D4 THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

DUBIN0016

OTHER HEALTHCARE SERVICES
320 PASEO DEL PRADO STE B101
AS VEGAS NV 891020048
023591388 7023592388

CNTL # 3535014 | BILL TYPE 0813
B. MED. REC. # M0466 | 1803
5 FED. TAX NO. 251927052 | 6 STATEMENT COVERS PERIOD FROM 100118 THROUGH 103118 | 7

PATIENT NAME [redacted] | 9 PATIENT ADDRESS [redacted] AVE.
[redacted] | b LAS VEGAS | c NV | d 89120 | e USA

10	11 SEX	12 DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	29 ACDT STATE	30
[redacted]	F	090718	12	3	2		30		

31 OCCURRENCE CODE	31 OCCURRENCE DATE	32 OCCURRENCE CODE	32 OCCURRENCE DATE	33 OCCURRENCE CODE	33 OCCURRENCE DATE	34 OCCURRENCE CODE	34 OCCURRENCE DATE	35 CODE	35 OCCURRENCE SPAN FROM	THROUGH	36 CODE	36 OCCURRENCE SPAN FROM	THROUGH	37
7	090718													

	39 CODE	39 VALUE CODES AMOUNT	40 CODE	40 VALUE CODES AMOUNT	41 CODE	41 VALUE CODES AMOUNT
a	61	2982000				
b						
c						
d						

REV CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV DATE	46 SERV UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0571	Hospice Aide Clinical Visi	G0156	102218	3	7500	7500	
0571	Hospice Aide Clinical Visi	G0156	102318	3	7500	7500	
0571	Hospice Aide Clinical Visi	G0156	102418	3	7500	7500	
0571	Hospice Aide Clinical Visi	G0156	102518	3	7500	7500	
0571	Hospice Aide Clinical Visi	G0156	102618	3	7500	7500	
0551	RN Clinical Visit	G0299	102918	4	4803	4803	
0571	Hospice Aide Clinical Visi	G0156	102918	3	7500	7500	
0250	N459762372004UN30.000		102918	1	2000	2000	
0571	Hospice Aide Clinical Visi	G0156	103018	3	7500	7500	
0571	Hospice Aide Clinical Visi	G0156	103118	3	7500	7500	
0001	PAGE 2 OF 2	CREATION DATE	110518	TOTALS	9,08384		

50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	1427366699
edicare Part A		Y	Y	000	7,03220	57 OTHER PRV ID	

INSURED'S NAME	59 P REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
[redacted] A	18	[redacted]		

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME

66 DX									67
G301	F05	F419	F0280	F329	I10				

ADMIT DX	69 PATIENT REASON DX					70 PPS CODE	71 PPS CODE	72 ECI				73

74 a PRINCIPAL PROCEDURE CODE	DATE	b OTHER PROCEDURE CODE	DATE	c OTHER PROCEDURE CODE	DATE	75
d OTHER PROCEDURE CODE	DATE	e OTHER PROCEDURE CODE	DATE	f OTHER PROCEDURE CODE	DATE	

76 ATTENDING	NPI 1558319293	QUAL	
LAST Inocencio	FIRST Carlos		
77 OPERATING	NPI	QUAL	
LAST	FIRST		
78 OTHER	NPI 1023311040	QUAL	
LAST Dubin	FIRST Stephen Paul		
79 OTHER	NPI	QUAL	
LAST	FIRST		

REMARKS

80 CC	
a	
b	B3 251G00000X
c	
d	

FORM CMS-1450 NUCC 08/04 APPROVED OMB NO. 0938-0997 OCR/Original NUBC 24004604 THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE

DUBIN0017

OTHER HEALTHCARE SERVICES
320 PASEO DEL PRADO STE B101
AS VEGAS NV 891020048
023591388 7023592388

CNTL # 3566453 | TYPE OF BILL 0813
b. MED REC # M0466
5 FED TAX NO. 251927052 | 6 STATEMENT COVERS PERIOD FROM 110118 THROUGH 113018 | 7

ATIENT NAME [redacted] | 9 PATIENT ADDRESS [redacted] AVE.
b LAS VEGAS | c NV | d 89120 | e USA

10	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	18	19	20	21	22	23	24	25	26	27	28	29 ACCT STATE	30
[redacted]	F	090718	12	3	2		30													

31 OCCURRENCE CODE	DATE	32 OCCURRENCE CODE	DATE	33 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	35 CODE	OCCURRENCE SPAN FROM	THROUGH	36 CODE	OCCURRENCE SPAN FROM	THROUGH	37
7	090718													

	39 CODE	VALUE CODES AMOUNT	40 CODE	VALUE CODES AMOUNT	41 CODE	VALUE CODES AMOUNT
a	61	2982000				
b						
c						
d						

REV. CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
651	651-Routine Home Care	Q5001	110118	5	1,13423	000	
571	Hospice Aide Clinical Visi	G0156	110118	3	7500	7500	
571	Hospice Aide Clinical Visi	G0156	110218	3	7500	7500	
551	RN Clinical Visit	G0299	110518	4	4803	4803	
571	Hospice Aide Clinical Visi	G0156	110518	4	10000	10000	
250	Non-injectable		110518	1	86677	86677	
651	651-Routine Home Care	Q5001	110618	25	4,45631	000	
571	Hospice Aide Clinical Visi	G0156	110618	4	10000	10000	
571	Hospice Aide Clinical Visi	G0156	110718	4	10000	10000	
571	Hospice Aide Clinical Visi	G0156	110818	4	10000	10000	
571	Hospice Aide Clinical Visi	G0156	110918	4	10000	10000	
551	RN Clinical Visit	G0299	111218	4	4803	4803	
571	Hospice Aide Clinical Visi	G0156	111218	4	10000	10000	
571	Hospice Aide Clinical Visi	G0156	111318	4	10000	10000	
5	Hospice Aide Clinical Visi	G0156	111418	4	10000	10000	
5	Hospice Aide Clinical Visi	G0156	111518	4	10000	10000	
571	Hospice Aide Clinical Visi	G0156	111618	4	10000	10000	
551	RN Clinical Visit	G0299	111918	4	4803	4803	
571	Hospice Aide Clinical Visi	G0156	111918	4	10000	10000	
571	Hospice Aide Clinical Visi	G0156	112018	4	10000	10000	
571	Hospice Aide Clinical Visi	G0156	112118	4	10000	10000	
571	Hospice Aide Clinical Visi	G0156	112218	4	10000	10000	
	PAGE 1 OF 2	CREATION DATE	120418	TOTALS	8,72443		

PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	1427366699
edicare Part A		Y	Y	000	5,59054	57 OTHER PRV ID	

INSURED'S NAME	59 P REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
[redacted]	18	[redacted]		

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME

66 DX											67 PR
G301	F05	F419	F0280	F329	I10						

ADMIT DX	70 PATIENT REASON DX				71 PPS CODE	72 ECI				73

74 PRINCIPAL PROCEDURE CODE	DATE	a OTHER PROCEDURE CODE	DATE	b. OTHER PROCEDURE CODE	DATE	75

c OTHER PROCEDURE DATE	d OTHER PROCEDURE CODE	DATE	e OTHER PROCEDURE CODE	DATE

76 ATTENDING	NPI 1558319293	QUAL	
LAST Inocencio		FIRST Carlos	
77 OPERATING	NPI	QUAL	
LAST		FIRST	
78 OTHER	NPI 1023311040	QUAL	
LAST Dubin		FIRST Stephen Paul	
79 OTHER	NPI	QUAL	
LAST		FIRST	

REMARKS

80 CC
b B3 251G00000X
c
d

M CMS-1450 NUCF-0894.1 APPROVED OMB NO. 0938-0997 OCR/Original NUBC National Uniform Billing Committee 2439I604

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

DUBIN0018

OTHER HEALTHCARE SERVICES
320 PASEO DEL PRADO STE B101
AS VEGAS NV 891020048
023591388 7023592388

CNTL # 3988453 | BILL TYPE 0813
b. MED REC # M0466
5 FED. TAX NO 251927052 | 6 STATEMENT COVERS PERIOD FROM 110118 THROUGH 113018 | 7

a PATIENT NAME	b	8 PATIENT ADDRESS	a	AVE.
D A		b LAS VEGAS	c NV	d 89120 e USA

9	10	11 SEX	12 DATE	ADMISSION 13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	CONDITION CODES 18 19 20 21 22 23 24 25 26 27 28	29 ACDT STATE	30
		F	090718	12	3	2		30			

31 OCCURRENCE CODE	DATE	32 OCCURRENCE CODE	DATE	33 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	35 CODE	OCCURRENCE SPAN FROM	THROUGH	36 CODE	OCCURRENCE SPAN FROM	THROUGH	37
7	090718													

	39 CODE	VALUE CODES AMOUNT	40 CODE	VALUE CODES AMOUNT	41 CODE	VALUE CODES AMOUNT
a	61	2982000				
b						
c						
d						

REV CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV DATE	46 SERV UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0571	Hospice Aide Clinical Visi	G0156	112318	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	112618	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	112718	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	112818	1	2500	2500	
0571	Hospice Aide Clinical Visi	G0156	112918	4	10000	10000	
0551	RN Clinical Visit	G0299	113018	4	4803	4803	
0571	Hospice Aide Clinical Visi	G0156	113018	4	10000	10000	
0001	PAGE 2 OF 2	CREATION DATE	120418	TOTALS	8,72443		

50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	1427366699
Medicare Part A		Y	Y	000	5,59054	57 OTHER PRV ID	

INSURED'S NAME	59 P REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO
A	18			

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME

67	G301	F05	F419	F0280	F329	I10					68

ADMIT DX	70 PATIENT REASON DX				71 PPS CODE	72 ECI				73

PRINCIPAL PROCEDURE CODE	DATE	a. OTHER PROCEDURE CODE	DATE	b. OTHER PROCEDURE CODE	DATE	75

OTHER PROCEDURE	DATE	c. OTHER PROCEDURE CODE	DATE	d. OTHER PROCEDURE CODE	DATE

76 ATTENDING	NPI 1558319293	QUAL
LAST Inocencio	FIRST Carlos	
77 OPERATING	NPI	QUAL
LAST	FIRST	
78 OTHER	NPI 1023311040	QUAL
LAST Dubin	FIRST Stephen Paul	
79 OTHER	NPI	QUAL
LAST	FIRST	

REMARKS

STATE	
a	
b	B3 251G00000X
c	
d	

CMS-1450 NUCF-UB04-1 APPROVED OMB NO 0938-0997 OCR/Original NUBC 2394604

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE

DUBIN0019

UTREM HEALTHCARE SERVICES
320 PASEO DEL PRADO STE B101
AS VEGAS NV 891020048
023591388 7023592388

CNTL # 3650256 | MED. REC. # M0466 | TYPE OF BILL 0817
5 FED. TAX NO. 251927052 | 6 STATEMENT COVERS PERIOD FROM 120118 THROUGH 123118 | 7

8 PATIENT NAME [redacted] D[redacted], A[redacted]
9 PATIENT ADDRESS [redacted] AVE. | b LAS VEGAS | c NV | d 89120 | e USA

10 BIRTHDATE	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	18-28 CONDITION CODES	29 ACCT STATE	30
[redacted]	F	090718	12	3	2		30			

31 OCCURRENCE CODE/DATE	32 OCCURRENCE CODE/DATE	33 OCCURRENCE CODE/DATE	34 OCCURRENCE CODE/DATE	35 OCCURRENCE SPAN CODE FROM THROUGH	36 OCCURRENCE SPAN CODE FROM THROUGH	37
7 120618						

	39 VALUE CODES CODE	AMOUNT	40 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a	61	2982000				
b						
c						
d						

REV CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV DATE	46 SERV UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0651	651-Routine Home Care	Q5001	120118	31	5,52582	000	
0551	RN Clinical Visit	G0299	120318	4	4803	4803	
0571	Hospice Aide Clinical Visi	G0156	120318	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	120418	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	120518	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	120618	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	120718	4	10000	10000	
0551	RN Clinical Visit	G0299	121018	4	4803	4803	
0571	Hospice Aide Clinical Visi	G0156	121018	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	121118	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	121218	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	121318	3	7500	7500	
0571	Hospice Aide Clinical Visi	G0156	121418	3	7500	7500	
0551	RN Clinical Visit	G0299	121718	4	4803	4803	
057	Hospice Aide Clinical Visi	G0156	121718	4	10000	10000	
057	Hospice Aide Clinical Visi	G0156	121818	4	10000	10000	
0250	Non-injectable		121818	1	28811	28811	
0571	Hospice Aide Clinical Visi	G0156	121918	3	7500	7500	
0571	Hospice Aide Clinical Visi	G0156	122018	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	122118	4	10000	10000	
0551	RN Clinical Visit	G0299	122418	4	4803	4803	
0571	Hospice Aide Clinical Visi	G0156	122418	4	10000	10000	
	PAGE 1 OF 2	CREATION DATE	010819	TOTALS	8,07908		

50 PAYER NAME	51 HEALTH PLAN ID	52 REL. INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	1427366699
edicare Part A		Y	Y	000	5,52582	57 OTHER PRV ID	

58 INSURED'S NAME	59 P REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
[redacted] A[redacted]	18	[redacted]		

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME

66 DX									
G301	F05	F419	F0280	F329	I10				

ADMIT DX	70 PATIENT REASON DX			71 PPS CODE	72 ECI	73

74 PRINCIPAL PROCEDURE CODE DATE	b. OTHER PROCEDURE CODE DATE	c. OTHER PROCEDURE CODE DATE	75

d. OTHER PROCEDURE CODE DATE	e. OTHER PROCEDURE CODE DATE	f. OTHER PROCEDURE CODE DATE

76 ATTENDING	NPI 1558319293	QUAL	
LAST Inocencio		FIRST Carlos	
77 OPERATING	NPI	QUAL	
LAST		FIRST	
78 OTHER	NPI 1023311040	QUAL	
LAST Dubin		FIRST Stephen Paul	
79 OTHER	NPI	QUAL	
LAST		FIRST	

REMARKS

80 CC	
a	
b	B3 251G00000X
c	
d	

1500 CMS-1450 NUCP-UB04-T APPROVED OMB NO. 0938-0997 OCR-Original NUBC National Uniform Billing Committee 2439H504

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE

DUBIN0020

STREAM HEALTHCARE SERVICES
320 PASEO DEL PRADO STE B101
AS VEGAS NV 891020048
023591388 7023592388

CNTL # 3650256 | BILL TYPE 0817
b. MED. REC. # M0466
6 FED. TAX NO. 251927052 | 8 STATEMENT COVERS PERIOD FROM 120118 THROUGH 123118

PATIENT NAME: D[redacted] A[redacted] | b 025324213A | 6 PATIENT ADDRESS: [redacted] AVE. | b LAS VEGAS | c NV | d 89120 | e USA

9	10 SEX	11 DATE	12 ADMISSION HR	13 TYPE	14 SRC	15 DHR	16 STAT	17	18	19	20	21	22	23	24	25	26	27	28	29 ACDT STATE	30
[redacted]	F	090718	12	3	2		30														

31 OCCURRENCE CODE	DATE	32 OCCURRENCE CODE	DATE	33 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	35 CODE	OCCURRENCE SPAN FROM	THROUGH	36 CODE	OCCURRENCE SPAN FROM	THROUGH	37
17	120618													

	39 CODE	VALUE CODES AMOUNT	40 CODE	VALUE CODES AMOUNT	41 CODE	VALUE CODES AMOUNT
a	61	2982000				
b						
c						
d						

REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0571	Hospice Aide Clinical Visi	G0156	122518	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	122618	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	122718	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	122818	4	10000	10000	
0551	RN Clinical Visit	G0299	123118	4	4803	4803	
0571	Hospice Aide Clinical Visi	G0156	123118	4	10000	10000	
0001	PAGE 2 OF 2	CREATION DATE	010819	TOTALS	8,07908		

PAYER NAME	51 HEALTH PLAN ID	52 REL. INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	1427366699
Medicare Part A		Y	Y	000	5,52582	57 OTHER PRV ID	

INSURED'S NAME	59 P. REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
D[redacted] A[redacted]	18	[redacted]		

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME

67	G301	F05	F419	F0280	F329	I10					68

ADMIT DX | 70 PATIENT REASON DX | 71 PPS CODE | 72 ECI | 73

PRINCIPAL PROCEDURE CODE	DATE	a. OTHER PROCEDURE CODE	DATE	b. OTHER PROCEDURE CODE	DATE	74
[redacted]						
c. OTHER PROCEDURE CODE	DATE	d. OTHER PROCEDURE CODE	DATE	e. OTHER PROCEDURE CODE	DATE	

REMARKS

76 ATTENDING	NPI 1558319293	QUAL	
LAST Inocencio		FIRST Carlos	
77 OPERATING	NPI	QUAL	
LAST		FIRST	
78 OTHER	NPI 1023311040	QUAL	
LAST Dubin		FIRST Stephen Paul	
79 OTHER	NPI	QUAL	
LAST		FIRST	

80 a | b B3 251G00000X | c | d

4 CMS-1450 NUCC Ver. 4.1 APPROVED OMB-NO. 0938-0997 OCR-Original NUBC 2434E04 THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE

DUBIN0021

OTHER HEALTHCARE SERVICES
320 PASEO DEL PRADO STE B101
AS VEGAS NV 891020048
023591388 7023592388

CNTL # 3650262 | MED REC # M0466 | 1808 | TYPE OF BILL 0817

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7
251927052	120118	123118	

8 PATIENT NAME	9 PATIENT ADDRESS
D[redacted] A[redacted]	[redacted] AVE.

b LAS VEGAS | c NV | d 89120 | e USA

10	11 SEX	12 DATE	ADMISSION 13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	CONDITION CODES 18	19	20	21	22	23	24	25	26	27	28	29 ACDT STATE	30
[redacted]	F	090718	12	3	2		30													

31 OCCURRENCE CODE	DATE	32 OCCURRENCE CODE	DATE	33 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	35 CODE	OCCURRENCE SPAN FROM	THROUGH	36 CODE	OCCURRENCE SPAN FROM	THROUGH	37

	39 VALUE CODES CODE	AMOUNT	40 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a	61	2982000				
b						
c						
d						

REV. CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0651	651-Routine Home Care	Q5001	120118	31	5,52582	000	
0551	RN Clinical Visit	G0299	120318	4	4803	4803	
0571	Hospice Aide Clinical Visi	G0156	120318	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	120418	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	120518	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	120618	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	120718	4	10000	10000	
0551	RN Clinical Visit	G0299	121018	4	4803	4803	
0571	Hospice Aide Clinical Visi	G0156	121018	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	121118	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	121218	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	121318	3	7500	7500	
0571	Hospice Aide Clinical Visi	G0156	121418	3	7500	7500	
0551	RN Clinical Visit	G0299	121718	4	4803	4803	
057[redacted]	Hospice Aide Clinical Visi	G0156	121718	4	10000	10000	
05[redacted]	Hospice Aide Clinical Visi	G0156	121818	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	121918	3	7500	7500	
0571	Hospice Aide Clinical Visi	G0156	122018	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	122118	4	10000	10000	
0551	RN Clinical Visit	G0299	122418	4	4803	4803	
0571	Hospice Aide Clinical Visi	G0156	122418	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	122518	4	10000	10000	
	PAGE 1 OF 2	CREATION DATE	010819	TOTALS	7,79097		

50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	1427366699
Medicare Part A		Y	Y	000	5,52582	57 OTHER PRV ID	

58 INSURED'S NAME	59 P REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
[redacted] A[redacted]	18	[redacted]		

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME

66 ADMIT DX	67 PATIENT REASON DX				68	69 PPS CODE	70 a				71	72				73

74 PRINCIPAL PROCEDURE CODE	DATE	a. OTHER PROCEDURE CODE	DATE	b. OTHER PROCEDURE CODE	DATE	75

[redacted] PROCEDURE DATE	d. OTHER PROCEDURE CODE	DATE	e. OTHER PROCEDURE CODE	DATE

76 ATTENDING	NPI 1558319293	QUAL	
LAST Inocencio		FIRST Carlos	
77 OPERATING	NPI	QUAL	
LAST		FIRST	
78 OTHER	NPI 1023311040	QUAL	
LAST Dubin		FIRST Stephen Paul	
79 OTHER	NPI	QUAL	
LAST		FIRST	

REMARKS

	HCC
a	
b	B3 251G00000X
c	
d	

1 CMS-1450 NUCC 08/04 APPROVED OMB NO. 0938-0997 08/01/2004F NUBC THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

DUBIN0022

OTHER HEALTHCARE SERVICES
320 PASEO DEL PRADO STE B101
AS VEGAS NV 891020048
023591388 7023592388

CNTL # 3650262 | BILL TYPE 0817
MED. REC. # M0466
5 FED. TAX NO 251927052 | 6 STATEMENT COVERS PERIOD FROM 120118 THROUGH 123118

PATIENT NAME [redacted] | 9 PATIENT ADDRESS [redacted] AVE.
[redacted] | b LAS VEGAS | c NV | d 89120 | e USA

10 BIRTHDATE	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	CONDITION CODES	29 ACCT STATE	30
[redacted]	F	090718	12	3	2		30			

31 OCCURRENCE CODE	DATE	32 CODE	OCCURRENCE DATE	33 CODE	OCCURRENCE DATE	34 CODE	OCCURRENCE DATE	35 CODE	OCCURRENCE SPAN FROM	THROUGH	36 CODE	OCCURRENCE SPAN FROM	THROUGH	37

	39 CODE	VALUE CODES AMOUNT	40 CODE	VALUE CODES AMOUNT	41 CODE	VALUE CODES AMOUNT
a	61	2982000				
b						
c						
d						

REV CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0571	Hospice Aide Clinical Visi	G0156	122618	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	122718	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	122818	4	10000	10000	
0551	RN Clinical Visit	G0299	123118	4	4803	4803	
0571	Hospice Aide Clinical Visi	G0156	123118	4	10000	10000	
0001	PAGE 2 OF 2	CREATION DATE 010819	TOTALS		7,79097		

PAYER NAME	51 HEALTH PLAN ID	52 REL. INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	1427366699
Medicare Part A		Y	Y	000	5,52582	57 OTHER PRV ID	

INSURED'S NAME	59 P. REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO
[redacted]	18	[redacted]		

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME

ADMIT DX	70 PATIENT REASON DX	71 PPS CODE	72 ECI	73

PRINCIPAL PROCEDURE CODE	DATE	a OTHER PROCEDURE CODE	DATE	b. OTHER PROCEDURE CODE	DATE	74

c OTHER PROCEDURE	DATE	d OTHER PROCEDURE CODE	DATE	e OTHER PROCEDURE CODE	DATE

REMARKS	80 NUCC	
	a	
	b	B3 251G00000X
	c	
	d	

76 ATTENDING	NPI 1558319293	QUAL	
LAST Inocencio		FIRST Carlos	
77 OPERATING	NPI	QUAL	
LAST		FIRST	
78 OTHER	NPI 1023311040	QUAL	
LAST Dubin		FIRST Stephen Paul	
79 OTHER	NPI	QUAL	
LAST		FIRST	

M CMS-1450 NUCC 1084.1 APPROVED OMB NO. 0938-0997 OCR/Original NUBC 2430H04 THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE

DUBIN0023

OTHER HEALTHCARE SERVICES
320 PASEO DEL PRADO STE B101
AS VEGAS NV 891020048
'023591388 7023592388

CNTL # 3644116 | b. MED REC. # M0466 | 1810 | OF BILL 0813

5 FED TAX NO	6 STATEMENT COVERS PERIOD FROM	THROUGH	7
251927052	120118	123118	

ATIENT NAME: a. 025924213A | 9 PATIENT ADDRESS: a. [redacted] AVE. | b. LAS VEGAS | c. NV | d. 89120 | e. USA

10 BIRTH DATE	11 SEX	12 DATE	ADMISSION 13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	CONDITION CODES 18 19 20 21 22 23 24 25 26 27 28	29 ACCT STATE	30
[redacted]	F	090718	12	3	2		b. 30			

31 OCCURRENCE CODE	DATE	32 OCCURRENCE CODE	DATE	33 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	35 CODE	OCCURRENCE SPAN FROM	THROUGH	36 CODE	OCCURRENCE SPAN FROM	THROUGH	37
:7	120618													

	39 CODE	VALUE CODES AMOUNT	40 CODE	VALUE CODES AMOUNT	41 CODE	VALUE CODES AMOUNT
a	61	2982000				
b						
c						
d						

REV CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV DATE	46 SERV UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
651	651-Routine Home Care	Q5001	120118	31	5,52582	000	
551	RN Clinical Visit	G0299	120318	4	4803	4803	
571	Hospice Aide Clinical Visi	G0156	120318	4	10000	10000	
571	Hospice Aide Clinical Visi	G0156	120418	4	10000	10000	
571	Hospice Aide Clinical Visi	G0156	120518	4	10000	10000	
571	Hospice Aide Clinical Visi	G0156	120618	4	10000	10000	
571	Hospice Aide Clinical Visi	G0156	120718	4	10000	10000	
551	RN Clinical Visit	G0299	121018	4	4803	4803	
571	Hospice Aide Clinical Visi	G0156	121018	4	10000	10000	
571	Hospice Aide Clinical Visi	G0156	121118	4	10000	10000	
571	Hospice Aide Clinical Visi	G0156	121218	4	10000	10000	
571	Hospice Aide Clinical Visi	G0156	121318	3	7500	7500	
571	Hospice Aide Clinical Visi	G0156	121418	3	7500	7500	
551	RN Clinical Visit	G0299	121718	4	4803	4803	
57	Hospice Aide Clinical Visi	G0156	121718	4	10000	10000	
5	Hospice Aide Clinical Visi	G0156	121818	4	10000	10000	
571	Hospice Aide Clinical Visi	G0156	121918	3	7500	7500	
571	Hospice Aide Clinical Visi	G0156	122018	4	10000	10000	
571	Hospice Aide Clinical Visi	G0156	122118	4	10000	10000	
551	RN Clinical Visit	G0299	122418	4	4803	4803	
571	Hospice Aide Clinical Visi	G0156	122418	4	10000	10000	
571	Hospice Aide Clinical Visi	G0156	122518	4	10000	10000	
	PAGE 1 OF 2	CREATION DATE	010419	TOTALS	7,79097		

PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	1427366699
ledicare Part A		Y	Y	000	5,52582	OTHER PRV ID	

INSURED'S NAME	59 P. REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
[redacted] A	18	[redacted]		

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME

67	G301	F05	F419	F0280	F329	I10					67

ADMIT DX	70 PATIENT REASON DX			71 PPS CODE	72 ECI				73

a. PRINCIPAL PROCEDURE CODE	DATE	b. OTHER PROCEDURE CODE	DATE	c. OTHER PROCEDURE CODE	DATE

d. OTHER PROCEDURE CODE	DATE	e. OTHER PROCEDURE CODE	DATE	f. OTHER PROCEDURE CODE	DATE

74 ATTENDING	NPI 1558319293	QUAL	
LAST Inocencio		FIRST Carlos	
77 OPERATING	NPI	QUAL	
LAST		FIRST	
78 OTHER	NPI 1023311040	QUAL	
LAST Dubin		FIRST Stephen Paul	
79 OTHER	NPI	QUAL	
LAST		FIRST	

REMARKS

80 CC	
a	
b	B3 251G00000X
c	
d	

M CMS-1450 NUCF-UB04 APPROVED OMB NO. 0938-0997 OCR/Original NUBC 24304634 THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE

DUBIN0024

URBH HEALTHCARE SERVICES
320 PASEO DEL PRADO STE B101
AS VEGAS NV 891020048
023591388 7023592388

CNTL # 3644116 | 4 TYPE OF BILL 0813
b. MED. REC. # M0466
5 FED. TAX NO 251927052 | 6 STATEMENT COVERS PERIOD FROM 120118 THROUGH 123118 | 7

a PATIENT NAME 025324213A | 9 PATIENT ADDRESS [redacted] AVE.
DE[redacted], A[redacted] | b LAS VEGAS | c NV | d 89120 | e USA

10	11 SEX	12 DATE	ADMISSION 13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	CONDITION CODES 18	19	20	21	22	23	24	25	26	27	28	29 ACDT STATE	30
[redacted]	F	090718	12	3	2		30													

OCCURRENCE DE	DATE	32 OCCURRENCE CODE	DATE	33 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	35 OCCURRENCE SPAN CODE	FROM	THROUGH	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
7	120618													

	39 VALUE CODES CODE	AMOUNT	40 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a	61	2982000				
b						
c						
d						

REV CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0571	Hospice Aide Clinical Visi	G0156	122618	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	122718	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	122818	4	10000	10000	
0551	RN Clinical Visit	G0299	123118	4	4803	4803	
0571	Hospice Aide Clinical Visi	G0156	123118	4	10000	10000	
0001	PAGE 2 OF 2	CREATION DATE 010419	TOTALS		7,79097		

PAYER NAME	51 HEALTH PLAN ID	52 REL BEN	53 ASG BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	1427366699
Medicare Part A		Y	Y	000	5,52582	57 OTHER PRV ID	

INSURED'S NAME	59 P REL	60 INSURED'S UNIQUE ID	61 GRP NAME	62 INSURANCE GROUP NO
[redacted] A[redacted]	18	[redacted]A		

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME

67	67A	68	69	70	71	72 ECI	73
G301	F05	F419	F0280	F329	I10		

ADMIT DX | 70 PATIENT REASON DX | 71 PPS CODE | 72 ECI | 73

a. PRINCIPAL PROCEDURE CODE DATE | b. OTHER PROCEDURE CODE DATE | c. OTHER PROCEDURE CODE DATE | 74

d. OTHER PROCEDURE CODE DATE | e. OTHER PROCEDURE CODE DATE | f. OTHER PROCEDURE CODE DATE

76 ATTENDING	NPI 1558319293	QUAL	LAST Inocencio	FIRST Carlos
77 OPERATING	NPI	QUAL	LAST	FIRST
78 OTHER	NPI 1023311040	QUAL	LAST Dubin	FIRST Stephen Paul
79 OTHER	NPI	QUAL	LAST	FIRST

REMARKS

80 NUCC
a
b B3 251G00000X
c
d

FORM CMS-1450 NUCC-0804 APPROVED OMB NO. 0938-0997 DCP/Original NUBC 2433604 THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE [illegible]

DUBIN0025

STREAM HEALTHCARE SERVICES
320 PASEO DEL PRADO STE B101
AS VEGAS NV 891020048
023591388 7023592388

CNTL # 3834552 | BILL TYPE 011B
B. MED REC. # M0466
5 FED TAX NO. 251927052 | 6 STATEMENT COVERS PERIOD FROM 090718 THROUGH 041719 | 7

ATIENT NAME a [redacted] | 8 PATIENT ADDRESS a [redacted] AVE.
D[redacted] A[redacted] | b LAS VEGAS | c NV | d 89120 | e USA

9	10 BIRTHDATE	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	18	19	20	21	22	23	24	25	26	27	28	29 ACDT STATE	30
[redacted]		F	090718	12	3	2		30													

31 OCCURRENCE CODE	31 OCCURRENCE DATE	32 OCCURRENCE CODE	32 OCCURRENCE DATE	33 OCCURRENCE CODE	33 OCCURRENCE DATE	34 OCCURRENCE CODE	34 OCCURRENCE DATE	35 CODE	35 OCCURRENCE SPAN FROM	THROUGH	36 CODE	36 OCCURRENCE SPAN FROM	THROUGH	37

	39 CODE	39 VALUE CODES AMOUNT	40 CODE	40 VALUE CODES AMOUNT	41 CODE	41 VALUE CODES AMOUNT
a						
b						
c						
d						

REV CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
650		Q5001	090718	223	000	000	
001	PAGE 1 OF 1	CREATION DATE	041719	TOTALS	000		

PAYER NAME	51 HEALTH PLAN ID	52 REL. INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	1427366699
edicare Part A		Y	Y	000	000	57 OTHER PRV ID	

INSURED'S NAME	59 P. REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
[redacted] A[redacted]	18	[redacted]		

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME

67	67A	67B	67C	67D	67E	67F	67G	67H	67I	67J	67K	67L	67M	67N	67O	67P	67Q
G301	F05	F419	F0280	F329	I10												

ADMIT DX	70 PATIENT REASON DX				71 PPS CODE	72 ECI				73

PRINCIPAL PROCEDURE CODE	DATE	a OTHER PROCEDURE CODE	DATE	b. OTHER PROCEDURE CODE	DATE	74

[redacted] PROCEDURE CODE	DATE	d. OTHER PROCEDURE CODE	DATE	e OTHER PROCEDURE CODE	DATE

76 ATTENDING	NPI 1558319293	QUAL	
LAST Inocencio		FIRST Carlos	
77 OPERATING	NPI	QUAL	
LAST		FIRST	
78 OTHER	NPI 1023311040	QUAL	
LAST Dubin		FIRST Stephen Paul	
79 OTHER	NPI	QUAL	
LAST		FIRST	

REMARKS

BILLING	
a	
b	B3 251G00000X
c	
d	

M CMS-1450 NUCC 08/04-1 APPROVED OMB NO. 0938-0997 OCR-Original NUBC 2430450

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

DUBIN0026

Patient Details for D[redacted], A[redacted] (Patient ID 491783, MRN M0466)

Date Of Birth	[redacted]	Status	Pending - Discharged

Assignment Details

Effective Date: 09/07/2018, **Medical Record No**: M0466, **Dme Provider**: Advantage Home Medical Services, Inc. , **Pharmacy**: Trinity Pharmacy, **Staff (caregiver)**

IDG Team

Discipline	Name	Primary?	Default for New Medications?	Visits	PRN Visits	Frequency Notes
Chaplain	CHAPLAIN_Murphy, Kathryn	Yes	No			Evaluation (frequency of visits to be determined post evaluation
Hospice Aide	CNA_Barba, Magdalena	No	No	5 visit(s) Weekly		
MD Director	Dubin, Stephen Paul	Yes	No		1 PRN visit(s) every 30 day(s)	1x/mo PRN withn certification period for Emergency Response
Physician	Inocencio, Carlos	Yes	No		1 PRN visit(s) every 30 day(s)	Eval,1x/mo PRN withn certification period for Emergency Response
Skilled Nurse	RN_Cacanindin, Speedy	Yes	No	1 visit(s) Weekly	2 PRN visit(s) every 7 day(s)	1x/wk &2x/wk PRN for fall & anxiety issues withn cert perd
Skilled Nurse	RN_Ruiz, Janyvill	No	No		2 PRN visit(s) every 7 day(s)	Eval &2x/wk PRN for fall & anxiety issues withn cert perd

Patient Details for D[redacted] A[redacted] (Patient ID 491783, MRN M0466)

Date Of Birth	[redacted]	Status	Pending - Discharged

Assignment Details

Effective Date: 09/10/2018, Medical Record No: M0466, Dme Provider: Advantage Home Medical Services, Inc. , Pharmacy: Trinity Pharmacy, Staff (caregiver)

IDG Team

Discipline	Name	Primary?	Default for New Medications?	Visits	PRN Visits	Frequency Notes
Chaplain	CHAPLAIN_Murphy, Kathryn	Yes	No			Evaluation (frequency of visits to be determined post evaluation
Hospice Aide	CNA_Barba, Magdalena	Yes	No	5 visit(s) Weekly		
MD Director	Dubin, Stephen Paul	Yes	No		1 PRN visit(s) every 30 day(s)	1x/mo PRN withn certification period for Emergency Response
Physician	Inocencio, Carlos	Yes	No		1 PRN visit(s) every 30 day(s)	Eval,1x/mo PRN withn certification period for Emergency Response
Skilled Nurse	RN_Ruiz, Janyvill	Yes	No		2 PRN visit(s) every 7 day(s)	Eval &2x/wk PRN for fall & anxiety issues withn cert perd
Skilled Nurse	RN_Cacanindin, Speedy	No	No	1 visit(s) Weekly	2 PRN visit(s) every 7 day(s)	1x/wk &2x/wk PRN for fall & anxiety issues withn cert perd

Patient Details for D[redacted] A[redacted] (Patient ID 491783, MRN M0466)

Date Of Birth	[redacted]	Status	Pending - Discharged

Assignment Details

Effective Date: 09/12/2018, Medical Record No: M0466, Dme Provider: Advantage Home Medical Services, Inc. , Pharmacy: Trinity Pharmacy, Staff (caregiver)

IDG Team

Discipline	Name	Primary?	Default for New Medications?	Visits	PRN Visits	Frequency Notes
Chaplain	CHAPLAIN_Murphy, Kathryn	Yes	No	1 visit(s) Monthly	3 PRN visit(s) every 30 day(s)	Evaluation, 1x/mo, and 3x/mo PRN for spiritual issues within cer
Hospice Aide	CNA_Barba, Magdalena	Yes	No	5 visit(s) Weekly		
MD Director	Dubin, Stephen Paul	Yes	No		1 PRN visit(s) every 30 day(s)	1x/mo PRN within certification period for Emergency Response
Physician	Inocencio, Carlos	Yes	No		1 PRN visit(s) every 30 day(s)	Eval,1x/mo PRN within certification period for Emergency Response
Skilled Nurse	RN_Ruiz, Janyvill	No	No		2 PRN visit(s) every 7 day(s)	Eval &2x/wk PRN for fall & anxiety issues within cert perd
Skilled Nurse	RN_Cacanindin, Speedy	Yes	No	1 visit(s) Weekly	2 PRN visit(s) every 7 day(s)	1x/wk &2x/wk PRN for fall & anxiety issues within cert perd

MD ORDERS, TREATMENT, MEDICATION & CTI

Xanax 1 MG Oral Tablet - Alprazolam Oral Tablet 1 MG	Take 1 tablet (1 mg) by mouth every night as needed for anxiety	N/A -
Galantamine Hydrobromide ER 24 MG Oral Capsule Extended Release 24 Hour - Galantamine Hydrobromide Oral Capsule Extended Release 24 Hour 24 MG	Take 1 capsule (24 mg) by mouth daily in the morning with food	N/A -

There is no allergy history recorded for this patient

Encounter - 09/05/2018

SEEN BY		SEEN ON	
Anthony, Denina		09/05/2018	
HEIGHT	WEIGHT	BMI	BLOOD PRESSURE
63.0 in	181.4 lbs	32.1	153/82
TEMP	PULSE	RESP RATE	HEAD CIRC
97.9 F	64.0 bpm	17.0 rpm	N/A

CC

89120 Confirmed eval for Hospice St Anne Care Home
3158 Kingspoint Ave 89120 (Appt time: 7:00 AM) (Arrival time: 12:41 PM)

S

Pt was referred to ARdha Mobile MD for a routine follow-up. Pt's pcg and grouphome owner stated that she spoke with pt's son Todd [redacted] who is pt's POA and is contemplating on placing pt under hospice care.

O

HPI: Pt is a 75 y/o female, aaox1, able to recall some long term memory but has very poor short term memory due to worsening alzheimers. She is ambulatory and is denying any discomfort at this time. Per pcg Susana, pt has episodes of sundowning and is getting very confused and agitated at night times with episodes of wandering and is an elopement risk. She is requesting for a hospice eval per her conversation with pt's son Todd. Explained that I can order for an eval or screening but the hospice medical director will have to take over pt's care once pt's condition is deemed appropriate for hospice.
Pt is homebound due to the following reasons:
>. Requires considerable taxing effort to safely leave home.
>. Unable to safely leave home unassisted
>. Dependent upon adaptive device
>. Requires assistance on activities.
Advance Directives / Advance care planning.
Patient has already executed an Advance Directive: Yes
If no, was patient given an opportunity to execute an Advance Directive today? ... n/a
Physician statement: "Patient has the ability to prepare an Advance Directive.".. Yes ?No X.
Physician has completed a Physician Order of Life-Sustaining Treatment, or similar document of another name, reflecting the patient's wishes. Yes ?No X.
Physician is willing to follow the patient's wishes. Yes

A:

P:E:
VS: as recorded
General appearance: Well-kept; A&O x 1, pleasant with conversation, answers questions appropriately. HEENT: Head is normocephalic, temporal arteries soft; non-tender with no bruits. Eyes appear to be healthy/no redness/ tearing. Right & left ear appears to be clean, no exudates or discharges noted. No thyromegaly. Neck is supple/no jugular venous distension. Dentition appears unremarkable, denies dental/ oral discomfort. Nose is symmetrical. Oral mucosa is moist. Respiratory: Respiration's are unlabored. Symmetrical chest expansion noted. Lungs sounds are clear. No cyanosis or clubbing of the fingers noted. Cardiovascular: Rhythm and rate are regular. Normal S-1 & S-2 heard, no murmurs noted. Musculoskeletal: ambulatory with a steady gait; both upper and lower extremities are normal in strength and mobility, No swelling or deformities noted. Gastrointestinal: Abdomen soft with normal bowel sounds, stated normal bowel movement. Genitourinary: continent; denies dysuria, denies frequency. Lymph nodes: No palpable cervical nodes. Integumentary: Skin is pink, and warm. No acne/ scarring or dyspigmentation noted. Neurological: A.A.O X 1 with very poor short term memory. Psychiatric: Pt is cooperative. Answers to questions appropriately, denies suicidal/homicidal thoughts.

P

> Continue all meds
> Refer to hospice for eval, once accepted, transfer care to hospice's medical director as pt's pcp, pcg is agreeable.
Provided an in-depth discussion of disease process and potential complications.
Safety measures discussed; fall precautions discussed, evaluated home/environment for safety issues.

JHCS
2320 Paseo Del Prado, Suite B101, Las Vegas, NV 89102
Phone: 702.359.1388 Fax: 702.359.2388

PHYSICIAN'S ORDER

Patient Name	ID	Allergy	Physician's Name
A[redacted] D[redacted]	M0466	NKDA	Dr. Stephen Dubin, MD

Date	Orders
9/07/17	Admit and treat patient for hospice care.

Order Type: Verbal ____ Telephone ✓ Other ____

ORDER READ BACK AND VERIFIED BY:

Signature/Discipline
Staff Receiving Order: J. Rubb Date Received: 9/07/17

Physician Signature: [signature] Date Signed: 9/07/17

JHCS
2320 Paseo Del Prado, Suite B101, Las Vegas, NV 89102
Phone: 702.359.1388 Fax: 702.359.2388

PHYSICIAN'S ORDER

Patient Name			Physician's Name
A[redacted]D[redacted]	10466	NKDA	Dr. Stephen Dubin, MD

Date	Orders
9/07/17	Refer patient for Hospice Eval

Order Type: Verbal ____ Telephone ✓ Other ____

ORDER READ BACK AND VERIFIED BY:

Signature/Discipline
Staff Receiving Order: J. Ruf Date Received: 9/07/2017

Physician Signature: [signature] Date Signed: 9/07/2017

Consolo Physician for DEWxA at Office Jireh Healthcare Services LLC

Patient Details for D[redacted] A[redacted] (Patient ID 491783, MRN M0466)

Date Of Birth	[redacted]	**Status**	Active
Screened Allergies	No Known Drug Allergy, No Known Drug Allergy	**Unscreened Allergies**	See Screened Allergies

Physician's Order Details

User	Patient	Order Date	Time of Event
RN_Ruiz, Janyvill (jruiz)	D[redacted] A[redacted]	09/07/2018	0730
Physician	**Nurse**	**Related**	**Oversight**
Dubin, Stephen Paul	RN_Ruiz, Janyvill (jruiz)	Yes	No

Orders

Admit to Jireh Healthcare Services, Llc. for the 1st 90 day benefit period * Pharmacist may use generic drug equivalents or compound medications as appropriate. * Interdisciplinary team to determine equipment and supply needs based on assessment for comfort and symptom control (may include but not limited to: hospital bed, special mattress, bedside commode, over-bed-table, shower chair, wheelchair, walker, suction machine, etc.) * Assess and evaluate cardiac, respiratory, GI,GU, pain, mobility, skin, nutrition/dehydration, comfort level and symptom management, disease progression, safety and family/caregiver needs * Instruction on care of terminally ill, medications, safety, nutritional needs, pain and symptom control based on assessment * Assess and evaluate current medications * May give nutritional supplements 1 can a day as tolerated for supplement * May crush medications that are crush-able. * Medications to be administered by licensed staff, patient and/or family member/caregiver per medication profile and current orders * Hospice Medical Director may assist patient as needed to manage symptoms * Hospice nurse may pronounce death * Check oxygen saturation level prn every SN visit * Bed-rails up 2x * Skilled Nurse visits - (1x/week and 2x/week as needed for fall & anxiety issues) to promote comfort and symptom management within certification period. * CHHA visits 5x/week to assist with personal care, home making and to promote comfort per RN assignment within certification period. * Chaplain visits - (Eval & 1x/mo as needed for spiritual issues) *Social worker visits - (Eval & 1x/mo as needed for psychosocial issues)Volunteer Services continue to be offered every week per Skilled Nurse/Staff. Admit Patient to Jireh Healthcare Services with the following orders verified with M.D. * Patient: DNR * Diet: As Tolerated * Admit with the following medications: Please see related medications:

Read Back	Non Verbal Order
Yes	No

Medications

Medication	Instructions	Quantity	Refills
Losartan Potassium 1 tab 1 times a day PO (100 MG Tablet)			
ALPRAZolam 1 tab 1 times a day PO (1 MG Tablet)	to be taken every night at bedtime.		
Metoprolol Tartrate 1 tab 2 times a day PO (50 MG Tablet)			
Galantamine Hydrobromide ER 1 tab 1 times a day PO (24 MG Capsule ER 24HR)			
Escitalopram Oxalate 0.5 tab 1 times a day PO (10 MG Tablet)			
Namenda XR 1 tab 1 times a day PO (28 MG Capsule ER 24HR)			

Related Assignees

Skilled Nurse - RN_Ruiz, Janyvill 2 PRN visit(s) every 7 day(s) effective 09/07/2018
Skilled Nurse - RN_Cacanindin, Speedy 1 visit(s) Weekly 2 PRN visit(s) every 7 day(s) effective 09/07/2018
Hospice Aide - CNA_Barba, Magdalena 5 visit(s) Weekly effective 09/07/2018
Chaplain - CHAPLAIN_Murphy, Kathryn effective 09/07/2018
Physician - Inocencio, Carlos 1 PRN visit(s) every 30 day(s) effective 09/07/2018
MD Director - Dubin, Stephen Paul 1 PRN visit(s) every 30 day(s) effective 09/07/2018

Signatures

1. Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **09/07/2018**. Recorded by jruiz on 09/10/2018 11:47:02.
2. Skilled Nurse **RN_Ruiz, Janyvill** (User) signed on **09/10/2018**. Recorded by jruiz on 09/10/2018 11:46:50.

Consolo Physician Order (2397060) Dated: 12/03/2018 for Dubin, Stephen Paul for D[redacted], A[redacted]

Patient Details for D[redacted] (Patient ID 491783, MRN M0466)

Date Of Birth	[redacted]	Status	Pending - Discharged

Physician's Order Details

User	Patient	Order Date	Time of Event
Dugay, Julia (jduga)	D[redacted] A[redacted]	12/03/2018	1420

Physician	Nurse	Oversight
Dubin, Stephen Paul	Dugay, Julia (jduga)	No

Orders

Re-certify to Jireh Healthcare Services for the 2nd 90 day benefit period * Pharmacist may use generic drug equivalents or compound medications as appropriate. * Interdisciplinary team to determine equipment and supply needs based on assessment for comfort and symptom control (may include but not limited to: hospital bed, special mattress, bedside commode, over-bed-table, shower chair, wheelchair, walker, suction machine, etc.) * Assess and evaluate cardiac, respiratory, GI, GU, pain, mobility, skin, nutrition/dehydration, comfort level and symptom management, disease progression, safety and family/caregiver needs * Instructions on care of terminally ill, medications, safety, nutritional needs, pain and symptom control based on assessment * Review and reconcile current medications * May give nutritional supplements 1 can a day as tolerated for supplement * May crush medications that are crush-able. * Medications to be administered by licensed staff, patient and/or family member/caregiver per medication profile and current orders * Hospice Medical Director may assist patient as needed to manage symptoms * Hospice nurse may pronounce death * Oxygen 3.0 lpm via NC continuously as needed for SOB * Check oxygen saturation level prn every SN visit * Bed-rails up 2x * Skilled Nurse visits 1x/week and 2x/week as needed for pain, SOB, fall & anxiety issues to promote comfort and symptom management within certification period. * CHHA visits 5x/week to assist with personal care, home making and to promote comfort per RN assignment within certification period. * Chaplain visits -1x/mo, 1x/mo as needed for spiritual issues. * Social worker visits - 1x/mo as needed for psychosocial issues. * Volunteer Services continue to be offered every week per Skilled Nurse/Staff. * Admit patient to Jireh Healthcare Services with the following orders verified with M.D: Patient: DNR Diet: As Tolerated * Admit with the following medications: Please see related medications.

Read Back	Non Verbal Order
Yes	No

Related Assignees

Chaplain - CHAPLAIN_Murphy, Kathryn 1 visit(s) Monthly 3 PRN visit(s) every 30 day(s) effective 09/12/2018
Hospice Aide - CNA_Barba, Magdalena 5 visit(s) Weekly effective 09/12/2018
MD Director - Dubin, Stephen Paul 1 PRN visit(s) every 30 day(s) effective 09/12/2018
Physician - Inocencio, Carlos 1 PRN visit(s) every 30 day(s) effective 09/12/2018
Skilled Nurse - RN_Cacanindin, Speedy 1 visit(s) Weekly 2 PRN visit(s) every 7 day(s) effective 09/12/2018
Skilled Nurse - RN_Ruiz, Janyvill 2 PRN visit(s) every 7 day(s) effective 09/12/2018

Signatures

1. Medical Director **Dubin, Stephen Paul** (Medical Director) signed on 12/03/2018. Recorded by jduga on 12/03/2018 15:13:16.

Consolo Physician for DEWxA at Office Jireh Healthcare Services LLC

Patient Details for D[redacted] A[redacted] (Patient ID 491783, MRN M0466)

Date Of Birth	[redacted]	**Status**	Active
Screened Allergies	No Known Drug Allergy, No Known Drug Allergy	**Unscreened Allergies**	See Screened Allergies

Physician's Order Details

User
Dugay, Julia (jduga)

Patient
D[redacted] A[redacted]

Order Date
12/03/2018

Time of Event
1420

Physician
Dubin, Stephen Paul

Nurse
Dugay, Julia (jduga)

Oversight
No

Orders

Re-certify to Jireh Healthcare Services for the 2nd 90 day benefit period * Pharmacist may use generic drug equivalents or compound medications as appropriate. * Interdisciplinary team to determine equipment and supply needs based on assessment for comfort and symptom control (may include but not limited to: hospital bed, special mattress, bedside commode, over-bed-table, shower chair, wheelchair, walker, suction machine, etc.) * Assess and evaluate cardiac, respiratory, GI, GU, pain, mobility, skin, nutrition/dehydration, comfort level and symptom management, disease progression, safety and family/caregiver needs * Instructions on care of terminally ill, medications, safety, nutritional needs, pain and symptom control based on assessment * Review and reconcile current medications * May give nutritional supplements 1 can a day as tolerated for supplement * May crush medications that are crush-able. * Medications to be administered by licensed staff, patient and/or family member/caregiver per medication profile and current orders * Hospice Medical Director may assist patient as needed to manage symptoms * Hospice nurse may pronounce death * Oxygen 3.0 lpm via NC continuously as needed for SOB * Check oxygen saturation level prn every SN visit * Bed-rails up 2x * Skilled Nurse visits 1x/week and 2x/week as needed for pain, SOB, fall & anxiety issues to promote comfort and symptom management within certification period. * CHHA visits 5x/week to assist with personal care, home making and to promote comfort per RN assignment within certification period. * Chaplain visits -1x/mo, 1x/mo as needed for spiritual issues. * Social worker visits - 1x/mo as needed for psychosocial issues. * Volunteer Services continue to be offered every week per Skilled Nurse/Staff. * Admit patient to Jireh Healthcare Services with the following orders verified with M.D: Patient: DNR Diet: As Tolerated * Admit with the following medications: Please see related medications.

Read Back
Yes

Non Verbal Order
No

Related Assignees

Chaplain - CHAPLAIN_Murphy, Kathryn 1 visit(s) Monthly 3 PRN visit(s) every 30 day(s) effective 09/12/2018
Hospice Aide - CNA_Barba, Magdalena 5 visit(s) Weekly effective 09/12/2018
MD Director - Dubin, Stephen Paul 1 PRN visit(s) every 30 day(s) effective 09/12/2018
Physician - Inocencio, Carlos 1 PRN visit(s) every 30 day(s) effective 09/12/2018
Skilled Nurse - RN_Cacanindin, Speedy 1 visit(s) Weekly 2 PRN visit(s) every 7 day(s) effective 09/12/2018
Skilled Nurse - RN_Ruiz, Janyvil 2 PRN visit(s) every 7 day(s) effective 09/12/2018

Signatures

1. Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **12/03/2018**. Recorded by jduga on 12/03/2018 15:13:16.

Consolo Physician Order (2253673) Dated: 09/12/2018 for Dubin, Stephen Paul for D[redacted], A[redacted]

Patient Details for D[redacted] A[redacted] (Patient ID 491783, MRN M0466)

Date Of Birth	[redacted]	Status	Pending - Discharged

Physician's Order Details

User
RN_Esteban, Randy (Reste)

Patient
D[redacted] A[redacted]

Order Date
09/12/2018

Time of Event
1700

Physician
Dubin, Stephen Paul

Nurse
RN_Esteban, Randy (Reste)

Oversight
Yes

Orders
Discontinue previous chaplain visit frequency. Start new chaplain visit frequency: 1 time a month and 3 times a month as needed for spiritual issues

Read Back
Yes

Non Verbal Order
No

Consolo Physician Order for DEWxA at Office Jireh Healthcare Services LLC

Patient Details for D[redacted] A[redacted] (Patient ID 491783, MRN M0466)

Date Of Birth	[redacted]	Status	Active

Physician's Order Details

User
RN_Esteban, Randy (Reste)

Patient
D[redacted] A[redacted]

Order Date
09/12/2018

Time of Event
1700

Physician
Dubin, Stephen Paul

Nurse
RN_Esteban, Randy (Reste)

Oversight
Yes

Orders
Discontinue previous chaplain visit frequency. Start new chaplain visit frequency: 1 time a month and 3 times a month as needed for spiritual issues.

Read Back
Yes

Non Verbal Order
No

Signature: _____

Date: 9/12/18

Consolo Certification Dated: 09/07/2018 for D[redacted] A[redacted]

Patient Details for D[redacted] A[redacted] (Patient ID 491783, MRN M0466)

Date Of Birth	[redacted]	Status	Pending - Discharged

Hospice Certification of Terminal Illness

Benefit Period
1

Benefit Period Start Date
09/07/2018

Benefit Period End Date
12/05/2018

Certification Start Date
09/07/2018

Certification End Date
12/05/2018

Signed Date
09/07/2018

Medical Director or Certifying Physician
Dubin, Stephen Paul

Medical Director or Certifying Physician Address
5741 S. Fort Apache Rd. Suite 100 Las Vegas, NV 89148

Attending Physician
Inocencio, Carlos

Attending Physician Address
2320 Paseo Del Prado Ste. B303 Las Vegas, NV 89102

Patient HI Claim No
025324213A

Disaster Acuity
Medical services required within 72 hours

Provider Information

Provider Name
Jireh Healthcare Services LLC

Provider Number
291533

Provider Address
2320 Paseo Del Prado Ste B101 Las Vegas, NV 89102-0048

Admission

New Admission 09/07/2018 (ROUTINE)

Verbal Certification

Verbal Certification received from Medical Director: Dubin, Stephen Paul by RN_Ruiz, Janyvill (jruiz) on 09/06/2018

I certify that D[redacted] A[redacted] is terminally ill with a life expectancy of six months or less if the terminal illness runs its normal course.

Skilled Nurse **RN_Ruiz, Janyvill (User)** signed on **09/06/2018**. Recorded by jruiz on 09/10/2018 09:55:52.

Verbal Certification received from Physician: Inocencio, Carlos by RN_Ruiz, Janyvill (jruiz) on 09/06/2018

I certify that D[redacted] A[redacted] is terminally ill with a life expectancy of six months or less if the terminal illness runs its normal course.

Skilled Nurse **RN_Ruiz, Janyvill (User)** signed on **09/06/2018**. Recorded by jruiz on 09/10/2018 09:55:59.

Brief Narrative Statement and Attestation

Review the patient's clinical circumstances and synthesize the medical information to provide clinical justification for admission and continuation to hospice services. If in third (3rd) or more benefit periods, clinical findings from the face to face encounter have been used to determine continued eligibility for hospice care.

Composing Physician
Dubin, Stephen Paul

Ms. D[redacted] is 75 year old, Caucasian Female, with very poor short term memory due to worsening alzheimer, requires considerable taxing effort to do her ADL's due to severe weakness and fatigue. Caregiver has to provide maximum to complete assist on patient as she is very high risk to fall and is very confused. As per caregiver Susan, patient refused to eat at times and would just stare on her plate. Todd the son of Ms. Dewey reported that her mom had lost 15 lbs in 2 months. Patient has imminence of death and if patient continues this course her condition is terminal and prognosis is six months or less.

Recorded By
RN_Ruiz, Janyvill (jruiz)

Attestation: I confirm that I composed this narrative and that it is based on my review of the patient's medical record and/or examination of the patient.

Medical Director **Dubin, Stephen Paul (Medical Director)** signed on **09/07/2018**. Recorded by jruiz on 09/10/2018 10:06:44.

Certification Statement

I certify that this patient is under my care, and to the best of my medical knowledge given the data available, has a life expectancy of six (6) months or less if the terminal illness runs its normal course.

Medical Director or Certifying Physician: Medical Director **Dubin, Stephen Paul** (Medical Director) signed on 09/07/2018. Recorded by jruiz on 09/10/2018 10:06:56.

I certify that this patient is under my care, and to the best of my medical knowledge given the data available, has a life expectancy of six (6) months or less if the terminal illness runs its normal course.

Attending Physician: Physician **Inocencio, Carlos** (Physician) signed on 09/07/2018. Recorded by jruiz on 09/10/2018 10:07:05.

Additional Signatures

1. Skilled Nurse RN_Ruiz, Janyvill (User) signed on 09/10/2018. Recorded by jruiz on 09/10/2018 10:07:26.

JIREH HEALTHCARE SERVICES
2320 Paseo Del Prado Suite B101 Las Vegas Nevada 89102
PHONE: 702.359.1388 FAX: 702.359.2388
EMAIL ADDRESS: jirehhealthcare @gmail.com

PHYSICIAN'S CERTIFICATION FOR MEDICARE/MEDICAID HOSPICE BENEFIT

Physician's Certification of Terminal Illness for Hospice Benefit (Part – 1)

MR# 110464

A. CERTIFICATION STATEMENT First 90-Day Period from 9/07/2018 **to** 12/05/2018

I (or WE) certify that A[redacted] D[redacted] is terminally ill and Has a life expectancy of six (6) months or less if the terminal illness runs its normal course. I (WE) Reviewed the patient's clinical information and considered the primary terminal condition, related diagnoses, current subjective and objective medical findings, current medication and treatment orders and information about management of unrelated conditions in making this determination.

RN Signature — Verbal Order Date: 9/07/2018

Hospice Medical Director/Associate Hospice Doctor — Date: 9/07/2018

Attending Physician Signature — Date: 9/07/2018

B. RECERTIFICATION STATEMENT Second 90-Day Period from 12-6-18 **to** 3-05-19

I certify that I have reviewed the clinical record prior to recertification for the above noted patient and That patient is still considered to be terminally ill and has life expectancy of six (six) months or less, if The terminal illness runs its normal course.

Hospice Medical Director/Associate Hospice Doctor — Date: [redacted]

C. RECERTIFICATION STATEMENT 60-Day Period from _____ **to** _____

I certify that I have reviewed the clinical record prior to recertification for the above noted patient and That patient is still considered to be terminally ill and has life expectancy of six (6) months or less, if The terminal illness runs its normal course.

Hospice Medical Director/Associate Hospice Doctor — Date

Consolo Certification for DEWxA at Office Jireh Healthcare Services LLC

Patient Details for D[redacted] A[redacted] (Patient ID 491783, MRN M0466)

Date Of Birth	[redacted]	**Status**	Active
Screened Allergies	No Known Drug Allergy	**Unscreened Allergies**	See Screened Allergies
Start Of Care	09/07/2018	**Gender**	Female
Patient Address	3158 Kingspoint Ave. Las Vegas, NV 89120		

Hospice Certification of Terminal Illness

Benefit Period
1

Benefit Period Start Date
09/07/2018

Benefit Period End Date
12/05/2018

Certification Start Date
09/07/2018

Certification End Date
12/05/2018

Signed Date
09/07/2018

Medical Director or Certifying Physician
Dubin, Stephen Paul

Medical Director or Certifying Physician Address
5741 S. Fort Apache Rd. Suite 100 Las Vegas, NV 89148

Attending Physician
Inocencio, Carlos

Attending Physician Address
2320 Paseo Del Prado Ste. B303 Las Vegas, NV 89102

Patient Hi Claim No
025324213A

Disaster Acuity
Medical services required within 72 hours

Provider Information

Provider Name
Jireh Healthcare Services LLC

Provider Number
291533

Provider Address
2320 Paseo Del Prado Ste B101 Las Vegas, NV 89102-0048

Admission

New Admission 09/07/2018 (ROUTINE)

Verbal Certification

Verbal Certification received from Medical Director: Dubin, Stephen Paul by RN_Ruiz, Janyvill (jruiz) on 09/06/2018

I certify that D[redacted] A[redacted] is terminally ill with a life expectancy of six months or less if the terminal illness runs its normal course.

Skilled Nurse **RN_Ruiz, Janyvill** (User) signed on **09/06/2018**. Recorded by jruiz on 09/10/2018 09:55:52.

Verbal Certification received from Physician: Inocencio, Carlos by RN_Ruiz, Janyvill (jruiz) on 09/06/2018

I certify that D[redacted], A[redacted] is terminally ill with a life expectancy of six months or less if the terminal illness runs its normal course.

Skilled Nurse **RN_Ruiz, Janyvill** (User) signed on **09/06/2018**. Recorded by jruiz on 09/10/2018 09:55:59.

Consolo Certification for DEWxA at Office Jireh Healthcare Services LLC

Brief Narrative Statement and Attestation

Review the patient's clinical circumstances and synthesize the medical information to provide clinical justification for admission and continuation to hospice services. If in third (3rd) or more benefit periods, clinical findings from the face to face encounter have been used to determine continued eligibility for hospice care.

Composing Physician
Dubin, Stephen Paul

Ms. D[redacted] is 75 year old, Caucasian Female, with very poor short term memory due to worsening alzheimer, requires considerable taxing effort to do her ADL's due to severe weakness and fatigue. Caregiver has to provide maximum to complete assist on patient as she is very high risk to fall and is very confused. As per caregiver Susan, patient refused to eat at times and would just stare on her plate. Todd the son of Ms. Dewey reported that her mom had lost 15 lbs in 2 months. Patient has imminence of death and If patient continues this course her condition is terminal and prognosis is six months or less.

Recorded By
RN_Ruiz, Janyvill (jruiz)

Attestation: I confirm that I composed this narrative and that it is based on my review of the patient's medical record and/or examination of the patient.

Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **09/07/2018**. Recorded by jruiz on 09/10/2018 10:06:44.

Certification Statement

I certify that this patient is under my care, and to the best of my medical knowledge given the data available, has a life expectancy of six (6) months or less if the terminal illness runs its normal course.

Medical Director or Certifying Physician: Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **09/07/2018**. Recorded by jruiz on 09/10/2018 10:06:56.

I certify that this patient is under my care, and to the best of my medical knowledge given the data available, has a life expectancy of six (6) months or less if the terminal illness runs its normal course.

Attending Physician: Physician **Inocencio, Carlos** (Physician) signed on **09/07/2018**. Recorded by jruiz on 09/10/2018 10:07:05.

Additional Signatures

1. Skilled Nurse **RN_Ruiz, Janyvill** (User) signed on **09/10/2018**. Recorded by jruiz on 09/10/2018 10:07:26.

Screened Allergies No Known Drug Allergy, No Known Drug Allergy

D[redacted], A[redacted] (491783) MRN M0466 Start Of Care 09/07/2018 Level Of Care ROUTINE More

Hospice Certification of Terminal Illness

Benefit Period
2

Benefit Period Start Date
12/06/2018

Benefit Period End Date
03/05/2019

Certification Start Date
12/06/2018

Certification End Date
03/05/2019

Signed Date
12/03/2018

Medical Director or Certifying Physician
Dubin, Stephen Paul

Medical Director or Certifying Physician Address
5741 S. Fort Apache Rd. Suite 100 Las Vegas, NV 89148

Attending Physician
Inocencio, Carlos

Attending Physician Address
2320 Paseo Del Prado Ste. B303 Las Vegas, NV 89102

Patient HI Claim No
025324213A

Disaster Acuity
Medical services required within 72 hours

Provider Information

Provider Name
Jireh Healthcare Services LLC

Provider Number
291533

Provider Address
2320 Paseo Del Prado Ste B101 Las Vegas, NV 89102-0048

Admission

New Admission 09/07/2018 (ROUTINE)

Verbal Certification

Verbal Certification received from Medical Director: Dubin, Stephen Paul by Dugay, Julia (jduga) on 12/03/2018

I certify that D[redacted] A[redacted] is terminally ill with a life expectancy of six months or less if the terminal illness runs its normal course.

Skilled Nurse Dugay, Julia (User) signed on 12/03/2018. Recorded by jduga on 12/03/2018 14:06:53.

Brief Narrative Statement and Attestation

Review the patient's clinical circumstances and synthesize the medical information to provide clinical justification for admission and continuation to hospice services. If in third (3rd) or more benefit periods, clinical findings from the face to face encounter have been used to determine continued eligibility for hospice care.

Composing Physician
Dubin, Stephen Paul

Recorded By
Dugay, Julia (jduga)

Recertifying Ms A[redacted] D[redacted] Jireh healthcare services for the 2nd 90-day benefit episode. She is a 75 y/o white female with worsening Alzheimer's Disease requiring maximum assist with her ADL/IADLs. She is oftentimes confused and eats 20-25% of her meals. If patient continues this course, her prognosis is 6 months or less.

Attestation: I confirm that I composed this narrative and that it is based on my review of the patient's medical record and/or examination of the patient.

Medical Director Dubin, Stephen Paul (Medical Director) signed on 12/03/2018. Recorded by jduga on 12/03/2018 14:06:16.

Certification Statement

I certify that this patient is under my care, and to the best of my medical knowledge given the data available, has a life expectancy of six (6) months or less if the terminal illness runs its normal course.

Medical Director or Certifying Physician: Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **12/03/2018**. Recorded by jduga on 12/03/2018 14:05:44.

I recertify that this patient is under my care, and to the best of my medical knowledge given the data available, has a life expectancy of six (6) months or less if the terminal illness runs its normal course.

Attending Physician: Physician **Inocencio, Carlos** (Physician) signed on **12/03/2018**. Recorded by jduga on 12/03/2018 14:05:58.

Additional Signatures

1. Skilled Nurse **Dugay, Julia** (User) signed on **12/03/2018**. Recorded by jduga on 12/03/2018 14:08:23.

Jireh Healthcare Services LLC

PHYSICIANS ORDER

2320 Paseo Del Prado, Suite B101, Las Vegas, NV 89102 . Tel: Fax:

PATIENT: D[redacted] A[redacted] DOB: [redacted] MR#: M0466

ORDERED BY: STEPHEN DUBIN (MD) ORDER DATE: 09/07/18 ORDER#: 1598165

List of New/Refill Orders

Start Date	Stop Date	Type		Order	Strength	Quantity	Dosage	Route	Frequency	Indication	Payer
09/14/18		Medication	New	RISPERDAL (risperidone)	0.5 mg		1 Tab	ORAL	2 times a day		

List of 'ADMIT' Items - DO NOT FILL ITEMS BELOW (Patient has supply of item at admission)

Start Date	Stop Date	Type		Order	Strength	Quantity	Dosage	Route	Frequency	Indication	Payer
09/07/18		Medication	Admit	Alprazolam (Alprazolam)	1 mg		1 Tab	ORAL	Once a day - At bedtime		
	==> Note: To be taken every night at bedtime.										
09/07/18		Medication	Admit	Escitalopram (Escitalopram Oxalate)	10 mg		0.5 Tab	ORAL	Daily		
	==> Note: Take half a tablet once daily.										
09/07/18		Medication	Admit	Galantamine (Galantamine)	24 mg		1 Cap ER	ORAL	Daily		
	==> Note: Take one tablet once daily.										
09/07/18		Medication	Admit	Metoprolol Tartrate (Metoprolol tartrate)	50 mg		1 Tab	ORAL	2 times a day		
	==> Note: Take one tablet by mouth twice daily.										

ADDITIONAL NOTE

Merging information from Consolo

PHONE ORDER / READ BACK ORDER BY MARY ROSE FRONDA (RN)

Electronically Signed: 9/7/2018, By STEPHEN DUBIN, MD

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Jireh Healthcare Services LLC

PHYSICIANS ORDER

2320 Paseo Del Prado, Suite B101, Las Vegas, NV 89102 . Tel: Fax:

PATIENT: D[redacted] A[redacted] DOB: [redacted] MR#: M0466

ORDERED BY: STEPHEN DUBIN (MD) ORDER DATE: 09/10/18 ORDER#: 1598200

List of New/Refill Orders

Start Date	Stop Date	Type		Order	Strength	Quantity	Dosage	Route	Frequency	Indication	Payer
09/10/18		Medication	New	Losartan (Losartan Potassium)	100 mg		1 Tab	ORAL	Daily		
	==> Note: Take one tablet by mouth once daily.										
09/10/18		Medication	New	Namenda XR (memantine hydrochloride)	28 mg		1 Cap ER	ORAL	Daily		
	==> Note: Take one tablet by mouth once daily.										

List of 'ADMIT' Items - DO NOT FILL ITEMS BELOW (Patient has supply of item at admission)

Start Date	Stop Date	Type		Order	Strength	Quantity	Dosage	Route	Frequency	Indication	Payer

PHONE ORDER / READ BACK ORDER BY MARY ROSE FRONDA (RN)

Electronically Signed: 9/10/2018, By STEPHEN DUBIN, MD

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TRINITY PHARMACY

2797 S MARYLAND PKWY, STE 28
LAS VEGAS, NV 89109
TEL 702.776.8210

Your Home for a Healthier You

Name: A[redacted] D[redacted]
Address:
Tel:

Date: 9/18/18
Time:
DOB: 11:42A
[redacted]

alp. Img

T qhs Anx1 SL #15
RP

[redacted] AVE LAS VEGAS NV 89120
RX0169967

DR.: Honey
TEL:
NPI:
DEA:

Dubin
FD 2419706
359-1388

Trinity Pharmacy

2797 S. Maryland Pkwy 28 Las Vegas, NV 89109

Phone: 702-776-8210 Fax: 702-776-7195

Telephoned Prescription

RX0168817

STEPHEN DUBIN

5380 S RAINBOW STE 306
LAS VEGAS NV 89128

Phone : 702-359-1388
Fax : 702-362-9954

DEA # : FD2419706
Lic # : 13772
NPI # : 1023311040

Rx# : 168817

Rx Written : 11-30-2018

Patient : D[redacted], A[redacted]
Address : [redacted] AVE
LAS VEGAS NV 89120
Phone # : 702-[redacted]
D.O.B. : [redacted]
Gender : Female

[redacted]LPRAZOLAM 1 MG TABLET
Generic for XANAX 1MG TABLET

[redacted]uantity : 15

[redacted]g Instructions :
[redacted]KE ONE TABLET BY MOUTH AT BEDTIME FOR ANXIETY/SLEEP

[redacted]

Refills Authorized : 0 **RPh : LJ**

Diagnosis Codes : F41.9

Signature

Date

THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "DAW" IN THE BOX BELOW

Dispense As Written

Trinity Pharmacy

2797 S. Maryland Pkwy 28 Las Vegas, NV 89109

Phone: 702-776-8210 Fax: 702-776-7195

Telephoned Prescription

RX0168116

STEPHEN DUBIN

5380 S RAINBOW STE 306
LAS VEGAS NV 89128

Phone : 702-359-1388
Fax : 702-362-9954

DEA # : FD241970(
Lic # : 13772
NPI # : 102331104

Rx# : 168116

Rx Written : 11-19-2018

Patient : D[redacted], A[redacted]
Address : [redacted] AVE
LAS VEGAS NV 89120
Phone # : 702-[redacted]
D.O.B. : [redacted]
Gender : Female

1PM
SP

ALPRAZOLAM 1 MG TABLET
Generic for XANAX 1MG TABLET

Quantity : 15

Sig Instructions :
TAKE ONE TABLET BY MOUTH AT BEDTIME FOR ANXIETY/SLEEP

Refills Authorized : 0 **RPh : LJ**

Diagnosis Codes : F41.9

MD called refill by phone

Signature

11/19

Date

THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "DAW" IN THE BOX BELOW

Dispense As Written

Trinity Pharmacy

2797 S. Maryland Pkwy 28 Las Vegas, NV 89109

Phone: 702-776-8210 Fax: 702-776-7195

Telephoned Prescription

RX0166757

STEPHEN DUBIN
5380 S RAINBOW STE 306
LAS VEGAS NV 89128

Phone : 702-359-1388
Fax : 702-362-9954

DEA # : FD2419706
Lic # : 13772
NPI # : 1023311040

Rx# : 166757

Rx Written : 10-29-2018

Patient : D[redacted], A[redacted]
Address : [redacted] AVE
LAS VEGAS NV 89120
Phone # : 702-[redacted]
D.O.B. : [redacted]
Gender : Female

ALPRAZOLAM 1 MG TABLET
Generic for XANAX 1MG TABLET
Quantity : 15

Sig Instructions :
TAKE ONE TABLET BY MOUTH AT BEDTIME FOR ANXIETY/SLEEP

Refills Authorized : 0 **RPh : MLJ / CC**
Diagnosis Codes : F41.9

Yes OK / Speedy @ 1:41pm 10/29/18

Signature Date

THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "DAW" IN THE BOX BELOW

A[redacted] D[redacted] [redacted]
[redacted] AVE LAS VEGAS NV 89120

RX0166757

Dispense As Written

Trinity Pharmacy
2797 S. Maryland Pkwy 28 Las Vegas, NV 89109
Phone: 702-776-8210 Fax: 702-776-7195

Telephoned Prescription

STEPHEN DUBIN
5380 S RAINBOW STE 306
LAS VEGAS NV 89128
Phone : 702-359-1388
Fax : 702-362-9954
DEA # : FD2419709
Lic # : 13772
NPI # : 1023311040

Rx# : 165873
Rx Written : 10-15-2018

Patient : D[redacted] A[redacted]
Address : [redacted] AVE
LAS VEGAS NV 89120
Phone # : 702-[redacted]
D.O.B. : [redacted]
Gender : Female

4 PM
Speedy

ALPRAZOLAM 1 MG TABLET
Generic for XANAX 1MG TABLET
Quantity : 15 (fifteen)

Sig Instructions :
TAKE ONE TABLET BY MOUTH AT BEDTIME FOR ANXIETY/SLEEP

Refills Authorized : 0 RPh : LJ
Diagnosis Codes : F41.9

MD called in new Rx 10/15/18

Signature Date

THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "DAW" IN THE BOX BELOW

Dispense As Written

[redacted] LAS VEGAS NV 89120
RX0165873

Trinity Pharmacy
2797 S. Maryland Pkwy 28 Las Vegas, NV 89109
Phone: 702-776-8210 Fax: 702-776-7195

elephoned Prescription

STEPHEN DUBIN
5380 S RAINBOW STE 306
LAS VEGAS NV 89128

Phone : 702-359-1389
Fax : 702-362-9954

DEA # : FD2419706
Lic # : 13772
NPI # : 1023311040

Rx# : 164958

Rx Written : 10-1-2018

Speedy
11 TH

Patient : D[redacted] A[redacted]
Address : [redacted] AVE
LAS VEGAS NV 89120
Phone # : 702-[redacted]
D.O.B. : [redacted]
Gender : Female

ALPRAZOLAM 1 MG TABLET
Generic for XANAX 1MG TABLET
Quantity : 15

Sig Instructions :
TAKE ONE TABLET BY MOUTH AT BEDTIME FOR ANXIETY/SLEEP

Refills Authorized : 0 RPh : LJ

MD called in new Rx 10/1/18

Signature Date

S PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "DAW" IN THE BOX BELOW

Dispense As Written

JIREH HEALTHCARE SERVICES LLC

(HOSPICE AGENCY)

PATIENT NAME: M[redacted]

G[redacted]

DOB: [redacted]

START OF CARE:

10/10/2018 TO 12/31/2018

EXHIBIT 7

Claim Number	From Service Date	To Service Date	Beneficiary Nam	Claim Status	Total Charge	Type Of Bill	Admit Date
21900700422207NVR	12/1/2018	12/31/2018	[redacted]	P - Paid	$7,790.97	813 - Hospice (...	9/7/2018
21833900538807NVR	11/1/2018	11/30/2018		P - Paid	$8,724.43	813 - Hospice (...	9/7/2018
21830901126607NVR	10/1/2018	10/31/2018		P - Paid	$9,083.84	813 - Hospice (...	9/7/2018
21827601222707NVR	9/7/2018	9/30/2018		P - Paid	$6,942.12	812 - Hospice (...	9/7/2018

Claim Number	From Service Date	To Service Date	m	Claim Status	Total Charge	Type Of Bill	Admit Date
21900700421907NVR	12/1/2018	12/31/2018		P - Paid	$6,986.61	813 - Hospice (...	10/10/2018
21833900542507NVR	11/1/2018	11/30/2018		P - Paid	$8,197.48	813 - Hospice (...	10/10/2018
21833900230804NVR	10/10/2018	10/31/2018		P - Paid	$6,230.74	817 - Hospice (...	10/10/2018
21830901121107NVR	10/10/2018	10/31/2018		P - Paid	$5,630.74	812 - Hospice (...	10/10/2018

Claim Number	From Service Date	To Service Date	m	Claim Status	Total Charge	Type Of Bill	Admit Date
21900901108507NVR	12/1/2018	12/26/2018		P - Paid	$6,626.68	814 - Hospice (...	6/13/2018
21833900542007NVR	11/1/2018	11/30/2018		P - Paid	$7,635.75	813 - Hospice (...	6/13/2018
21830901128607NVR	10/1/2018	10/31/2018		P - Paid	$8,065.97	813 - Hospice (...	6/13/2018
21827601223807NVR	9/1/2018	9/30/2018		P - Paid	$7,382.91	813 - Hospice (...	6/13/2018
21824701185107NVR	8/1/2018	8/31/2018		P - Paid	$8,276.79	813 - Hospice (...	6/13/2018
21821800581907NVR	7/1/2018	7/31/2018		P - Paid	$9,216.50	813 - Hospice (...	6/13/2018
21818600817807NVR	6/13/2018	6/30/2018		P - Paid	$5,126.72	812 - Hospice (...	6/13/2018

Claim Number	From Service Date	To Service Date	m	Claim Status	Total Charge	Type Of Bill	Admit Date
21900700421507NVR	12/20/2018	12/22/2018		P - Paid	$680.54	811 - Hospice (...	12/20/2018

12/31/2018	Jireh Healthcare Servic	M0474	E43	Clark	ROUTINE	Medicare
12/30/2018	Jireh Healthcare Servic	M0474	E43	Clark	ROUTINE	Medicare
12/29/2018	Jireh Healthcare Servic	M0474	E43	Clark	ROUTINE	Medicare
12/28/2018	Jireh Healthcare Servic	M0474	E43	Clark	ROUTINE	Medicare
12/27/2018	Jireh Healthcare Servic	M0474	E43	Clark	ROUTINE	Medicare
12/26/2018	Jireh Healthcare Servic	M0474	E43	Clark	ROUTINE	Medicare
12/25/2018	Jireh Healthcare Servic	M0474	E43	Clark	ROUTINE	Medicare
12/24/2018	Jireh Healthcare Servic	M0474	E43	Clark	ROUTINE	Medicare
12/23/2018	Jireh Healthcare Servic	M0474	E43	Clark	ROUTINE	Medicare
12/22/2018	Jireh Healthcare Servic	M0474	E43	Clark	ROUTINE	Medicare
12/21/2018	Jireh Healthcare Servic	M0474	E43	Clark	ROUTINE	Medicare
12/20/2018	Jireh Healthcare Servic	M0474	E43	Clark	ROUTINE	Medicare
12/19/2018	Jireh Healthcare Servic	M0474	E43	Clark	ROUTINE	Medicare
12/18/2018	Jireh Healthcare Servic	M0474	E43	Clark	ROUTINE	Medicare
12/17/2018	Jireh Healthcare Servic	M0474	E43	Clark	ROUTINE	Medicare
12/16/2018	Jireh Healthcare Servic	M0474	E43	Clark	ROUTINE	Medicare
12/15/2018	Jireh Healthcare Servic	M0474	E43	Clark	ROUTINE	Medicare
12/14/2018	Jireh Healthcare Servic	M0474	E43	Clark	ROUTINE	Medicare
12/13/2018	Jireh Healthcare Servic	M0474	E43	Clark	ROUTINE	Medicare
12/12/2018	Jireh Healthcare Servic	M0474	E43	Clark	ROUTINE	Medicare
12/11/2018	Jireh Healthcare Servic	M0474	E43	Clark	ROUTINE	Medicare
12/10/2018	Jireh Healthcare Servic	M0474	E43	Clark	ROUTINE	Medicare
12/9/2018	Jireh Healthcare Servic	M0474	E43	Clark	ROUTINE	Medicare
12/8/2018	Jireh Healthcare Servic	M0474	E43	Clark	ROUTINE	Medicare
12/7/2018	Jireh Healthcare Servic	M0474	E43	Clark	ROUTINE	Medicare
12/6/2018	Jireh Healthcare Servic	M0474	E43	Clark	ROUTINE	Medicare
12/5/2018	Jireh Healthcare Servic	M0474	E43	Clark	ROUTINE	Medicare
12/4/2018	Jireh Healthcare Servic	M0474	E43	Clark	ROUTINE	Medicare
12/3/2018	Jireh Healthcare Servic	M0474	E43	Clark	ROUTINE	Medicare
12/2/2018	Jireh Healthcare Servic	M0474	E43	Clark	ROUTINE	Medicare
12/1/2018	Jireh Healthcare Servic	M0474	E43	Clark	ROUTINE	Medicare
11/30/2018	Jireh Healthcare Servic	M0474	E43	Clark	ROUTINE	Medicare
11/29/2018	Jireh Healthcare Servic	M0474	E43	Clark	ROUTINE	Medicare
11/28/2018	Jireh Healthcare Servic	M0474	E43	Clark	ROUTINE	Medicare
11/27/2018	Jireh Healthcare Servic	M0474	E43	Clark	ROUTINE	Medicare
11/26/2018	Jireh Healthcare Servic	M0474	E43	Clark	ROUTINE	Medicare
11/25/2018	Jireh Healthcare Servic	M0474	E43	Clark	ROUTINE	Medicare
11/24/2018	Jireh Healthcare Servic	M0474	E43	Clark	ROUTINE	Medicare
11/23/2018	Jireh Healthcare Servic	M0474	E43	Clark	ROUTINE	Medicare
11/22/2018	Jireh Healthcare Servic	M0474	E43	Clark	ROUTINE	Medicare
11/21/2018	Jireh Healthcare Servic	M0474	E43	Clark	ROUTINE	Medicare
11/20/2018	Jireh Healthcare Servic	M0474	E43	Clark	ROUTINE	Medicare
11/19/2018	Jireh Healthcare Servic	M0474	E43	Clark	ROUTINE	Medicare
11/18/2018	Jireh Healthcare Servic	M0474	E43	Clark	ROUTINE	Medicare
11/17/2018	Jireh Healthcare Servic	M0474	E43	Clark	ROUTINE	Medicare
11/16/2018	Jireh Healthcare Servic	M0474	E43	Clark	ROUTINE	Medicare
11/15/2018	Jireh Healthcare Servic	M0474	E43	Clark	ROUTINE	Medicare
11/14/2018	Jireh Healthcare Servic	M0474	E43	Clark	ROUTINE	Medicare
11/13/2018	Jireh Healthcare Servic	M0474	E43	Clark	ROUTINE	Medicare
11/12/2018	Jireh Healthcare Servic	M0474	E43	Clark	ROUTINE	Medicare
11/11/2018	Jireh Healthcare Servic	M0474	E43	Clark	ROUTINE	Medicare
11/10/2018	Jireh Healthcare Servic	M0474	E43	Clark	ROUTINE	Medicare
11/9/2018	Jireh Healthcare Servic	M0474	E43	Clark	ROUTINE	Medicare
11/8/2018	Jireh Healthcare Servic	M0474	E43	Clark	ROUTINE	Medicare
11/7/2018	Jireh Healthcare Servic	M0474	E43	Clark	ROUTINE	Medicare
11/6/2018	Jireh Healthcare Servic	M0474	E43	Clark	ROUTINE	Medicare
11/5/2018	Jireh Healthcare Servic	M0474	E43	Clark	ROUTINE	Medicare
11/4/2018	Jireh Healthcare Servic	M0474	E43	Clark	ROUTINE	Medicare
11/3/2018	Jireh Healthcare Servic	M0474	E43	Clark	ROUTINE	Medicare
11/2/2018	Jireh Healthcare Servic	M0474	E43	Clark	ROUTINE	Medicare
11/1/2018	Jireh Healthcare Servic	M0474	E43	Clark	ROUTINE	Medicare
10/31/2018	Jireh Healthcare Servic	M0474	E43	Clark	ROUTINE	Medicare
10/30/2018	Jireh Healthcare Servic	M0474	E43	Clark	ROUTINE	Medicare
10/29/2018	Jireh Healthcare Servic	M0474	E43	Clark	ROUTINE	Medicare
10/28/2018	Jireh Healthcare Servic	M0474	E43	Clark	ROUTINE	Medicare
10/27/2018	Jireh Healthcare Servic	M0474	E43	Clark	ROUTINE	Medicare
10/26/2018	Jireh Healthcare Servic	M0474	E43	Clark	ROUTINE	Medicare
10/25/2018	Jireh Healthcare Servic	M0474	E43	Clark	ROUTINE	Medicare
10/24/2018	Jireh Healthcare Servic	M0474	E43	Clark	ROUTINE	Medicare
10/23/2018	Jireh Healthcare Servic	M0474	E43	Clark	ROUTINE	Medicare
10/22/2018	Jireh Healthcare Servic	M0474	E43	Clark	ROUTINE	Medicare
10/21/2018	Jireh Healthcare Servic	M0474	E43	Clark	ROUTINE	Medicare
10/20/2018	Jireh Healthcare Servic	M0474	E43	Clark	ROUTINE	Medicare
10/19/2018	Jireh Healthcare Servic	M0474	E43	Clark	ROUTINE	Medicare
10/18/2018	Jireh Healthcare Servic	M0474	E43	Clark	ROUTINE	Medicare
10/17/2018	Jireh Healthcare Servic	M0474	E43	Clark	ROUTINE	Medicare
10/16/2018	Jireh Healthcare Servic	M0474	E43	Clark	ROUTINE	Medicare
10/15/2018	Jireh Healthcare Servic	M0474	E43	Clark	ROUTINE	Medicare
10/14/2018	Jireh Healthcare Servic	M0474	E43	Clark	ROUTINE	Medicare
10/13/2018	Jireh Healthcare Servic	M0474	E43	Clark	ROUTINE	Medicare
10/12/2018	Jireh Healthcare Servic	M0474	E43	Clark	ROUTINE	Medicare
10/11/2018	Jireh Healthcare Servic	M0474	E43	Clark	ROUTINE	Medicare
10/10/2018	Jireh Healthcare Servic	M0474	E43	Clark	ROUTINE	Medicare

[redacted]	178.2523	0				
[redacted]	178.2523	0				
[redacted]	178.2523	0				

Jireh Healthcare Services LLC

HospiceMD™

2320 Paseo Del Prado, Suite B101, Las Vegas, NV 89102 . Tel: Fax:

Personal Information

MR#	M0474	SSN	[redacted]	DOB	[redacted] (56 yrs)
LAST NAME	[redacted]	FIRST NAME	M	MI	
ADDRESS	[redacted] Drive			APT / SUITE #	
CITY	Las Vegas	STATE	NV	ZIP	89108
PHONE	(702) [redacted]	CELL		PRIM LANGUAGE	English
RACE	Black	ETHNICITY	Afro-American	MARITAL ST	Single
GENDER	Female	RELIGION	Baptist	DENOMINATION	

LEVEL OF CARE

Insurance

PAY SOURCE	INSURANCE	SHARE OF COST	POLICY / MBI #	GROUP#	BIN#	EFFECTIVE DATE	AUTH TYPE	R&B AUTH NO	R&B AUTH VALID TILL
Primary	Medicare	$0.00	[redacted]			10/10/2018			

Dates of Service, Diagnosis & Allergies

REF DATE	10/9/2018	SOC	10/10/2018	RE-CERT	1/7/2019
		EOC	1/7/2019	DISC CODE	Status Improved
ADMIT TYPE	New Admission				
STARTING CERT#	1				
PRIMARY DX	Unspecified severe protein-calorie malnutrition (E43)			DISEASE	FTT / Debility (Non-Specific Disease)
SECOND DX	Adult failure to thrive (R62.7)			DISEASE	
COMORBIDITIES					
ALLERGIES				LAST UPDATED	

Place of Service (POS)

TYPE	Home	FACILITY NAME			
EFFECTIVE DATE		ROOM NO		PCG	
ADDRESS	[redacted] Drive	CITY	Las Vegas	STATE-ZIP	NV 89108 -
PHONE	(702) [redacted]	ALT-PHONE		FAX	

Authorized Rep (AR) / Emergency Contact (EC)

AR/EC , , Address: , , , Phone: , Alt Phone: , AR/EC is:

Referral Source & Attending MD

MEDICAL DIRECTOR	STEPHEN DUBIN, Phone:, Fax:(702) 362-9930, NPI:1023311040
REFERRING/ATTENDING/PATIENT CHOICE	STEPHEN DUBIN, Phone:(702) 362-9930, Fax:(702) 362-9930, NPI:1023311040

Vendors

PHARMACY	MAIN:Trinity Pharmacy (Las Vegas)
ME	MAIN:Advantage Home Medical Services, Inc. (Las Vegas)

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Consolo Assignment Dated: 10/17/2018 for T[redacted]G[redacted], M

Patient Details for T[redacted]G[redacted], M (Patient ID 501364, MRN M0474)

Date Of Birth [redacted]	Status	Pending - Discharged

Assignment Details

Effective Date: 10/17/2018, Medical Record No: M0474, Dme Provider: Advantage Home Medical Services, Inc. , Pharmacy: Trinity Pharmacy, Patient

IDG Team

Discipline	Name	Primary?	Default for New Medications?	Visits	PRN Visits	Frequency Notes
Chaplain	CHAPLAIN_Murphy, Kathryn	Yes	No			Eval, 1x/mo, & 3x/mo PRN for spiritual distress w/in cert pd
Hospice Aide	CNA_Munive, Esther	Yes	No	5 visit(s) Weekly		5X/W
Hospice Aide	Young, Grace Marie	No	No	5 visit(s) Weekly		
MD Director	Dubin, Stephen Paul	Yes	No			1x/mo PRN withn certification period for Emergency Respons
Physician	Dubin, Stephen Paul	Yes	No			1x/mo PRN withn certification period for Emergency Respons
Skilled Nurse	RN_Cacanindin, Speedy	Yes	No			1x/wk&2x/wk PRN for fall & anxiety issues withn cert perd
Skilled Nurse	RN_Domondon, Mary Alyn	No	No			Eval &2x/wk PRN for fall & anxiety issues withn cert perd
Social Services	MSW_Minnick, Joseph	Yes	No			Eval, 1x/mo PRN for psychosocial issues within cert period

Consolo Assignment Dated: 10/10/2018 for T[redacted] G[redacted], M

Patient Details for T[redacted] G[redacted]y, M (Patient ID 501364, MRN M0474)

Date Of Birth [redacted]	Status	Pending - Discharged

Assignment Details

Effective Date: 10/10/2018, **Medical Record No**: M0474, **Dme Provider**: Advantage Home Medical Services, Inc. , **Pharmacy**: Trinity Pharmacy

IDG Team

Discipline	Name	Primary?	Default for New Medications?	Visits	PRN Visits	Frequency Notes
Chaplain	CHAPLAIN_Murphy, Kathryn	Yes	No			Eval, 1x/mo, & 3x/mo PRN for spiritual distress w/in cert pd
Hospice Aide	Young, Grace Marie	No	No	5 visit(s) Weekly		
MD Director	Dubin, Stephen Paul	Yes	No			1x/mo PRN within certification period for Emergency Respons
Physician	Dubin, Stephen Paul	Yes	No			1x/mo PRN within certification period for Emergency Respons
Skilled Nurse	RN_Domondon, Mary Alyn	No	No			Eval &2x/wk PRN for fall & anxiety issues within cert perd
Skilled Nurse	RN_Cacanindin, Speedy	Yes	No			1x/wk&2x/wk PRN for fall & anxiety issues within cert perd
Social Services	MSW_Minnick, Joseph	Yes	No			Eval, 1x/mo PRN for psychosocial issues within cert period

Consolo Discharge - No Longer Appropriate 01/07/2019 (ROUTINE) for [redacted], M

Patient Details for [redacted], M (Patient ID 501364, MRN M0474)

Date Of Birth	[redacted]	Status	Pending - Discharged

Care Level Change Details

Description	Effective Datetime	Level Of Care	Office
Discharge - No Longer Appropriate	01/07/2019 13:27 PST	ROUTINE	Jireh Healthcare Services LLC

Status
COMPL

Checklist

- Completed 01/07/2019 - Call Primary Physician
- Completed 01/07/2019 - Complete Advance Beneficiary Notice form
- Completed 01/07/2019 - Complete Notice Of MEDICARE Provider Non-Coverage
- Completed 01/07/2019 - Discharge Planning & Coordination of Care
- Completed 01/07/2019 - Notify Ancillary Services (i.e. Massage, Music, Pet Therapy, etc)
- Completed 01/07/2019 - Notify Bereavement Coordinator
- Completed 01/07/2019 - Notify Care Facility
- Completed 01/07/2019 - Notify Chaplain
- Completed 01/07/2019 - Notify Clinical Director
- Completed 01/07/2019 - Notify DME provider and request pickup
- Completed 01/07/2019 - Notify Hospice Aide Supervisor
- Completed 01/07/2019 - Notify Insurance Company/Caseworker
- Completed 01/07/2019 - Notify Medical Director
- Completed 01/07/2019 - Notify Medical Records
- Completed 01/07/2019 - Notify Pharmacy
- Completed 01/07/2019 - Notify Primary Nurse
- Completed 01/07/2019 - Notify Senior Services/Caseworker
- Completed 01/07/2019 - Notify Social Worker
- Completed 01/07/2019 - Notify Volunteer
- Completed 01/07/2019 - Notify Volunteer Coordinator
- Completed 01/07/2019 - Print IDG report.
- Completed 01/07/2019 - Verify HIS Data

Discharge Details

Notes
Patient is discharge to hospice care today 01/07/2019. Patient is no longer appropriate for hospice. She is also seeking for a physical therapy treatment. RN Speedy Cacanindin discussed to patient about safety measure, emergency plan, and to see primary physician in 2 weeks to discuss about medication reconciliation, and to manage patient overall health.

1 JIREH HEALTHCARE SERVICES 2320 PASEO DEL PRADO STE B101 LAS VEGAS NV 891020048 7023591388 7023592388	2	3a PAT CNTL # 3666552 b. MED REC # M0474	4 TYPE OF BILL 0814
		5 FED. TAX NO. 251927052	6 STATEMENT COVERS PERIOD FROM 010119 THROUGH 010719

| | | |

1 JIREH HEALTHCARE SERVICES 2320 PASEO DEL PRADO STE B101 LAS VEGAS NV 891020048 7023591388 7023592388	2	3a PAT CNTL # 3656887 b. MED REC # M0474	4 TYPE OF BILL 081B
		5 FED TAX NO. 251927052	6 STATEMENT COVERS PERIOD FROM 101018 THROUGH 010719

| | | |

1 JIREH HEALTHCARE SERVICES
2320 PASEO DEL PRADO STE B101
LAS VEGAS NV 891020048
7023591388 7023592388

2

3a PAT CNTL # 3644113
b MED REC # M0474
4 TYPE OF BILL 0813

5 FED. TAX NO. 251927052
6 STATEMENT COVERS PERIOD FROM 120118 THROUGH 123118
7

8 PATIENT NAME a [redacted]
b [redacted] G [redacted] M

9 PATIENT ADDRESS a [redacted]
b LAS VEGAS c NV d 89130 e USA

10 BIRTHDATE [redacted]
11 SEX F
12 ADMISSION DATE 101018
13 HR 12
14 TYPE 3
15 SRC 2
16 DHR
17 STAT 30
18-28 CONDITION CODES
29 ACDT STATE
30

31 OCCURRENCE CODE 27 DATE 101018
32 OCCURRENCE CODE DATE
33 OCCURRENCE CODE DATE
34 OCCURRENCE CODE DATE
35 OCCURRENCE SPAN CODE FROM THROUGH
36 OCCURRENCE SPAN CODE FROM THROUGH
37

38

39 VALUE CODES CODE AMOUNT
a 61 2982000
b
c
d
40 VALUE CODES CODE AMOUNT
41 VALUE CODES CODE AMOUNT

42 REV. CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0651	651-Routine Home Care	Q5001	120118	8	1,81476	000	
0551	RN Clinical Visit	G0299	120318	1	1201	1201	
0551	RN Clinical Visit	G0299	120318	1	1201	1201	
0571	Hospice Aide Clinical Visi	G0156	120318	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	120418	4	10000	10000	
0551	RN Clinical Visit	G0299	120518	4	4803	4803	
0571	Hospice Aide Clinical Visi	G0156	120518	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	120618	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	120718	4	10000	10000	
0651	651-Routine Home Care	Q5001	120918	23	4,09980	000	
0571	Hospice Aide Clinical Visi	G0156	121018	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	121118	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	121218	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	121318	4	10000	10000	
1	Hospice Aide Clinical Visi	G0156	121418	4	10000	10000	
0001	PAGE 1 OF 1	CREATION DATE 010419	TOTALS		6,98661		

50 PAYER NAME: Medicare Part A
51 HEALTH PLAN ID:
52 REL INFO: Y
53 ASG BEN: Y
54 PRIOR PAYMENTS: 000
55 EST. AMOUNT DUE: 5,91456
56 NPI: 1427366699
57 OTHER PRV ID:

58 INSURED'S NAME: [redacted] G [redacted] M
59 P REL: 18
60 INSURED'S UNIQUE ID: [redacted]
61 GROUP NAME:
62 INSURANCE GROUP NO.

63 TREATMENT AUTHORIZATION CODES:
64 DOCUMENT CONTROL NUMBER:
65 EMPLOYER NAME:

67 E43 R627 G894 R269 F329 Z8781
A
B
C
D
E
F
G
H
I
J
K
L
M
N
O
67A
68
69 ADMIT DX:
70 PATIENT REASON DX:
71 PPS CODE:
72 ECI:
73

74 PRINCIPAL PROCEDURE CODE DATE
a. OTHER PROCEDURE CODE DATE
b. OTHER PROCEDURE CODE DATE
c. OTHER PROCEDURE CODE DATE
d. OTHER PROCEDURE CODE DATE
e. OTHER PROCEDURE CODE DATE
75

76 ATTENDING NPI 1023311040 QUAL
LAST Dubin FIRST Stephen Paul
77 OPERATING NPI QUAL
LAST FIRST
78 OTHER NPI QUAL
LAST FIRST
79 OTHER NPI QUAL
LAST FIRST

80 REMARKS
81CC a
b B3 251G00000X
c
d

UB-04 CMS-1450 NUCC 08/05 APPROVED OMB NO. 0938-0997 DCN/Original
NUBC National Uniform Billing Committee 2439404
THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

DUBIN0064

1 JIREH HEALTHCARE SERVICES
2320 PASEO DEL PRADO STE B101
LAS VEGAS NV 891020048
7023591388 7023592388

2

3a PAT CNTL # 3588466
b MED REC # M0474

4 TYPE OF BILL 0813

5 FED TAX NO 251927052

6 STATEMENT COVERS PERIOD FROM 110118 THROUGH 113018

7

8 PATIENT NAME a [redacted] G [redacted] M

9 PATIENT ADDRESS a [redacted] b LAS VEGAS c NV d 89130 e USA

10 BIRTHDATE [redacted] 11 SEX F 12 ADMISSION DATE 101018 13 HR 12 14 TYPE 3 15 SRC 2 16 DHR 17 STAT 30

18 CONDITION CODES

19 20 21 22 23 24 25 26 27 28

29 ACCT STATE 30

31 OCCURRENCE CODE 27 DATE 101018

32 OCCURRENCE CODE DATE

33 OCCURRENCE CODE DATE

34 OCCURRENCE CODE DATE

35 OCCURRENCE SPAN CODE FROM THROUGH

36 OCCURRENCE SPAN CODE FROM THROUGH

37

38

39 VALUE CODES CODE AMOUNT a 61 2982000 b c d

40 VALUE CODES CODE AMOUNT

41 VALUE CODES CODE AMOUNT

42 REV CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV DATE	46 SERV UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0651	651-Routine Home Care	Q5001	110118	30	6,80536	000	
0571	Hospice Aide Clinical Visi	G0156	110118	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	110218	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	110518	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	110618	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	110718	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	110818	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	110918	4	10000	10000	
0551	RN Clinical Visit	G0299	111318	4	4803	4803	
0561	Social Services Clinical V	G0155	112018	4	4803	4803	
0551	RN Clinical Visit	G0299	112118	4	4803	4803	
0571	Hospice Aide Clinical Visi	G0156	112118	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	112218	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	112318	4	10000	10000	
[illegible]1	RN Clinical Visit	G0299	112618	4	4803	4803	
[illegible]1	Hospice Aide Clinical Visi	G0156	112618	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	112718	4	10000	10000	
0001	PAGE 1 OF 1		CREATION DATE 120418	TOTALS	8,19748		

50 PAYER NAME: Medicare Part A
51 HEALTH PLAN ID
52 REL INFO: Y
53 ASG BEN: Y
54 PRIOR PAYMENTS: 000
55 EST. AMOUNT DUE: 6,80536
56 NPI: 1427366699
57 OTHER PRV ID

58 INSURED'S NAME: [redacted] G [redacted] M
59 P REL: 18
60 INSURED'S UNIQUE ID: [redacted]
61 GROUP NAME
62 INSURANCE GROUP NO.

63 TREATMENT AUTHORIZATION CODES
64 DOCUMENT CONTROL NUMBER
65 EMPLOYER NAME

66 DX: E43 | R627 | G894 | R269 | F329 | Z8781 | | |

1 JIREH HEALTHCARE SERVICES 2320 PASEO DEL PRADO STE B101 LAS VEGAS NV 891020048 7023591388 7023592388	2	3a PAT CNTL # 3535008 b MED REC # M0474	4 TYPE OF BILL 0812
		5 FED TAX NO 251927052	6 STATEMENT COVERS PERIOD FROM 101018 THROUGH 103118

| | | |

1 JIREH HEALTHCARE SERVICES 2320 PASEO DEL PRADO STE B101 LAS VEGAS NV 891020048 7023591388 7023592388	2	3a PAT. CNTL # 3494313 b. MED. REC. # M0474	4 TYPE OF BILL 081A
		5 FED TAX NO. 251927052	6 STATEMENT COVERS PERIOD FROM 101018 THROUGH	7

| | | |

MD ORDERS, TREATMENT, MEDICATION & CTI

Jireh Healthcare Services LLC

PHYSICIANS ORDER

88 South Rainbow Blvd Suite A, Las Vegas, NV 89146 . Tel Fax

PATIENT: [redacted], M **DOB:** [redacted] **MR#:** M0474
ORDERED BY: () **ORDER DATE:** 10/08/18 **ORDER#:** 4672884
ALLERGIES:

List of New/Refill Orders

Start Date	Stop Date	Type		Order	Strength	Quantity	Dosage	Route	Frequency	Indication	Payer
10/08/18		Other	New								
		Please send an RN to do hospice evaluation and treat									

List of 'ADMIT' Items - DO NOT FILL ITEMS BELOW (Patient has supply of item at admission)

Start Date	Stop Date	Type		Order	Strength	Quantity	Dosage	Route	Frequency	Indication	Payer

PHONE ORDER / READ BACK ORDER BY MARY ALYN DOMONDON (RN)

Electronically Signed: 10/8/2018, By STEPHEN DUBIN, MD

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Consolo Physician for TARxM at Office Jireh Healthcare Services LLC

Patient Details for [redacted] G[redacted] M (Patient ID 501364, MRN M0474)

Date Of Birth	[redacted]	**Status**	Pending - Discharged
Screened Allergies	Not Assessed	**Unscreened Allergies**	See Screened Allergies

Physician's Order Details

User	Patient	Order Date	Time of Event
RN_Ruiz, Janyvill (jruiz)	[redacted] M	10/10/2018	1100

Physician	Nurse	Oversight
Dubin, Stephen Paul	RN_Ruiz, Janyvill (jruiz)	No

Orders

Admit to Jireh Healthcare Services, Llc. for the 1st 90 day benefit period * Pharmacist may use generic drug equivalents or compound medications as appropriate. * Interdisciplinary team to determine equipment and supply needs based on assessment for comfort and symptom control (may include but not limited to: hospital bed, special mattress, bedside commode, over-bed-table, shower chair, wheelchair, walker, suction machine, etc.) * Assess and evaluate cardiac, respiratory, GI,GU, pain, mobility, skin, nutrition/dehydration, comfort level and symptom management, disease progression, safety and family/caregiver needs * Instruction on care of terminally ill, medications, safety, nutritional needs, pain and symptom control based on assessment * Assess and evaluate current medications * May give nutritional supplements 1 can a day as tolerated for supplement * May crush medications that are crush-able. * Medications to be administered by licensed staff, patient and/or family member/caregiver per medication profile and current orders * Hospice Medical Director may assist patient as needed to manage symptoms * Hospice nurse may pronounce death * Check oxygen saturation level prn every SN visit * Bed-rails up 2x * Skilled Nurse visits - (1x/week and 2x/week as needed for respiratory & anxiety issues) to promote comfort and symptom management within certification period. * CHHA visits 5x/week to assist with personal care, home making and to promote comfort per RN assignment within certification period. * Chaplain visits - (1x/mo as needed for spiritual issues) *Social worker visits - (1x/mo as needed for psychosocial issues)Volunteer Services continue to be offered every week per Skilled Nurse/Staff. Admit Patient to Jireh Healthcare Services with the following orders verified with M.D. * Patient: DNR * Diet: As Tolerated * Admit with the following medications: Please see related medications

Read Back	Non Verbal Order
Yes	No

Medications

Medication	Instructions	Quantity	Refills
SUMAtriptan Succinate 1 Tablet 2 times a day PO (50 MG Tablet)	take 1 tab by mouth 2 times per day at least 2 hours between doses		
Sertraline HCl 1 Tablet 1 times a day PO (100 MG Tablet)			
Oxycodone-Acetaminophen 1 Tablet every 6 hours PO As Needed Pain (10-325 MG Tablet)			0
Oxybutynin Chloride ER 1 Tablet ER 24HR 1 times a day PO (5 MG Tablet ER 24HR)			
Omeprazole 1 Capsule DR 1 times a day PO As Needed Gas Relief (40 MG Capsule DR)			
Lidocaine 1 Patch every 12 hours EX (5 % Patch)			

Related Assignees

Social Services - MSW_Minnick, Joseph effective 10/17/2018
Chaplain - CHAPLAIN_Murphy, Kathryn effective 10/17/2018
Hospice Aide - Young, Grace Marie 5 visit(s) Weekly effective 10/17/2018
Skilled Nurse - RN_Cacanindin, Speedy effective 10/17/2018
Skilled Nurse - RN_Domondon, Mary Alyn effective 10/17/2018
MD Director - Dubin, Stephen Paul effective 10/17/2018
Physician - Dubin, Stephen Paul effective 10/17/2018

Signatures

1. Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **10/18/2018**. Recorded by jruiz on 10/17/2018 18:32:50.
2. Skilled Nurse **RN_Ruiz, Janyvill** (User) signed on **10/17/2018**. Recorded by jruiz on 10/17/2018 18:32:40.

Patient Details for [redacted], M (Patient ID 501364, MRN M0474)

Date Of Birth	[redacted]	Status	Pending - Discharged

Indicator Dated 10/10/2018 for M[redacted]

Medical Record No M0474

Effective Date
10/10/2018

Diagnoses

ICD10s

Primary ICD10 - E43 Unspecified severe protein-calorie malnutrition
Secondary ICD10 - R62.7 Adult failure to thrive
Tertiary ICD10 - G89.4 Chronic pain syndrome
4th ICD10 - R26.9 Unspecified abnormalities of gait and mobility
5th ICD10 - F32.9 Major depressive disorder, single episode, unspecified
6th ICD10 - Z87.81 Personal history of (healed) traumatic fracture

Consolo Physician Order (2311403) Dated: 10/10/2018 for Dubin, Stephen Paul for [redacted]

Patient Details for [redacted] M (Patient ID 501364, MRN M0474)

Date Of Birth	[redacted]	Status	Pending - Discharged

Physician's Order Details

User	Patient	Order Date	Time of Event
RN_Ruiz, Janyvill (jruiz)	[redacted] M	10/10/2018	1100

Physician	Nurse	Oversight
Dubin, Stephen Paul	RN_Ruiz, Janyvill (jruiz)	No

Orders

Admit to Jireh Healthcare Services, Llc. for the 1st 90 day benefit period * Pharmacist may use generic drug equivalents or compound medications as appropriate. * Interdisciplinary team to determine equipment and supply needs based on assessment for comfort and symptom control (may include but not limited to: hospital bed, special mattress, bedside commode, over-bed-table, shower chair, wheelchair, walker, suction machine, etc.) * Assess and evaluate cardiac, respiratory, GI,GU, pain, mobility, skin, nutrition/dehydration, comfort level and symptom management, disease progression, safety and family/caregiver needs * Instruction on care of terminally ill, medications, safety, nutritional needs, pain and symptom control based on assessment * Assess and evaluate current medications * May give nutritional supplements 1 can a day as tolerated for supplement * May crush medications that are crush-able. * Medications to be administered by licensed staff, patient and/or family member/caregiver per medication profile and current orders * Hospice Medical Director may assist patient as needed to manage symptoms * Hospice nurse may pronounce death * Check oxygen saturation level prn every SN visit * Bed-rails up 2x * Skilled Nurse visits - (1x/week and 2x/week as needed for respiratory & anxiety issues) to promote comfort and symptom management within certification period. * CHHA visits 5x/week to assist with personal care, home making and to promote comfort per RN assignment within certification period. * Chaplain visits - (1x/mo as needed for spiritual issues) *Social worker visits - (1x/mo as needed for psychosocial issues)Volunteer Services continue to be offered every week per Skilled Nurse/Staff. Admit Patient to Jireh Healthcare Services with the following orders verified with M.D. * Patient: DNR * Diet: As Tolerated * Admit with the following medications: Please see related medications

Read Back	Non Verbal Order
Yes	No

Medications

Medication	Instructions	Quantity	Refills
SUMAtriptan Succinate 1 Tablet 2 times a day PO (50 MG Tablet)	take 1 tab by mouth 2 times per day at least 2 hours between doses		
Sertraline HCl 1 Tablet 1 times a day PO (100 MG Tablet)			
Oxycodone-Acetaminophen 1 Tablet every 6 hours PO As Needed Pain (10-325 MG Tablet)			0
Oxybutynin Chloride ER 1 Tablet ER 24HR 1 times a day PO (5 MG Tablet ER 24HR)			
Omeprazole 1 Capsule DR 1 times a day PO As Needed Gas Relief (40 MG Capsule DR)			
Lidocaine 1 Patch every 12 hours EX (5 % Patch)			

Related Assignees

Social Services - MSW_Minnick, Joseph effective 10/17/2018
Chaplain - CHAPLAIN_Murphy, Kathryn effective 10/17/2018
Hospice Aide - Young, Grace Marie 5 visit(s) Weekly effective 10/17/2018
Skilled Nurse - RN_Cacanindin, Speedy effective 10/17/2018
Skilled Nurse - RN_Domondon, Mary Alyn effective 10/17/2018
MD Director - Dubin, Stephen Paul effective 10/17/2018
Physician - Dubin, Stephen Paul effective 10/17/2018

Signatures

1. Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **10/18/2018**. Recorded by jruiz on 10/17/2018 18:32:50.
2. Skilled Nurse **RN_Ruiz, Janyvill** (User) signed on **10/17/2018**. Recorded by jruiz on 10/17/2018 18:32:40.

Consolo Physician Order (2311402) Dated: 10/10/2018 for Dubin, Stephen Paul for [redacted], M

Patient Details for [redacted], M (Patient ID 501364, MRN M0474)

Date Of Birth [redacted]	Status	Pending - Discharged

Physician's Order Details

User	Patient	Order Date	Time of Event
RN_Ruiz, Janyvill (jruiz)	[redacted]	10/10/2018	1100

Physician	Nurse	Oversight
Dubin, Stephen Paul	RN_Ruiz, Janyvill (jruiz)	No

Orders

Admit to Jireh Healthcare Services, Llc. for the 1st 90 day benefit period * Pharmacist may use generic drug equivalents or compound medications as appropriate. * Interdisciplinary team to determine equipment and supply needs based on assessment for comfort and symptom control (may include but not limited to: hospital bed, special mattress, bedside commode, over-bed-table, shower chair, wheelchair, walker, suction machine, etc.) * Assess and evaluate cardiac, respiratory, GI,GU, pain, mobility, skin, nutrition/dehydration, comfort level and symptom management, disease progression, safety and family/caregiver needs * Instruction on care of terminally ill, medications, safety, nutritional needs, pain and symptom control based on assessment * Assess and evaluate current medications * May give nutritional supplements 1 can a day as tolerated for supplement * May crush medications that are crush-able. * Medications to be administered by licensed staff, patient and/or family member/caregiver per medication profile and current orders * Hospice Medical Director may assist patient as needed to manage symptoms * Hospice nurse may pronounce death * Check oxygen saturation level prn every SN visit * Bed-rails up 2x * Skilled Nurse visits - (1x/week and 2x/week as needed for respiratory & anxiety issues) to promote comfort and symptom management within certification period. * CHHA visits 5x/week to assist with personal care, home making and to promote comfort per RN assignment within certification period. * Chaplain visits - (1x/mo as needed for spiritual issues) *Social worker visits - (1x/mo as needed for psychosocial issues)Volunteer Services continue to be offered every week per Skilled Nurse/Staff. Admit Patient to Jireh Healthcare Services with the following orders verified with M.D. * Patient: DNR * Diet: As Tolerated * Admit with the following medications: Please see related medications

Read Back	Non Verbal Order
Yes	No

Related Assignees

Social Services - MSW_Minnick, Joseph effective 10/17/2018
Chaplain - CHAPLAIN_Murphy, Kathryn effective 10/17/2018
Hospice Aide - Young, Grace Marie 5 visit(s) Weekly effective 10/17/2018
Skilled Nurse - RN_Cacanindin, Speedy effective 10/17/2018
Skilled Nurse - RN_Domondon, Mary Alyn effective 10/17/2018
MD Director - Dubin, Stephen Paul effective 10/17/2018
Physician - Dubin, Stephen Paul effective 10/17/2018

Signatures

1. Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **10/18/2018.** Recorded by jruiz on 10/17/2018 18:32.22.

Jireh Healthcare Services LLC

PHYSICIANS ORDER

2320 Paseo Del Prado, Suite B101, Las Vegas, NV 89102 . Tel: Fax:

PATIENT: [redacted], M **DOB:** [redacted] **MR#:** M0474

ORDERED BY: STEPHEN DUBIN (MD) **ORDER DATE:** 10/10/18 **ORDER#:** 1606966

List of New/Refill Orders

Start Date	Stop Date	Type		Order	Strength	Quantity	Dosage	Route	Frequency	Indication	Payer

List of 'ADMIT' Items - DO NOT FILL ITEMS BELOW (Patient has supply of item at admission)

Start Date	Stop Date	Type		Order	Strength	Quantity	Dosage	Route	Frequency	Indication	Payer
10/10/18		Medication	Admit	Oxybutynin Chloride Extended Release (Oxybutynin Chloride)	5 mg		1 Tab ER	ORAL	Daily		
10/10/18		Medication	Admit	OXYCODONE AND ACETAMINOPHEN 10/325 mg (oxycodone hydrochloride and acetaminophen)	10-325 mg		1 Tab	ORAL	Every 6 hrs - PRN	Pain	
10/10/18		Medication	Admit	Sertraline (Sertraline Hydrochloride)	100 mg		1 Tab	ORAL	Daily		
10/10/18		Medication	Admit	IMITREX (SUMATRIPTAN)	50 mg		1 Tab	ORAL	2 times a day		

==> Note: Take 1 tab by mouth 2 times per day at least 2 hours between doses

ADDITIONAL NOTE

Merging of information from Consolo Services

ONE ORDER / READ BACK ORDER BY MARY ROSE FRONDA (RN)

Electronically Signed: 10/10/2018, By STEPHEN DUBIN, MD

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Jireh Healthcare Services LLC

PHYSICIANS ORDER

2320 Paseo Del Prado, Suite B101, Las Vegas, NV 89102 . Tel: Fax:

TIENT: [redacted] M **DOB:** [redacted] **MR#:** M0474

ORDERED BY: STEPHEN DUBIN (MD) **ORDER DATE:** 10/17/18 **ORDER#:** 1606911

List of New/Refill Orders

Start Date	Stop Date	Type		Order	Strength	Quantity	Dosage	Route	Frequency	Indication	Payer
10/17/18		Medication	New	Lidocaine	5% patch		1 Patch	TOPICAL	Every 12 Hours		
10/17/18		Medication	New	Omeprazole (omeprazole)	40 mg		1 Cap DR	ORAL	Daily - PRN	Gas Relief	

List of 'ADMIT' Items - DO NOT FILL ITEMS BELOW (Patient has supply of item at admission)

Start Date	Stop Date	Type		Order	Strength	Quantity	Dosage	Route	Frequency	Indication	Payer

ADDITIONAL NOTE

Merging of information from Consolo Services

PHONE ORDER / READ BACK ORDER BY MARY ROSE FRONDA (RN)

Electronically Signed: 10/17/2018, By STEPHEN DUBIN, MD

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12/19/18
4 PM
Speedy

JIREH HEALTHCARE
2320 PASEO DEL PRADO SUITE B101, LAS VEGAS, NV 89102
TEL: 702-359-1388

PATIENT NAME: M[redacted] G[redacted] DATE OF BIRTH: [redacted]

RX NUMBER: _____

Percocet 10/325 mg #60

1 po q 6 prn pain

fill 15 days supply

ICD: M54.5

[redacted] LAS VEGAS NV 89121
RX0170088

"HOSPICE PATIENT"

PHYSICIAN SIGNATURE: _____ DEA#: FD2419706

PHYSICIAN NAME: STEPHEN DUBIN DATE: _____

PHYSICIAN ADDRESS: 5380 S RAINBOW STE 305 LAS VEGAS NV 89128

PLEASE FAX BACK TO 702-776-7195

TRINITY PHARMACY
2797 S. MARYLAND PKWY., #28, LAS VEGAS, NV 89109 | TEL: 702-776-8210 | FAX: 702-776-7195

11/26/18
Speedy
12 NN

JIREH HEALTHCARE
2320 PASEO DEL PRADO SUITE B101, LAS VEGAS, NV 89102
TEL: 702-359-1388

PATIENT NAME: [redacted] DATE OF BIRTH: [redacted]

RX NUMBER: _____

Percocet 10/325 mg #60

1 tab q 6 prn pain

x 5 days

MJ 4.5

[redacted] LAS VEGAS NV 89121
RX0168481

"HOSPICE PATIENT"

PHYSICIAN SIGNATURE: _____ DEA#: FD2419706
PHYSICIAN NAME: STEPHEN DUBIN DATE: _____
PHYSICIAN ADDRESS: 5380 S RAINBOW STE 306 LAS VEGAS NV 89128
PLEASE FAX BACK TO 702-776-7195

TRINITY PHARMACY
2797 S. MARYLAND PKWY., #28, LAS VEGAS, NV 89109 | TEL: 702-776-8210 | FAX: 702-776-7195

JIREH HEALTHCARE
2320 PASEO DEL PRADO SUITE B101, LAS VEGAS, NV 89102
TEL: 702-359-1388

11/5/18

PATIENT NAME: M[redacted] G[redacted] DATE OF BIRTH: [redacted]

RX NUMBER: _____

Oxycodone / APAP 10/325
#60
1 po q 6 prn. pain
15 DS
M54.5

[redacted]
RX0167193

"HOSPICE PATIENT"

PHYSICIAN SIGNATURE: _____ DEA#: FD2419706
PHYSICIAN NAME: STEPHEN DUBIN DATE: _____
PHYSICIAN ADDRESS: 5380 S RAINBOW STE 306 LAS VEGAS NV 89128
PLEASE FAX BACK TO 702-776-7195

TRINITY PHARMACY
2797 S. MARYLAND PKWY., #28, LAS VEGAS, NV 89109 | TEL: 702-776-8210 | FAX: 702-776-7195

11/26/18
Speedy
12 NN

JIREH HEALTHCARE
2320 PASEO DEL PRADO SUITE B101, LAS VEGAS, NV 89102
TEL: 702-359-1388

PATIENT NAME: [redacted] DATE OF BIRTH: [redacted]

RX NUMBER: _____

Percocet 10/325 mg #60

1 tab q 6 prn pain.

x 15 days

M54.5

[redacted] LAS VEGAS NV 89121
RX0168481

"HOSPICE PATIENT"

PHYSICIAN SIGNATURE: _____ DEA#: FD2419706
PHYSICIAN NAME: STEPHEN DUBIN DATE: _____
PHYSICIAN ADDRESS: 5380 S RAINBOW STE 306 LAS VEGAS NV 89128
PLEASE FAX BACK TO 702-776-7195

TRINITY PHARMACY
2797 S. MARYLAND PKWY., #28, LAS VEGAS, NV 89109 | TEL: 702-776-8210 | FAX: 702-776-7195

10/11/18
5:30 PM
Honey

JIREH HEALTHCARE
2320 PASEO DEL PRADO SUITE B101, LAS VEGAS, NV 89102
TEL: 702-359-1388

PATIENT NAME: [redacted] DATE OF BIRTH: [redacted]

RX NUMBER: _____

Percocet 10/325 #60

1 po q 6 prn pain

15 DS

M54.5

[redacted]
RX0185659

"HOSPICE PATIENT"

PHYSICIAN SIGNATURE: _____ DEA#: FD2419706

PHYSICIAN NAME: STEPHEN DUBIN DATE: _____

PHYSICIAN ADDRESS: 5380 S RAINBOW STE 306 LAS VEGAS NV 89128

PLEASE FAX BACK TO 702-776-7195

TRINITY PHARMACY
2797 S. MARYLAND PKWY., #28, LAS VEGAS, NV 89109 | TEL: 702-776-8210 | FAX: 702-776-7195

Consolo Physician Order (2311403) Dated: 10/10/2018 for Dubin, Stephen Paul for [redacted]

Patient Details for [redacted] M (Patient ID 501364, MRN M0474)

Date Of Birth	[redacted]	Status	Pending - Discharged

Physician's Order Details

User	Patient	Order Date	Time of Event
RN_Ruiz, Janyvill (jruiz)	[redacted] M	10/10/2018	1100

Physician	Nurse	Oversight
Dubin, Stephen Paul	RN_Ruiz, Janyvill (jruiz)	No

Orders

Admit to Jireh Healthcare Services, Llc. for the 1st 90 day benefit period * Pharmacist may use generic drug equivalents or compound medications as appropriate. * Interdisciplinary team to determine equipment and supply needs based on assessment for comfort and symptom control (may include but not limited to: hospital bed, special mattress, bedside commode, over-bed-table, shower chair, wheelchair, walker, suction machine, etc.) * Assess and evaluate cardiac, respiratory, GI,GU, pain, mobility, skin, nutrition/dehydration, comfort level and symptom management, disease progression, safety and family/caregiver needs * Instruction on care of terminally ill, medications, safety, nutritional needs, pain and symptom control based on assessment * Assess and evaluate current medications * May give nutritional supplements 1 can a day as tolerated for supplement * May crush medications that are crush-able. * Medications to be administered by licensed staff, patient and/or family member/caregiver per medication profile and current orders * Hospice Medical Director may assist patient as needed to manage symptoms * Hospice nurse may pronounce death * Check oxygen saturation level prn every SN visit * Bed-rails up 2x * Skilled Nurse visits - (1x/week and 2x/week as needed for respiratory & anxiety issues) to promote comfort and symptom management within certification period. * CHHA visits 5x/week to assist with personal care, home making and to promote comfort per RN assignment within certification period. * Chaplain visits - (1x/mo as needed for spiritual issues) *Social worker visits - (1x/mo as needed for psychosocial issues)Volunteer Services continue to be offered every week per Skilled Nurse/Staff. Admit Patient to Jireh Healthcare Services with the following orders verified with M.D. * Patient: DNR * Diet: As Tolerated * Admit with the following medications: Please see related medications

Read Back	Non Verbal Order
Yes	No

Medications

Medication	Instructions	Quantity	Refills
SUMAtriptan Succinate 1 Tablet 2 times a day PO (50 MG Tablet)	take 1 tab by mouth 2 times per day at least 2 hours between doses		
Sertraline HCl 1 Tablet 1 times a day PO (100 MG Tablet)			
Oxycodone-Acetaminophen 1 Tablet every 6 hours PO As Needed Pain (10-325 MG Tablet)			0
Oxybutynin Chloride ER 1 Tablet ER 24HR 1 times a day PO (5 MG Tablet ER 24HR)			
Omeprazole 1 Capsule DR 1 times a day PO As Needed Gas Relief (40 MG Capsule DR)			
Lidocaine 1 Patch every 12 hours EX (5 % Patch)			

Related Assignees

Social Services - MSW_Minnick, Joseph effective 10/17/2018
Chaplain - CHAPLAIN_Murphy, Kathryn effective 10/17/2018
Hospice Aide - Young, Grace Marie 5 visit(s) Weekly effective 10/17/2018
Skilled Nurse - RN_Cacanindin, Speedy effective 10/17/2018
Skilled Nurse - RN_Domondon, Mary Alyn effective 10/17/2018
MD Director - Dubin, Stephen Paul effective 10/17/2018
Physician - Dubin, Stephen Paul effective 10/17/2018

Signatures

1. Medical Director Dubin, Stephen Paul (Medical Director) signed on 10/18/2018. Recorded by jruiz on 10/17/2018 18:32:50.
2. Skilled Nurse RN_Ruiz, Janyvill (User) signed on 10/17/2018. Recorded by jruiz on 10/17/2018 18:32:40.

Consolo Physician Order (2311402) Dated: 10/10/2018 for Dubin, Stephen Paul for [redacted], M

Patient Details for [redacted], M (Patient ID 501364, MRN M0474)

Date Of Birth [redacted]	Status	Pending - Discharged

Physician's Order Details

User	Patient	Order Date	Time of Event
RN_Ruiz, Janyvil (jruiz)	[redacted] M	10/10/2018	1100

Physician	Nurse	Oversight
Dubin, Stephen Paul	RN_Ruiz, Janyvil (jruiz)	No

Orders

Admit to Jireh Healthcare Services, Llc. for the 1st 90 day benefit period * Pharmacist may use generic drug equivalents or compound medications as appropriate. * Interdisciplinary team to determine equipment and supply needs based on assessment for comfort and symptom control (may include but not limited to: hospital bed, special mattress, bedside commode, over-bed-table, shower chair, wheelchair, walker, suction machine, etc.) * Assess and evaluate cardiac, respiratory, GI,GU, pain, mobility, skin, nutrition/dehydration, comfort level and symptom management, disease progression, safety and family/caregiver needs * Instruction on care of terminally ill, medications, safety, nutritional needs, pain and symptom control based on assessment * Assess and evaluate current medications * May give nutritional supplements 1 can a day as tolerated for supplement * May crush medications that are crush-able. * Medications to be administered by licensed staff, patient and/or family member/caregiver per medication profile and current orders * Hospice Medical Director may assist patient as needed to manage symptoms * Hospice nurse may pronounce death * Check oxygen saturation level prn every SN visit * Bed-rails up 2x * Skilled Nurse visits - (1x/week and 2x/week as needed for respiratory & anxiety issues) to promote comfort and symptom management within certification period * CHHA visits 5x/week to assist with personal care, home making and to promote comfort per RN assignment within certification period. * Chaplain visits - (1x/mo as needed for spiritual issues) *Social worker visits - (1x/mo as needed for psychosocial issues)Volunteer Services continue to be offered every week per Skilled Nurse/Staff. Admit Patient to Jireh Healthcare Services with the following orders verified with M.D. * Patient: DNR * Diet: As Tolerated * Admit with the following medications: Please see related medications

Read Back	Non Verbal Order
Yes	No

Related Assignees

Social Services - MSW_Minnick, Joseph effective 10/17/2018
Chaplain - CHAPLAIN_Murphy, Kathryn effective 10/17/2018
Hospice Aide - Young, Grace Marie 5 visit(s) Weekly effective 10/17/2018
Skilled Nurse - RN_Cacanindin, Speedy effective 10/17/2018
Skilled Nurse - RN_Domondon, Mary Alyn effective 10/17/2018
MD Director - Dubin, Stephen Paul effective 10/17/2018
Physician - Dubin, Stephen Paul effective 10/17/2018

Signatures

1. Medical Director **Dubin, Stephen Paul** (Medical Director) signed on 10/18/2018 Recorded by jruiz on 10/17/2018 18:32:22

Al. onsolo Medications for [redacted] G[redacted], M

Patient Details for [redacted] G[redacted], M (Patient ID 501364, MRN M0474)

Date Of Birth [redacted]	Status	Pending - Discharged

DOB	Screened Allergies	Unscreened Allergies	Current Indicator
11/06/1962	Not Assessed	See Screened Allergies	E43 - Unspecified severe protein-calorie malnutrition

Pending Medications

Current Medications

Lidocaine [5 %] Patch (ID: 6634907) - 1 Patch every 12 hours EX (5 % Patch)

Order Date	10/17/2018	Ordering MD	Dubin, Stephen Paul
Admin By	Patient	Coverage	Covered
Change	Updated	Updated Date	10/17/2018

Omeprazole [40 MG] Capsule DR (ID: 6634894) - 1 Capsule DR 1 times a day PO As Needed Gas Relief (40 MG Capsule DR)

Order Date	10/17/2018	Ordering MD	Dubin, Stephen Paul
Admin By	Patient	Coverage	Covered
Change	Updated	Updated Date	10/17/2018
Reasons	Gas Relief		

Oxybutynin Chloride ER [5 MG] Tablet ER 24HR (ID: 6634895) - 1 Tablet ER 24HR 1 times a day PO (5 MG Tablet ER 24HR)

Order Date	10/10/2018	Ordering MD	Dubin, Stephen Paul
Admin By	Patient	Coverage	Covered
Change	Updated	Updated Date	10/17/2018

Oxycodone-Acetaminophen [10-325 MG] Tablet (ID: 6634899) - 1 Tablet every 6 hours PO As Needed Pain (10-325 MG Tablet)

Order Date	10/10/2018	Ordering MD	Dubin, Stephen Paul
Admin By	Patient	Coverage	Covered
Change	Updated	Updated Date	10/17/2018
Reasons	Pain		

Al. onsolo Medications for [redacted], M

Sertraline HCl [100 MG] Tablet (ID: 6634901) - 1 Tablet 1 times a day PO (100 MG Tablet)

Order Date	10/10/2018	Ordering MD	Dubin, Stephen Paul
Admin By	Patient	Coverage	Covered
Change	Updated	Updated Date	10/17/2018

SUMAtriptan Succinate [50 MG] Tablet (ID: 6634906) - 1 Tablet 2 times a day PO (50 MG Tablet)

Order Date	10/10/2018	Ordering MD	Dubin, Stephen Paul
Admin By	Patient	Coverage	Covered
Change	Updated	Updated Date	10/17/2018
Additional Notes	take 1 tab by mouth 2 times per day at least 2 hours between doses		

All Consolo Medications for [redacted]

Patient Details for [redacted] M (Patient ID 501364, MRN M0474)

Date Of Birth [redacted]	Status Pending - Discharged

DOB	Screened Allergies	Unscreened Allergies	Current Indicator
11/06/1962	Not Assessed	See Screened Allergies	E43 - Unspecified severe protein-calorie malnutrition

Pending Medications

Current Medications

Lidocaine [5 %] Patch (ID: 6634907) - 1 Patch every 12 hours EX (5 % Patch)

Order Date	10/17/2018	Ordering MD	Dubin, Stephen Paul
Admin By	Patient	Coverage	Covered
Change	Updated	Updated Date	10/17/2018

Omeprazole [40 MG] Capsule DR (ID: 6634894) - 1 Capsule DR 1 times a day PO As Needed Gas Relief (40 MG Capsule DR)

Order Date	10/17/2018	Ordering MD	Dubin, Stephen Paul
Admin By	Patient	Coverage	Covered
Change	Updated	Updated Date	10/17/2018
Reasons	Gas Relief		

Oxybutynin Chloride ER [5 MG] Tablet ER 24HR (ID: 6634895) - 1 Tablet ER 24HR 1 times a day PO (5 MG Tablet ER 24HR)

Order Date	10/10/2018	Ordering MD	Dubin, Stephen Paul
Admin By	Patient	Coverage	Covered
Change	Updated	Updated Date	10/17/2018

Oxycodone-Acetaminophen [10-325 MG] Tablet (ID: 6634899) - 1 Tablet every 6 hours PO As Needed Pain (10-325 MG Tablet)

Order Date	10/10/2018	Ordering MD	Dubin, Stephen Paul
Admin By	Patient	Coverage	Covered
Change	Updated	Updated Date	10/17/2018
Reasons	Pain		

All Consolo Medications for [redacted] G[redacted] M

Sertraline HCl [100 MG] Tablet (ID: 6634901) - 1 Tablet 1 times a day PO (100 MG Tablet)

Order Date	10/10/2018	Ordering MD	Dubin, Stephen Paul
Admin By	Patient	Coverage	Covered
Change	Updated	Updated Date	10/17/2018

SUMAtriptan Succinate [50 MG] Tablet (ID: 6634906) - 1 Tablet 2 times a day PO (50 MG Tablet)

Order Date	10/10/2018	Ordering MD	Dubin, Stephen Paul
Admin By	Patient	Coverage	Covered
Change	Updated	Updated Date	10/17/2018
Additional Notes	take 1 tab by mouth 2 times per day at **least** 2 hours between doses		

Jireh Healthcare Services LLC

2320 Paseo Del Prado, Suite B101, Las Vegas, NV 89102 . Tel: Fax:

CTI

PHYSICIAN'S CERTIFICATION FOR HOSPICE BENEFIT

In order to determine if a patient is eligible for Hospice benefit we are required to have physician's authorization with a brief narrative supporting terminal illness

PATIENT: [redacted] M **MR#:** M0474

Certification #1: Statement for First 90-day period

• I certify that [redacted] M has a life expectancy of six months or less, if the terminal illness runs its normal course.

Verbal Authorization Date: 10/10/2018 Obtained by: Mary Alyn Domondon/RN

Effective Date of Certification: 10/10/2018 To 1/7/2019

Primary DX: Unspecified severe protein-calorie malnutrition (E43)

Secondary/Related DX: Adult failure to thrive (R62.7)

Comorbidities

Certification is based on: ☑ Medical history, record and patient status ☑ Team Assessment ☑ Face to Face Encounter Visit Date: 10/10/2018

ADL Assessment

Ambulation	0	Transfer	0	Feeding	0
Toileting	0	Dressing	0	Bathing	0
Total ADL score	0	Total number of activities with complete dependence (0-6)		0 of 6 Activities	

Functional Status

KPS		FAST	
PPS		NYHA	

LCD Determination Status:

RN Prognosis Summary: Patient is alert and oriented to person, place, and time. Patient is unstable in balance and coordination. Diet is as tolerated. Patient with mild shortness of breath, breathing exercises taught to patient by RN. Patient requires moderate assistance with activities of daily living (ADL's) by CNA. Patient's appetite and nutritional intake is poor. Patient was previously 105 lbs and is now 82 lbs. Patient with moderate to severe pain on multiple sites, including shoulder. Patient is at risk for falls and lives in an apartment with brother.

Physician Narrative: Ms. [redacted] is a 55-year-old African American female with a terminal diagnosis of severe protein calorie malnutrition. Patient with history of traumatic fracture, sciatica, migraines, major depressive disorder, adult failure to thrive. Patient will require maximum assistance with ADL's and has a very poor gait and balance as well as significant weight loss. Patient has moderate to severe generalized pain; pain management will continue. The patient is under my care, and to the best of knowledge given the data available, has a life expectancy of six months or less if terminal illness runs normal course.

Medical Director Attestation/Certification

• I attest/confirm that I composed this narrative based on my review of patient's medical record, team assessment and/or examination of the patient.

STEPHEN DUBIN / 1023311040 — Reviewed and electronically signed by STEPHEN DUBIN (MD). 10/10/2018

Medical Director / Physician Designee / Referring MD (if attending) — Signature / Signature on file — Date

CONFIDENTIALITY NOTICE: The information contained in this facsimile is confidential and may contain privileged material or be otherwise protected by applicable law. It is intended only for the use of the individual (s) or entity named above. If the person receiving this facsimile, or any other reader of the facsimile, is not the intended recipient or the employee or agent responsible for delivering it to the intended recipient, then any use, dissemination, distribution, or copying of this communication is strictly prohibited and may be subject to civil and/or criminal liability. If you have received this communication in error, please destroy it and notify the sender immediately.

PATIENT		FACILITY		ENCOUNTER	
[redacted]		**RENATO RABARA Practice**		NOTE TYPE	SOAP Note
DOB	[redacted]	T (702) 677-0661		SEEN BY	RENATO RABARA
AGE	55 yrs	9958 Corbridge st,		DATE	09/10/2018
SEX	Female	Las Vegas, NV 89178		AGE AT DOS	55 yrs
PRN	GM889522			Electronically signed by RENATO RABARA at 09/12/2018 07:08 am	

Chief complaint

For initial visit.

Patient identifying details and demographics

FIRST NAME	[redacted]	SEX	Female	ETHNICITY	Provider did not ask
		DATE OF BIRTH	[redacted]		
MIDDLE NAME	-	DATE OF DEATH	-	PREF. LANGUAGE	-
LAST NAME	[redacted]	PRN	GM889522	RACE	Provider did not ask
SSN	[redacted]			STATUS	Active patient

CONTACT INFORMATION

ADDRESS LINE 1	[redacted]	CONTACT BY	Mobile Phone
		EMAIL	-
		HOME PHONE	-
ADDRESS LINE 2	-	MOBILE PHONE	(702) [redacted]
CITY	Las Vegas	OFFICE PHONE	-
STATE	NV	OFFICE EXTENSION	-
ZIP CODE	89130		

FAMILY INFORMATION

NEXT OF KIN	-	PATIENT'S MOTHER'S MAIDEN NAME	-
RELATION TO PATIENT	-		
PHONE	-		
ADDRESS	-		

Insurance

PRIMARY PAYER

PAYER	NV - Medicare B (MAC J1)	INSURED ID NUMBER	541 76 7821-A
PRIORITY	Primary	GROUP NUMBER	-
TYPE	Medicare	EMPLOYER NAME	-
RELATIONSHIP TO INSURED	Self	INSURANCE PAYMENT TYPE	Copay
START DATE	09/10/2018	PAYMENT TYPE	Fixed
END DATE	-	COPAY AMOUNT	-
		STATUS	Active

PAYMENT INFORMATION

PAYMENT PREFERENCE	Primary Insurance	DATE OF BIRTH	-
PATIENT'S RELATIONSHIP TO GUARANTOR	-	SEX	-
		SOCIAL SECURITY NUMBER	-
GUARANTOR NAME	-	PRIMARY PHONE NUMBER	-
GUARANTOR ADDRESS	-	SECONDARY PHONE NUMBER	-

Vitals for this encounter

	09/10/18 10:00 AM
Height	58 in
Weight	85 lb
Temperature	97.50 °F
Pulse	77 bpm
Respiratory rate	20 bpm
O2 Saturation	93 %
BMI	17.76
Blood pressure	106/82 mmHg

Current Diagnoses	ACUITY	START	STOP
(Z87.81) Personal history of (healed) traumatic fracture	Chronic		
(M84.4795) Pathological fracture, unspecified toe(s), sequela	Chronic		
(M54.30) Sciatica, unspecified side	Chronic		
(M54.9) Dorsalgia, unspecified	Chronic		
(R32) Unspecified urinary incontinence	Chronic		
(R26.9) Unspecified abnormalities of gait and mobility	Chronic		
(G43.909) Migraine, unspecified, not intractable, without status migrainosus	Chronic		
(G89.29) Other chronic pain	Chronic		
(F32.9) Major depressive disorder, single episode, unspecified	Chronic		

Historical Diagnoses	ACUITY	START	STOP
No historical diagnoses			

Drug Allergies

ACTIVE ALLERGIES	SEVERITY/REACTIONS	ONSET
Patient has no known drug allergies		

Food Allergies

ACTIVE ALLERGIES	SEVERITY/REACTIONS	ONSET
No food allergies recorded		

Environmental Allergies

ACTIVE ALLERGIES	SEVERITY/REACTIONS	ONSET
No environmental allergies recorded		

Active Medications

MEDICATION	SIG	START/STOP	ASSOCIATED DX
Omeprazole 40 MG Oral Capsule Delayed Release	take 1 capsule by mouth daily, PRN	-	-
Oxybutynin Chloride (Oxybutynin Chloride ER) 5 MG Oral Tablet Extended Release 24 Hour	Take 1 tablet (5 mg) by mouth daily	-	-
Oxycodone w/ Acetaminophen (Oxycodone-Acetaminophen) 10-325 MG Oral Tablet	1 tablet orally every 6 hours as needed	-	-
Sertraline HCl 100 MG Oral Tablet	Take 1 tablet (100 mg) by mouth daily	-	-
SUMAtriptan Succinate 50 MG Oral Tablet	Take 1 tablet (50 mg) by mouth 2 times per day at least 2 hours between doses as needed	-	-

Historical Medications

MEDICATION	SIG	START/STOP	ASSOCIATED DX
No historical medications recorded			

Immunizations

DATE	VACCINE	SOURCE	LOT NUMBER	EXPIRES	COMMENT
No immunizations recorded for this patient.					

ast medical history

MAJOR EVENTS

several surgeries due to MVA

FAMILY HEALTH HISTORY

DM
Hypertension
CA

Family health history

DIAGNOSIS	ONSET DATE
No Family health history recorded	

Advance Directive

DIRECTIVE	RECORDED
No advance directives recorded for this patient.	

Subjective

The patient is a 55 year old, female, African American who was seen for an initial visit. The patient lives alone in an apartment. The patient stated that she is separated from her husband and has 2 independent living children. The patient was born in Spokane, Washington and ultimately moved to Las Vegas. The patient stated that she had several surgeries in the leg due to a MVA. The patient said that she became disabled due to the accident. The patient has an unsteady gait and uses a cane or scooter. The patient is also complaining of chronic pain and goes to a Pain Management Doctor for her pain issues. The patient is home bound and needs home visits because she is unable to leave home safely and needs assistive device due to abnormality of gait.

REVIEW OF SYSTEMS:.
Medications: Reviewed & Up-to-date
General: no fever, no fatigue, (+) reduction in weight, (+) change in appetite.
Head: No headaches, no dizziness
Eyes: no blurred vision, no eye pain.
Ears: No Otalgia, No change in hearing, no tinnitus, no discharge
Nose: no coryza, no stuffy nose, no discharge, no post nasal drip
Throat: No dental difficulties, no sore throat, no difficulty swallowing
Neck: No stiffness, no pain, no swollen glands
Breasts: No noted lumps, no tenderness, no swelling, no nipple discharge
Heart: No chest pains, no palpitations, no leg swelling.
Lung: No dyspnea, no wheezing, no cough
Abdomen: no abdominal pain, no nausea, no vomiting
Neurologic: No numbness/tingling, no weakness, no tremor, no seizures, no changes in memory, no ataxia
Extremities: (+) pain in muscles or joints, (+) limitation of range of motion, no paresthesias or numbness
Back: (+) back pain, no spasms.
Skin: no rashes, no lesions
GU: No frequency, no urgency, no dysuria, no hematuria.
Psychiatric: (+) depressive symptoms, no anxiety, no insomnia, no changes in thought content, no suicidal thoughts.

Objective

General: Normotensive, in no acute distress.
Head: Normocephalic, no lesions.
Eyes: PERRLA, EOM's full, conjunctivae clear.
Ears: EAC's clear, TM's normal.
Nose: Mucosa normal, no obstruction.
Throat: Clear, no exudates, no lesions.
Neck: Supple, no masses, no thyromegaly, no bruits.
Chest: Lungs clear, no rales, no rhonchi, no wheezes.

about:blank

Heart: RR, no murmurs, no rubs, no gallops.
Abdomen: Soft, no tenderness, no masses, bowel sounds normal.
GU: Normal, no lesions, no discharge, no hernias noted.
Back: Normal curvature, no tenderness.
Extremities: (+) several scars, no edema, no erythema.
Neuro: Physiological, no localizing findings.
Skin: Normal, no rashes, no lesions noted.

Assessment

Diagnoses attached to this encounter:

Personal history of traumatic fracture [ICD-10: Z87.81], [ICD-9: V15.51], [SNOMED: 391095006]

Pathological fracture of toe [ICD-10: M84.479S], [SNOMED: 704168008]

Sciatica [ICD-10: M54.30], [ICD-9: 724.3], [SNOMED: 23056005]

Dorsalgia [ICD-10: M54.9], [ICD-9: 724.5], [SNOMED: 267981009]

Urine incontinence [ICD-10: R32], [ICD-9: 788.30], [SNOMED: 165232002]

Abnormality of gait [ICD-10: R26.9], [ICD-9: 781.2], [SNOMED: 22325002]

Migraine [ICD-10: G43.909], [ICD-9: 346.90], [SNOMED: 37796009]

Chronic pain [ICD-10: G89.29], [ICD-9: 338.29], [SNOMED: 82423001]

MDD [ICD-10: F32.9], [ICD-9: 296.20], [SNOMED: 370143000]

Plan

The visit was explained to the patient about the set up of the visiting provider. Primary care in the home by the nurse practitioner is being supervised by an MD. It was also explained to the patient thatch is electing King Rey to be her care provider and in an emergency situation the patient needs to call 911.
The patient verbalized understanding and consent was signed.
Labs will be ordered. (CBC, CMP, TSH with reflex free T4, HgbA1C, Lipid panel)
For HH evaluation, SN
Patient will benefit from SN services for her overall health status, medications and disease process teachings.
SN to do regular check of blood pressure and log
Notify the provider if the BP is persistently <90/60 or >140/90
Continue current medications.
Low salt, Low fat diet
Patient was advised on the risk of smoking.
Fall and safety precautions.
Follow up with her Pain Management Doctor for Pain issues.
For follow up visit after 30 days..

Medications attached to this encounter:

Sertraline HCl 100 MG Oral Tablet 1 tablet (100 mg) orally daily

Oxycodone-Acetaminophen 10-325 MG Oral Tablet 1 tablet orally every 6 hours as needed

Oxybutynin Chloride ER 5 MG Oral Tablet Extended Release 24 Hour 1 tablet (5 mg) orally daily

Omeprazole 40 MG Oral Capsule Delayed Release take 1 capsule by mouth daily, PRN

SUMAtriptan Succinate 50 MG Oral Tablet 1 tablet (50 mg) orally 2 times per day at least 2 hours between doses as needed

Orders

LAB ORDERS

No orders attached to this encounter.

IMAGING ORDERS

No orders attached to this encounter.

Screenings/Interventions/assessments

No screenings/interventions/assessments recorded.

JIREH HEALTHCARE SERVICES LLC

(HOSPICE AGENCY)

PATIENT NAME: M[redacted] H[redacted]

DOB: [redacted]

START OF CARE:

06/13/2018 TO 12/26/2018

EXHIBIT 8

Claim Number	From Service Date	To Service Date	Beneficiary Nam	Claim Status	Total Charge	Type Of Bill	Admit Date
21900700422207NVR	12/1/2018	12/31/2018	[redacted]	P - Paid	$7,790.97	813 - Hospice (...	9/7/2018
21833900538807NVR	11/1/2018	11/30/2018	[redacted]	P - Paid	$8,724.43	813 - Hospice (...	9/7/2018
21830901126607NVR	10/1/2018	10/31/2018	[redacted]	P - Paid	$9,083.84	813 - Hospice (...	9/7/2018
21827601222707NVR	9/7/2018	9/30/2018	[redacted]	P - Paid	$6,942.12	812 - Hospice (...	9/7/2018

Claim Number	From Service Date	To Service Date	Beneficiary Nam	Claim Status	Total Charge	Type Of Bill	Admit Date
21900700421907NVR	12/1/2018	12/31/2018	[redacted]	P - Paid	$6,986.61	813 - Hospice (...	10/10/2018
21833900542507NVR	11/1/2018	11/30/2018	[redacted]	P - Paid	$8,197.48	813 - Hospice (...	10/10/2018
21833900230804NVR	10/10/2018	10/31/2018	[redacted]	P - Paid	$6,230.74	817 - Hospice (...	10/10/2018
21830901121107NVR	10/10/2018	10/31/2018	[redacted]	P - Paid	$5,630.74	812 - Hospice (...	10/10/2018

Claim Number	From Service Date	To Service Date	Beneficiary Nam	Claim Status	Total Charge	Type Of Bill	Admit Date
21900901108507NVR	12/1/2018	12/26/2018	[redacted]	P - Paid	$6,626.68	814 - Hospice (...	6/13/2018
21833900542007NVR	11/1/2018	11/30/2018	[redacted]	P - Paid	$7,635.75	813 - Hospice (...	6/13/2018
21830901128607NVR	10/1/2018	10/31/2018	[redacted]	P - Paid	$8,065.97	813 - Hospice (...	6/13/2018
21827601223807NVR	9/1/2018	9/30/2018	[redacted]	P - Paid	$7,382.91	813 - Hospice (...	6/13/2018
21824701185107NVR	8/1/2018	8/31/2018	[redacted]	P - Paid	$8,276.79	813 - Hospice (...	6/13/2018
21821800581907NVR	7/1/2018	7/31/2018	[redacted]	P - Paid	$9,216.50	813 - Hospice (...	6/13/2018
21818600817807NVR	6/13/2018	6/30/2018	[redacted]	P - Paid	$5,126.72	812 - Hospice (...	6/13/2018

Claim Number	From Service Date	To Service Date	Beneficiary Nam	Claim Status	Total Charge	Type Of Bill	Admit Date
21900700421507NVR	12/20/2018	12/22/2018	[redacted]	P - Paid	$680.54	811 - Hospice (...	12/20/2018

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12/25/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/24/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
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12/22/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/21/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
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12/19/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/18/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
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12/16/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/15/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/14/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/13/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
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8/7/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
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8/5/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
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7/21/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
7/20/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
7/19/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
7/18/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
7/17/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
7/16/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
7/15/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
7/14/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
7/13/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
7/12/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
7/11/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
7/10/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
7/9/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
7/8/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
7/7/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
7/6/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
7/5/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
7/4/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
7/3/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
7/2/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
7/1/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
6/30/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
6/29/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
6/28/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
6/27/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
6/26/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
6/25/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
6/24/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
6/23/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
6/22/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
6/21/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
6/20/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
6/19/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
6/18/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
6/17/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
6/16/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
6/15/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
6/14/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
6/13/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0

Jireh Healthcare Ser\ es LLC

HospiceMD

2320 Paseo Del Prado, Suite B101, Las Vegas, NV 89102 . Tel: Fax:

ersonal Information

MR#	M0456	SSN	[redacted]	DOB	[redacted] (86 yrs)
LAST NAME	H[redacted]	FIRST NAME	M[redacted]	MI	
ADDRESS	[redacted] Avenue			APT / SUITE #	
CITY	Las Vegas	STATE	NV	ZIP	89121
PHONE	(702) [redacted]	CELL		PRIM LANGUAGE	English
RACE	White	ETHNICITY	Caucasian	MARITAL ST	
GENDER	Female	RELIGION	Other	DENOMINATION	

LEVEL OF CARE

Insurance

PAY SOURCE	INSURANCE	SHARE OF COST	POLICY / MBI #	GROUP#	BIN#	EFFECTIVE DATE	AUTH TYPE	R&B AUTH NO	R&B AUTH VALID TILL
Primary	Medicare	$0.00	[redacted]A			6/13/2018			

Dates of Service, Diagnosis & Allergies

REF DATE	6/12/2018	SOC	6/13/2018	RE-CERT	2/7/2019
		EOC	12/26/2018	DISC CODE	Transferred to Another Hospice
ADMIT TYPE	New Admission				
STARTING CERT#	1				
iMARY DX	Chronic obstructive pulmonary disease, unspecified (J44.9)			DISEASE	
SECOND DX	Shortness of breath (R06.02)			DISEASE	
COMORBIDITIES					

ALLERGIES — LAST UPDATED

Erythromycin — 10/9/18

Place of Service (POS)

TYPE	Home	FACILITY NAME			
EFFECTIVE DATE		ROOM NO		PCG	
ADDRESS	[redacted] Avenue	CITY	Las Vegas	STATE-ZIP	NV 89121 -
PHONE	(702) [redacted]	ALT-PHONE		FAX	

Authorized Rep (AR) / Emergency Contact (EC)

AR/EC , , Address: , , , Phone: , Alt Phone: , AR/EC is:

Referral Source & Attending MD

MEDICAL DIRECTOR	STEPHEN DUBIN, Phone:, Fax:(702) 362-9930, NPI:1023311040
REFERRING/ATTENDING/PATIENT CHOICE	STEPHEN DUBIN, Phone:(702) 362-9930, Fax:(702) 362-9930, NPI:1023311040

CONFIDENTIALITY NOTICE: The information contained in this facsimile is confidential and may contain privileged material or be otherwise protected by applicable law. It is intended only for the use of the individual (s) or entity named above. If the person receiving this facsimile, or any other reader of the facsimile, is not the intended recipient or the employee or agent responsible for delivering it to the intended recipient, then any use, dissemination, distribution, or copying of this communication is strictly prohibited and may be subject to civil and/or criminal liability. If you have received this communication in error, please destroy it and notify the sender immediately

Jireh Healthcare Serv es LLC

HospiceMD

2320 Paseo Del Prado, Suite B101, Las Vegas, NV 89102 Tel: Fax:

Vendors

PHARMACY	MAIN:Trinity Pharmacy (Las Vegas)
DME	MAIN:Advantage Home Medical Services, Inc. (Las Vegas)

Mortuary Info

MORTUARY NAME		CONTACT NAME		EMAIL	
ADDRESS		CITY		STATE-ZIP	
PHONE		ALT-PHONE		FAX	

CONFIDENTIALITY NOTICE: The information contained in this facsimile is confidential and may contain privileged material or be otherwise protected by applicable law. It is intended only for the use of the individual (s) or entity named above. If the person receiving this facsimile, or any other reader of the facsimile, is not the intended recipient or the employee or agent responsible for delivering it to the intended recipient, then any use, dissemination, distribution, or copying of this communication is strictly prohibited and may be subject to civil and/or criminal liability. If you have received this communication in error, please destroy it and notify the sender immediately.

1 JIREH HEALTHCARE SERVICES 2320 PASEO DEL PRADO STE B101 LAS VEGAS NV 891020048 7023591388 7023592388	2	3a PAT. CNTL # 3644122 b MED. REC # M0456			4 TYPE OF BILL 0814
		5 FED. TAX NO. 251927052	6 STATEMENT COVERS PERIOD FROM 120118	THROUGH 122618	7

| | | | | |

1 JIREH HEALTHCARE SERVICES
2320 PASEO DEL PRADO STE B101
LAS VEGAS NV 891020048
7023591388 7023592388

2

3a PAT CNTL # 3644122
4 TYPE OF BILL 0814
3b MED. REC. # M0456
5 FED. TAX NO 251927052
6 STATEMENT COVERS PERIOD FROM 120118 THROUGH 122618
7

8 PATIENT NAME a [redacted]A
b [redacted], M[redacted]
9 PATIENT ADDRESS a [redacted] ST.
b LAS VEGAS c NV d 89119 e USA

10 BIRTHDATE [redacted] 11 SEX F 12 ADMISSION DATE 061318 13 HR 12 14 TYPE 3 15 SRC 2 16 DHR
17 STAT 50
18 19 20 21 CONDITION CODES 22 23 24 25 26 27 28
29 ACDT STATE 30

31 OCCURRENCE CODE	DATE	32 OCCURRENCE CODE	DATE	33 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	35 OCCURRENCE SPAN CODE	FROM	THROUGH	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
27	121018													

38

39 VALUE CODES CODE	AMOUNT	40 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a 61	2982000				
b					
c					
d					

42 REV CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV DATE	46 SERV UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0571	Hospice Aide Clinical Visi	G0156	122618	4	10000	10000	
0001	PAGE 2 OF 2	CREATION DATE	010419	TOTALS	6,62668		

50 PAYER NAME: Medicare Part A
51 HEALTH PLAN ID:
M NED INFO: Y
P REQ: Y
54 PRIOR PAYMENTS: 000
55 EST. AMOUNT DUE: 4,63456
56 NPI: 1427366699
57 OTHER PRV ID:

58 INSURED'S NAME: H[redacted], M[redacted]
59 P REL: 18
60 INSURED'S UNIQUE ID: [redacted]A
61 GROUP NAME:
62 INSURANCE GROUP NO.

63 TREATMENT AUTHORIZATION CODES
64 DOCUMENT CONTROL NUMBER
65 EMPLOYER NAME

66 DX: J449 | R0602 | R54 | R1312 | M6281 | Z7401
O

67 ADMIT DX
68 PATIENT REASON DX
69
70 PPS CODE
71
72 ECI

74 PRINCIPAL PROCEDURE CODE DATE
a. OTHER PROCEDURE CODE DATE
b. OTHER PROCEDURE CODE DATE
c. OTHER PROCEDURE CODE DATE
d. OTHER PROCEDURE CODE DATE
e. OTHER PROCEDURE CODE DATE
75

76 ATTENDING NPI 1023311040 QUAL
LAST Dubin FIRST Stephen Paul
77 OPERATING NPI QUAL
LAST FIRST
78 OTHER NPI QUAL
LAST FIRST
79 OTHER NPI QUAL
LAST FIRST

80 REMARKS
81CC
a
b B3 251G00000X
c
d

UB-04 CMS-1450 NUBC APPROVED OMB NO 0938-0997 DCN/Original
THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

DUBIN0103

1	2	3a PAT CNTL #	4 TYPE OF BILL
JIREH HEALTHCARE SERVICES 2320 PASEO DEL PRADO STE B101 LAS VEGAS NV 891020048 7023591388 7023592388		3588464 b MED REC # M0456	0813

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7
251927052	110118	113018	

8 PATIENT NAME	a	9 PATIENT ADDRESS	a				
[redacted], M[redacted]	[redacted]A	b LAS VEGAS	[redacted] ST.	c NV	d 89119	e USA	

10 BIRTHDATE	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	18-28 CONDITION CODES	29 ACCT STATE	30
[redacted]	F	061318	12	3	2		30			

31 OCCURRENCE CODE	DATE	32 OCCURRENCE CODE	DATE	33 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	35 OCCURRENCE SPAN CODE	FROM	THROUGH	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a 27	091118													
b														

38

39 VALUE CODES CODE	AMOUNT	40 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a 61	2982000				
b					
c					
d					

42 REV. CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0651	651-Routine Home Care	Q5001	110118	30	5,34757	000	
0571	Hospice Aide Clinical Visi	G0156	110118	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	110218	4	10000	10000	
0551	RN Clinical Visit	G0299	110518	4	4803	4803	
0571	Hospice Aide Clinical Visi	G0156	110618	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	110718	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	110918	4	10000	10000	
0551	RN Clinical Visit	G0299	111218	4	4803	4803	
0571	Hospice Aide Clinical Visi	G0156	111218	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	111318	4	10000	10000	
0551	RN Clinical Visit	G0299	111418	4	4803	4803	
0571	Hospice Aide Clinical Visi	G0156	111418	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	111518	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	111618	4	10000	10000	
0551	RN Clinical Visit	G0299	111918	4	4803	4803	
0571	Hospice Aide Clinical Visi	G0156	111918	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	112018	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	112118	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	112218	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	112318	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	112618	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	112718	4	10000	10000	
	PAGE 1 OF 2	CREATION DATE	120418	TOTALS	7,63575		

50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	57 OTHER PRV ID
Medicare Part A		Y	Y	000	5,34757	1427366699	

58 INSURED'S NAME	59 P REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
H[redacted] M[redacted]	18	[redacted]A		

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME

66 DX	J449	R0602	R54	R1312	M6281	Z7401					68
O											

69 ADMIT DX	70 PATIENT REASON DX			71 PPS CODE	72 ECI				73

74 PRINCIPAL PROCEDURE CODE	DATE	b OTHER PROCEDURE CODE	DATE	c OTHER PROCEDURE CODE	DATE	75
d OTHER PROCEDURE CODE	DATE	e OTHER PROCEDURE CODE	DATE	f OTHER PROCEDURE CODE	DATE	

76 ATTENDING	NPI 1023311040	QUAL	
LAST Dubin	FIRST Stephen Paul		
77 OPERATING	NPI	QUAL	
LAST	FIRST		
78 OTHER	NPI	QUAL	
LAST	FIRST		
79 OTHER	NPI	QUAL	
LAST	FIRST		

80 REMARKS	81CC	
	a	
	b	B3 251G00000X
	c	
	d	

UB-04 CMS-1450 MCF 0104 T APPROVED OMB NO. 0938-0997 DRAFT/Original

NUBC Approval 2439A004

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

JIREH HEALTHCARE SERVICES 2320 PASEO DEL PRADO STE B101 LAS VEGAS NV 891020048 7023591388 7023592388		3588464		0813
		M0456		
	251927052	110118	113018	

[redacted], M[redacted]	[redacted] ST.				
	LAS VEGAS	NV	89119	USA	

BIRTHDATE	SEX	DATE	ADMISSION HR	TYPE	SRC	DHR	STAT	CONDITION CODES	ACCT STATE
[redacted]	F	061318	12	3	2		30		

OCCURRENCE CODE	OCCURRENCE DATE	OCCURRENCE CODE	OCCURRENCE DATE	OCCURRENCE CODE	OCCURRENCE DATE	OCCURRENCE CODE	OCCURRENCE DATE	OCCURRENCE SPAN CODE	OCCURRENCE SPAN FROM	OCCURRENCE SPAN THROUGH	OCCURRENCE SPAN CODE	OCCURRENCE SPAN FROM	OCCURRENCE SPAN THROUGH
27	091118												

	VALUE CODES CODE	VALUE CODES AMOUNT	VALUE CODES CODE	VALUE CODES AMOUNT	VALUE CODES CODE	VALUE CODES AMOUNT
a	61	2982000				
b						
c						
d						

REV CD	DESCRIPTION	HCPCS/RATE/HIPPS CODE	SERV DATE	SERV UNITS	TOTAL CHARGES	NON-COVERED CHARGES
0571	Hospice Aide Clinical Visi	G0156	112818	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	112918	4	10000	10000
0551	RN Clinical Visit	G0299	113018	4	4803	4803
0561	Social Services Clinical V	G0155	113018	4	4803	4803
0571	Hospice Aide Clinical Visi	G0156	113018	4	10000	10000
0001	PAGE 2 OF 2	CREATION DATE	120418	TOTALS	7,63575	

PAYER NAME	HEALTH PLAN ID	REL INFO	ASG BEN	PRIOR PAYMENTS	EST. AMOUNT DUE	NPI	OTHER
Medicare Part A		Y	Y	000	5,34757	1427366699	

INSURED'S NAME	P REL	INSURED'S UNIQUE ID	GROUP NAME	INSURANCE GROUP NO.
H[redacted], M[redacted]	18	[redacted]A		

TREATMENT AUTHORIZATION CODES	DOCUMENT CONTROL NUMBER	EMPLOYER NAME

J449	R0602	R54	R1312	M6281	Z7401				

ADMIT DX	PATIENT REASON DX					PPS CODE	ECI	

PRINCIPAL PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE

OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE

a		
b	B3	251G00000X
c		
d		

ATTENDING	NPI	QUAL
LAST Dubin		FIRST Stephen Paul
OPERATING	NPI	QUAL
LAST		FIRST
OTHER	NPI	QUAL
LAST		FIRST
OTHER	NPI	QUAL
LAST		FIRST

1500 CMS-1450 NUCC 08/05 APPROVED OMB NO. 0938-0997 DGR/Original

NUBC National Uniform Billing Committee 2439A604

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

DUBIN0105

1 JIREH HEALTHCARE SERVICES 2320 PASEO DEL PRADO STE B101 LAS VEGAS NV 891020048 7023591388 7023592388	2	3a PAT CNTL # 3535024 b. MED. REC. # M0456			4 TYPE OF BILL 0813
		5 FED TAX NO 251927052	6 STATEMENT COVERS PERIOD FROM 100118	THROUGH 103118	7

8 PATIENT NAME a [redacted] b [redacted], M[redacted]							9 PATIENT ADDRESS a [redacted] ST. b LAS VEGAS c NV d 89119 e USA																
10 BIRTHDATE	11 SEX	ADMISSION 12 DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	CONDITION CODES 18	19	20	21	22	23	24	25	26	27	28	29 ACDT STATE	30			
[redacted]	F	061318	12	3	2		30																
31 OCCURRENCE CODE / DATE		32 OCCURRENCE CODE / DATE		33 OCCURRENCE CODE / DATE			34 OCCURRENCE CODE / DATE			35 OCCURRENCE SPAN CODE / FROM / THROUGH				36 OCCURRENCE SPAN CODE / FROM / THROUGH				37				
27 091118																							

38	39 VALUE CODES CODE / AMOUNT	40 VALUE CODES CODE / AMOUNT	41 VALUE CODES CODE / AMOUNT
	a 61 2982000		
	b		
	c		
	d		

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0551	RN Clinical Visit	G0299	100118	4	4803	4803	
0571	Hospice Aide Clinical Visi	G0156	100118	4	10000	10000	
0651	651-Routine Home Care	Q5001	100118	31	5,52582	000	
0571	Hospice Aide Clinical Visi	G0156	100218	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	100318	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	100418	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	100518	4	10000	10000	
0551	RN Clinical Visit	G0299	100818	4	4803	4803	
0571	Hospice Aide Clinical Visi	G0156	100818	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	100918	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	101018	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	101118	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	101218	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	101518	4	10000	10000	
[illegible]1	RN Clinical Visit	G0299	101618	4	4803	4803	
[illegible]71	Hospice Aide Clinical Visi	G0156	101618	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	101718	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	101818	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	101918	4	10000	10000	
0551	RN Clinical Visit	G0299	102218	4	4803	4803	
0571	Hospice Aide Clinical Visi	G0156	102218	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	102318	4	10000	10000	
	PAGE 1 OF 2	CREATION DATE 110518		TOTALS	8,06597		

50 PAYER NAME	51 HEALTH PLAN ID	52 REL. INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	57 OTHER PRV ID
Medicare Part A		Y	Y	000	5,52582	1427366699	

58 INSURED'S NAME	59 P. REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO
H[redacted] M[redacted]	18	[redacted]A		

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME

66 DX												67	67a
	J449	R0602	R54	R1312	M6281	Z7401							
O													

69 ADMIT DX	70 PATIENT REASON DX			71 PPS CODE	72 ECI			73

74 PRINCIPAL PROCEDURE CODE / DATE	a. OTHER PROCEDURE CODE / DATE	b. OTHER PROCEDURE CODE / DATE	75
c. OTHER PROCEDURE CODE / DATE	d. OTHER PROCEDURE CODE / DATE	e. OTHER PROCEDURE CODE / DATE	

76 ATTENDING NPI 1023311040 QUAL			
LAST Dubin	FIRST Stephen	Paul	
77 OPERATING NPI	QUAL		
LAST	FIRST		
78 OTHER NPI	QUAL		
LAST	FIRST		
79 OTHER NPI	QUAL		
LAST	FIRST		

80 REMARKS	81CC a		
	b	B3 251G00000X	
	c		
	d		

UB-04 CMS-1450 NCC-UB04-1 APPROVED OMB NO. 0938-0997 OCR-Original NUBC 2439404

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

DUBIN0106

1 JIREH HEALTHCARE SERVICES 2320 PASEO DEL PRADO STE B101 LAS VEGAS NV 891020048 7023591388 7023592388	2	3a PAT CNTL # 3535024 b. MED REC # M0456	4 TYPE OF BILL 0813
		5 FED. TAX NO. 251927052	6 STATEMENT COVERS PERIOD FROM 100118 THROUGH 103118

| | | |

1 JIREH HEALTHCARE SERVICES 2320 PASEO DEL PRADO STE B101 LAS VEGAS NV 891020048 7023591388 7023592388	2	3a PAT CNTL # 3419775 b MED REC # M0456	4 TYPE OF BILL 0813
		5 FED TAX NO. 251927052	6 STATEMENT COVERS PERIOD FROM 080118 THROUGH 083118

8 PATIENT NAME a 571445912A [redacted] M[redacted]

9 PATIENT ADDRESS a [redacted] ST. b LAS VEGAS c NV d 89119 e USA

10 BIRTHDATE [redacted] 11 SEX F 12 DATE 061318 13 HR 12 14 TYPE 3 15 SRC 2 16 DHR 30 17 STAT 30 CONDITION CODES 18 19 20 21 22 23 24 25 26 27 28 29 ACCT STATE 30

31 OCCURRENCE CODE	DATE	32 OCCURRENCE CODE	DATE	33 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	35 OCCURRENCE SPAN CODE	FROM	THROUGH	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
27	061318													

38

	39 VALUE CODES CODE	AMOUNT	40 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a	61	2982000				
b						
c						
d						

42 REV. CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0571	Hospice Aide Clinical Visi	G0156	080118	4	10000	10000	
0651	651-Routine Home Care	Q5001	080118	11	2,42613	000	
0571	Hospice Aide Clinical Visi	G0156	080218	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	080318	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	080618	4	10000	10000	
0551	RN Clinical Visit	G0299	080718	4	4654	4654	
0571	Hospice Aide Clinical Visi	G0156	080818	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	080918	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	081018	4	10000	10000	
0651	651-Routine Home Care	Q5001	081218	20	3,46450	000	
0571	Hospice Aide Clinical Visi	G0156	081318	4	10000	10000	
0551	RN Clinical Visit	G0299	081418	4	4654	4654	
0571	Hospice Aide Clinical Visi	G0156	081418	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	081518	4	10000	10000	
[illegible]1	Hospice Aide Clinical Visi	G0156	081618	4	10000	10000	
[illegible]1	Hospice Aide Clinical Visi	G0156	081718	4	10000	10000	
0551	RN Clinical Visit	G0299	082018	4	4654	4654	
0571	Hospice Aide Clinical Visi	G0156	082018	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	082118	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	082218	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	082318	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	082418	4	10000	10000	
	PAGE 1 OF 2	CREATION DATE	090418	TOTALS	8,27679		

50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	57
Medicare Part A		Y	Y	000	5,89063	1427366699	OTHER PRV ID

58 INSURED'S NAME	59 P REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
H[redacted], M[redacted]	18	[redacted]		

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME

66 DX											68
ICD	J449	R0602	R54	R1312	M6281	Z7401					
0											

69 ADMIT DX | 70 PATIENT REASON DX | 71 PPS CODE | 72 | 73

74 PRINCIPAL PROCEDURE CODE DATE | a. OTHER PROCEDURE CODE DATE | b. OTHER PROCEDURE CODE DATE

c. OTHER PROCEDURE CODE DATE | d. OTHER PROCEDURE CODE DATE | e. OTHER PROCEDURE CODE DATE

80 REMARKS | 81 CC a | b B3 251G00000X | c | d

76 ATTENDING	NPI 1023311040	QUAL	
LAST Dubin	FIRST Stephen	Paul	
77 OPERATING	NPI	QUAL	
LAST	FIRST		
78 OTHER	NPI	QUAL	
LAST	FIRST		
79 OTHER	NPI	QUAL	
LAST	FIRST		

UB-04 CMS-1450 NUCC UB04-1 APPROVED OMB NO. 0938-0997 OCR Original NUBC 2136N004

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

DUBIN0108

1 JIREH HEALTHCARE SERVICES 2320 PASEO DEL PRADO STE B101 LAS VEGAS NV 891020048 7023591388 7023592388	2	34 PAT CNTL # 3419775 35 MED REC # M0456	4 TYPE OF BILL 0813
		5 FED TAX NO 251927052	6 STATEMENT COVERS PERIOD FROM 080118 THROUGH 083118

8 PATIENT NAME	9 PATIENT ADDRESS				
a [redacted] M[redacted]	a [redacted] ST.	b LAS VEGAS	c NV	d 89119	e USA

10 BIRTHDATE	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	18-28 CONDITION CODES	29 ACCT STATE	30
[redacted]	F	061318	12	3	2		30			

31 OCCURRENCE CODE	DATE	32 OCCURRENCE CODE	DATE	33 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	35 OCCURRENCE SPAN CODE	FROM	THROUGH	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
27	061318													

38	39 VALUE CODES CODE	AMOUNT	40 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a	61	2982000				
b						
c						
d						

42 REV CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV DATE	46 SERV UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0551	RN Clinical Visit	G0299	082718	4	4654	4654	
0571	Hospice Aide Clinical Visi	G0156	082718	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	082818	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	082918	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	083018	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	083118	4	10000	10000	
0001	PAGE 2 OF 2	CREATION DATE	090418	TOTALS	8,27679		

50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	57 OTHER PRV ID
Medicare Part A		Y	Y	000	5,89063	1427366699	

58 INSURED'S NAME	59 P REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
H[redacted], M[redacted]	18	[redacted]		

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME

66 DX												67
0	J449	R0602	R54	R1312	M6281	Z7401						

68 ADMIT DX	69 PATIENT REASON DX	70 PPS CODE	71 PPS CODE	72 ECI	73

74 PRINCIPAL PROCEDURE CODE	DATE	b. OTHER PROCEDURE CODE	DATE	c. OTHER PROCEDURE CODE	DATE	75
d. OTHER PROCEDURE CODE	DATE	e. OTHER PROCEDURE CODE	DATE	f. OTHER PROCEDURE CODE	DATE	

76 ATTENDING	NPI 1023311040	QUAL
LAST Dubin	FIRST Stephen	Paul
77 OPERATING	NPI	QUAL
LAST	FIRST	
78 OTHER	NPI	QUAL
LAST	FIRST	
79 OTHER	NPI	QUAL
LAST	FIRST	

80 REMARKS	81CC	
	a	
	b	B3 251G00000X
	c	
	d	

CMS-1450 (08-05) APPROVED OMB NO. 0938-0997 NUBC

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

1 JIREH HEALTHCARE SERVICES 2320 PASEO DEL PRADO STE B101 LAS VEGAS NV 891020048 7023591388 7023592388	2	3a PAT CNTL # 3476860 b MED REC # M0456	4 TYPE OF BILL 0813
		5 FED TAX NO. 251927052	6 STATEMENT COVERS PERIOD FROM 090118 THROUGH 093018

| | | |

1 JIREH HEALTHCARE SERVICES 2320 PASEO DEL PRADO STE B101 LAS VEGAS NV 891020048 7023591388 7023592388		3a PAT CNTL # 3476860 b MED REC # M0456	4 TYPE OF BILL 0813
		5 FED TAX NO. 251927052	6 STATEMENT COVERS PERIOD FROM 090118 THROUGH 093018
8 PATIENT NAME [redacted], M[redacted]	9 PATIENT ADDRESS [redacted] ST. b LAS VEGAS c NV d 89119 e USA		
10 BIRTHDATE [redacted]	11 SEX F	12 DATE 061318	13 HR 12	14 TYPE 3	15 SRC 2	16 DHR	17 STAT 30
18 CONDITION CODES							19	20	21	22	23	24	25	26	27	28	29 ACDT STATE	30
31a CODE 27	31a DATE 091118	31b CODE	31b DATE	32 CODE	32 DATE	33 CODE	33 DATE	34 CODE	34 DATE	35 CODE	35 OCCURRENCE SPAN FROM	THROUGH	36 CODE	36 OCCURRENCE SPAN FROM	THROUGH	37
38			39 CODE	39 VALUE CODES AMOUNT	40 CODE	40 VALUE CODES AMOUNT	41 CODE	41 VALUE CODES AMOUNT
			a 61	2982000				
			b					
			c					
			d					

42 REV CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV DATE	46 SERV UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0571	Hospice Aide Clinical Visi	G0156	092618	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	092718	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	092818	4	10000	10000	
0001	PAGE 2 OF 2	CREATION DATE 100318		TOTALS	7,38291		

50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI 1427366699
Medicare Part A		Y	Y	000	5,19675	57 OTHER PRV ID

58 INSURED'S NAME	59 P REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
H[redacted] M[redacted]	18	[redacted]A		

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME

66 DX											67 J449	R0602	R54	R1312	M6281	Z7401					67a
0																						

68 ADMIT DX	69 PATIENT REASON DX	70 PPS CODE	71 PPS CODE	72 ECI	73

74 PRINCIPAL PROCEDURE CODE DATE	74a OTHER PROCEDURE CODE DATE	74b OTHER PROCEDURE CODE DATE	74c
74d OTHER PROCEDURE CODE DATE	74e OTHER PROCEDURE CODE DATE	74f OTHER PROCEDURE CODE DATE	

75	76 ATTENDING NPI 1023311040 QUAL	
a	LAST Dubin	FIRST Stephen Paul
b B3 251G00000X	77 OPERATING NPI QUAL	
c	LAST	FIRST
d	78 OTHER NPI QUAL	
	LAST	FIRST
	79 OTHER NPI QUAL	
	LAST	FIRST

UB-04 CMS 1450 NUBC APPROVED OMB NO. 0938-0997 OCMWorkflow

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

DUBIN0111

1 JIREH HEALTHCARE SERVICES 2320 PASEO DEL PRADO STE B101 LAS VEGAS NV 891020048 7023591388 7023592388	2	3a PAT CNTL # 3379728 b MED REC # M0456	4 TYPE OF BILL 0813
		5 FED TAX NO 251927052	6 STATEMENT COVERS PERIOD FROM 070118 THROUGH 073118
8 PATIENT NAME a [redacted] M[redacted]		9 PATIENT ADDRESS a [redacted] ST.	
		b LAS VEGAS c NV d 89119 e USA	
10 BIRTHDATE [redacted]	11 SEX F	12 ADMISSION DATE 061318	13 HR 12	14 TYPE 3	15 SRC 2	16 DHR	17 STAT 30	18-28 CONDITION CODES	29 ACDT STATE	30
31 OCCURRENCE CODE 27 DATE 061318	32 OCCURRENCE CODE DATE	33 OCCURRENCE CODE DATE	34 OCCURRENCE CODE DATE	35 OCCURRENCE SPAN CODE FROM THROUGH	36 OCCURRENCE SPAN CODE FROM THROUGH	37
39 VALUE CODES CODE AMOUNT a 61 2982000 b c d	40 VALUE CODES CODE AMOUNT	41 VALUE CODES CODE AMOUNT	

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES
0651	651-Routine Home Care	Q5001	070118	31	6,83726	000
0551	RN Clinical Visit	G0299	070218	4	4654	4654
0571	Hospice Aide Clinical Visi	G0156	070218	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	070318	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	070418	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	070518	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	070618	4	10000	10000
0551	RN Clinical Visit	G0299	070918	4	4654	4654
0571	Hospice Aide Clinical Visi	G0156	070918	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	071018	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	071218	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	071318	4	10000	10000
0551	RN Clinical Visit	G0299	071618	4	4654	4654
0571	Hospice Aide Clinical Visi	G0156	071618	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	071718	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	071818	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	071918	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	072018	3	7500	7500
0551	RN Clinical Visit	G0299	072318	4	4654	4654
0571	Hospice Aide Clinical Visi	G0156	072318	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	072418	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	072518	5	12500	12500
	PAGE 1 OF 2	CREATION DATE	080318	TOTALS	9,21650	

50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI 1427366699
Medicare Part A		Y	Y	000	6,83726	57 OTHER PRV ID

58 INSURED'S NAME	59 P REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO
H[redacted] M[redacted]	18	[redacted]		

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME

67	J449	J449	R0602	R0602	R54	R54	R1312	R1312	M6281	68
0	M6281	Z7401	Z7401							

69 ADMIT X | 70 PATIENT REASON DX | 71 PPS CODE | 72 ECI | 73

74 PRINCIPAL PROCEDURE CODE DATE	a. OTHER PROCEDURE CODE DATE	b. OTHER PROCEDURE CODE DATE	75
c. OTHER PROCEDURE CODE DATE	d. OTHER PROCEDURE CODE DATE	e. OTHER PROCEDURE CODE DATE	

76 ATTENDING NPI 1023311040 QUAL	LAST Dubin	FIRST Stephen Paul
77 OPERATING NPI QUAL	LAST	FIRST
78 OTHER NPI QUAL	LAST	FIRST
79 OTHER NPI QUAL	LAST	FIRST

80 REMARKS | MICC a | b B3 251G00000X | c | d

UB-04 CMS-1450 NUCC 08/04-1 APPROVED OMB NO. 0938-0997 OCR-Original NUBC 24394604

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

DUBIN0112

1 JIREH HEALTHCARE SERVICES 2320 PASEO DEL PRADO STE B101 LAS VEGAS NV 891020048 7023591388 7023592388	2	3a PAT CNTL # 3379728 b MED REC # M0456	4 TYPE OF BILL 0813
		5 FED TAX NO. 251927052	6 STATEMENT COVERS PERIOD FROM 070118 THROUGH 073118

| | | |

JIREH HEALTHCARE SERVICES
2320 PASEO DEL PRADO STE B101
LAS VEGAS NV 891020048
7023591388 7023592388

3327573 | TYPE OF BILL: 0812
M0456
FED. TAX NO: 251927052 | STATEMENT COVERS PERIOD: FROM 061318 THROUGH 063018

PATIENT NAME: [redacted] M[redacted]
PATIENT ADDRESS: [redacted] ST.
LAS VEGAS | NV | 89119 | USA

BIRTHDATE	SEX	ADMISSION DATE	HR	TYPE	SRC	DHR	STAT
[redacted]	F	061318	12	3	2		30

OCCURRENCE CODE	OCCURRENCE DATE
27	061318

VALUE CODES	AMOUNT
61	2982000

REV CD	DESCRIPTION	HCPCS / RATE / HIPPS CODE	SERV. DATE	SERV. UNITS	TOTAL CHARGES	NON-COVERED CHARGES
0551	RN Clinical Visit	G0299	061318	8	9308	9308
0571	Hospice Aide Clinical Visi	G0156	061318	4	10000	10000
0651	651-Routine Home Care	Q5001	061318	18	3,97002	000
0571	Hospice Aide Clinical Visi	G0156	061418	4	10000	10000
0561	Social Services Clinical V	G0155	061518	4	4654	4654
0571	Hospice Aide Clinical Visi	G0156	061518	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	061518	4	10000	10000
0551	RN Clinical Visit	G0299	061818	4	4654	4654
0571	Hospice Aide Clinical Visi	G0156	061918	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	062018	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	062018	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	062118	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	062218	4	10000	10000
0551	RN Clinical Visit	G0299	062518	4	4654	4654
0	N400574041202UN255.000		062618	1	2400	2400
0001	PAGE 1 OF 1		CREATION DATE 070318	TOTALS	5,12672	

PAYER NAME	HEALTH PLAN ID	REL. INFO	ASG. BEN.	PRIOR PAYMENTS	EST. AMOUNT DUE	NPI
Medicare Part A		Y	Y	000	3,97002	1427366699

INSURED'S NAME	P. REL	INSURED'S UNIQUE ID	GROUP NAME	INSURANCE GROUP NO.
H[redacted] M[redacted]	18	[redacted]		

TREATMENT AUTHORIZATION CODES	DOCUMENT CONTROL NUMBER	EMPLOYER NAME

J449	R0602	R54	R1312	M6281	Z7401						
0											

ADMIT DX | PATIENT REASON DX | PPS CODE | ECI

PRINCIPAL PROCEDURE CODE	DATE	a. OTHER PROCEDURE CODE	DATE	b. OTHER PROCEDURE CODE	DATE

c. OTHER PROCEDURE CODE	DATE	d. OTHER PROCEDURE CODE	DATE	e. OTHER PROCEDURE CODE	DATE

ATTENDING: NPI 1023311040 | LAST Dubin | FIRST Stephen Paul
OPERATING: NPI | QUAL | LAST | FIRST
OTHER: NPI | QUAL | LAST | FIRST
OTHER: NPI | QUAL | LAST | FIRST

B3 251G00000X

CMS-1450 (08-05) APPROVED OMB NO. 0938-0997 | NUBC | THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

DUBIN0114

1 JIREH HEALTHCARE SERVICES 2320 PASEO DEL PRADO STE B101 LAS VEGAS NV 891020048 7023591388 7023592388	2	3a PAT CNTL # 3292944 b MED REC # M0456	4 TYPE OF BILL 081A
		5 FED TAX NO 251927052	6 STATEMENT COVERS PERIOD FROM 061318 THROUGH

| | | |

MD ORDERS, TREATMENT, MEDICATION & CTI

Jireh Healthcare Services LLC

2320 Paseo Del Prado, Suite B101, Las Vegas, NV 89102 . Tel: Fax:

Discharge Summary

PATIENT: H[redacted] M[redacted] **MR#:** M0456

Reason For Discharge: Transferred to Another Hospice

EOC: 12/26/2018

Based on the type of Discharge provide a brief summary related to; Diagnosis, health history, symptom and pain management, extent to which goals were and/or were not met, and if applicable, summarize post-discharge continuity of care orders.

Ms. Halstead transferred to another hospice due to patient daughter decision to transfer her mom to another hospice.

Transfer forms checked below sent to Receiving Agency

- ☐ POC Summary w/ List of Medications
- ☐ Advanced Directive
- ☐ DNR

Electronically Signed: 12/26/2018, By Janyvill Ruiz, ADMN

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Jireh Healthcare Services LLC

PHYSICIANS ORDER

2320 Paseo Del Prado, Suite B101, Las Vegas, NV 89102 . Tel. Fax:

PATIENT: H[redacted] M[redacted] DOB: [redacted] MR#: M0456

ORDERED BY: STEPHEN DUBIN (MD) ORDER DATE: 11/16/18 ORDER#: 1600755

List of New/Refill Orders

Start Date	Stop Date	Type		Order	Strength	Quantity	Dosage	Route	Frequency	Indication	Payer
11/16/18		Medication	New	Lorazepam (Ativan)	0.5 mg		1 tab	Oral	3x daily as needed	Anxiety	
11/16/18		Medication	New	Furosemide (Furosemide)	20 mg		1 Tab	ORAL	once daily		
11/16/18		Medication	New	Klor-Con M (Potassium Chloride)	20 meq		Tab ER	ORAL	once daily		
11/16/18		Medication	New	Ipratropium Bromide and Albuterol Sulfate 0.5/ 3 mg/3mL (Ipratropium Bromide and Albuterol Sulfate)	vial		1 Sol	RESPIRATORY (INHALATION)	3x daily as needed	SOB	

List of 'ADMIT' Items - DO NOT FILL ITEMS BELOW (Patient has supply of item at admission)

Start Date	Stop Date	Type		Order	Strength	Quantity	Dosage	Route	Frequency	Indication	Payer

ADDITIONAL NOTE

Ms M[redacted] is an 85 year old, Caucasian female, with COPD on intermittent oxygen inhalation, hypertension, age related physical debility, polyneuropathy, has fracture on unspecified part of beck of left femur, chronic pain, dementia, muscle weakness. Daughter notified office of increasing anxiety, SOB and lower extremity edema.
- SN performed vital signs and all body system assessments.
- Patient alert, pleasant, anxious; sitting comfortably in wheelchair. Complains of anxiety especially during the night, "could not sleep because I am scared".
- VS wnl;
- heart: regular heart rate
- respiratory: decreased breath sounds, no wheezing, no rales
- extremities: edema of LE, bilateral +3
- notified MD with orders given

PHONE ORDER / READ BACK ORDER BY JULIA DUGAY (RN)

Electronically Signed: 11/16/2018, By STEPHEN DUBIN, MD

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Jireh Healthcare Services LLC

PHYSICIANS ORDER

2320 Paseo Del Prado, Suite B101, Las Vegas, NV 89102 . Tel Fax

PATIENT: H[redacted], M[redacted] DOB: [redacted] MR#: M0456

ORDERED BY: STEPHEN DUBIN (MD) ORDER DATE: 09/18/18 ORDER#: 1598477

List of New/Refill Orders

Start Date	Stop Date	Type		Order	Strength	Quantity	Dosage	Route	Frequency	Indication	Payer
09/18/18		Medication	New	Vitamin D	2000 units		2 Tab	ORAL	Daily		
	==>	Note Take one tablet by mouth once daily.									
09/18/18		Medication	New	Ensure			2 bottles	Oral	Daily - PRN	Supplement	

List of 'ADMIT' Items - DO NOT FILL ITEMS BELOW (Patient has supply of item at admission)

Start Date	Stop Date	Type		Order	Strength	Quantity	Dosage	Route	Frequency	Indication	Payer

ADDITIONAL NOTE

Merging information from Consolo Services.

PHONE ORDER / READ BACK ORDER BY MARY ROSE FRONDA (RN)

Electronically Signed: 9/18/2018, By STEPHEN DUBIN, MD

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Jireh Healthcare Services LLC

PHYSICIANS ORDER

2320 Paseo Del Prado, Suite B101, Las Vegas, NV 89102 . Tel: Fax:

PATIENT: H[redacted] M[redacted] **DOB:** [redacted] **MR#:** M0456

ORDERED BY: STEPHEN DUBIN (MD) **ORDER DATE:** 09/17/18 **ORDER#:** 1598417

List of New/Refill Orders

Start Date	Stop Date	Type		Order	Strength	Quantity	Dosage	Route	Frequency	Indication	Payer
09/17/18		Medication	New	Albuterol Sulfate (Albuterol Sulfate)	2.5 mg/3mL		1 Sol	RESPIRATORY (INHALATION)	2 times a day	SOB	
09/17/18		Medication	New	Sertraline Hydrochloride (Sertraline Hydrochloride)	50 mg		2 Tab	ORAL	Daily		

==> Note: Take two tablets by mouth once daily

List of 'ADMIT' Items - DO NOT FILL ITEMS BELOW (Patient has supply of item at admission)

Start Date	Stop Date	Type		Order	Strength	Quantity	Dosage	Route	Frequency	Indication	Payer

ADDITIONAL NOTE

Merging information from Consolo Services.

PHONE ORDER / READ BACK ORDER BY MARY ROSE FRONDA (RN)

Electronically Signed: 9/17/2018, By STEPHEN DUBIN, MD

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Jireh Healthcare Ser ces LLC

PHYSICIANS ORDER

320 Paseo Del Prado, Suite B101, Las Vegas, NV 89102 . Tel: Fax:

PATIENT: H[redacted] M[redacted] **DOB:** [redacted] **MR#:** M0456
ORDERED BY: STEPHEN DUBIN **ORDER DATE:** 11/16/18 **ORDER#:** 1600755

List of New/Refill Orders

Start Date	Stop Date	Type		Order	Strength	Quantity	Dosage	Route	Frequency	Indication	Payer
11/16/18		Medication	New	Lorazepam (Ativan)	0.5 mg		1 tab	Oral	3x daily as needed	Anxiety	
11/16/18		Medication	New	Furosemide (Furosemide)	20 mg		1 Tab	ORAL	once daily		
11/16/18		Medication	New	Klor-Con M (Potassium Chloride)	20 meq		Tab ER	ORAL	once daily		
11/16/18		Medication	New	Ipratropium Bromide and Albuterol Sulfate 0.5/ 3 mg/3mL (Ipratropium Bromide and Albuterol Sulfate)	vial		1 Sol	RESPIRATORY (INHALATION)	3x daily as needed	SOB	

List of 'ADMIT' Items - DO NOT FILL ITEMS BELOW (Patient has supply of item at admission)

Start Date	Stop Date	Type	Order	Strength	Quantity	Dosage	Route	Frequency	Indication	Payer

ADDITIONAL NOTE

Ms M[redacted] H[redacted] s an 85 year old, Caucasian female, with COPD on intermittent oxygen inhalation, hypertension, age related physical debility, polyneuropathy, has fracture on unspecified part of beck of left femur, chronic pain, dementia, muscle weakness. Daughter notified office of increasing anxiety, SOB and lower extremity edema.
- SN performed vital signs and all body system assessments.
- Patient alert, pleasant, anxious; sitting comfortably in wheelchair. Complains of anxiety especially during the night; "could not sleep because I am scared".
- VS wnl.
- heart: regular heart rate
- respiratory: decreased breath sounds, no wheezing, no rales
- extremities: edema of LE, bilateral +3
- notified MD with orders given

PHONE ORDER / READ BACK ORDER BY JULIA DUGAY (RN)

MD Signature: Date:

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Jireh Healthcare Services LLC

PHYSICIANS ORDER

2320 Paseo Del Prado, Suite B101, Las Vegas, NV 89102 . Tel: Fax:

PATIENT: H[redacted], M[redacted] DOB: [redacted] MR#: M0456

ORDERED BY: STEPHEN DUBIN (MD) ORDER DATE: 08/21/18 ORDER#: 1598450

List of New/Refill Orders

Start Date	Stop Date	Type		Order	Strength	Quantity	Dosage	Route	Frequency	Indication	Payer
08/21/18		Medication	New	Calmoseptine 20.6/ .44 g00g (Zinc Oxide and menthol)			1 Oint	TOPICAL	Daily		
	==> Note: Apply to affected area every diaper change.										
08/21/18		Medication	New	VENTOLINHFA HFA (albuterol sulfate)	108 mcg		2 Aerosol	RESPIRATORY (INHALATION)	Every 6 hrs - PRN	SOB	
	==> Note: Take two puffs every 6 hours as needed for shortness of breath.										

List of 'ADMIT' Items - DO NOT FILL ITEMS BELOW (Patient has supply of item at admission)

Start Date	Stop Date	Type		Order	Strength	Quantity	Dosage	Route	Frequency	Indication	Payer

PHONE ORDER / READ BACK ORDER BY MARY ROSE FRONDA (RN)

Electronically Signed: 8/21/2018, By STEPHEN DUBIN, MD

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Jireh Healthcare Services LLC

PHYSICIANS ORDER

2320 Paseo Del Prado, Suite B101, Las Vegas, NV 89102 . Tel: Fax:

PATIENT: H[redacted] M[redacted] DOB: [redacted] MR#: M0456

ORDERED BY: STEPHEN DUBIN (MD) ORDER DATE: 07/03/18 ORDER#: 1598543

List of New/Refill Orders

Start Date	Stop Date	Type		Order	Strength	Quantity	Dosage	Route	Frequency	Indication	Payer
07/03/18		Medication	New	MiraLAX (Polyethylene Glycol 3350)	17 g7g		1 Powder	ORAL	Daily - PRN	Constipation	

==> Note: Mix 17 gram to 8 oz glass of water. Taken once daily by mouth as needed for constipation. To administer if no bowel movement for 3 days.

List of 'ADMIT' Items - DO NOT FILL ITEMS BELOW (Patient has supply of item at admission)

Start Date	Stop Date	Type		Order	Strength	Quantity	Dosage	Route	Frequency	Indication	Payer

ADDITIONAL NOTE

Merging of information from Consolo Services.

PHONE ORDER / READ BACK ORDER BY MARY ROSE FRONDA (RN)

Electronically Signed: 7/3/2018, By STEPHEN DUBIN, MD

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Trinity Pharmacy
2797 S. Maryland Pkwy 28 Las Vegas, NV 89109
Phone: 702-776-8210 Fax: 702-776-7195

Telephoned Prescription

STEPHEN DUBIN
5380 S RAINBOW STE 306
LAS VEGAS NV 89128
Phone : 702-359-1388
Fax : 702-362-9954
DEA # : FD2416706
Lic # : 13772
NPI # : 1023311040

Rx# : 170056
Rx Written : 12-19-2016

Patient : H[redacted] M[redacted]
Address : [redacted] AVE (JIREH)
LAS VEGAS NV 89121
Phone # : 702-[redacted]
D.O.B. : [redacted]
Gender : Female

LORAZEPAM 0.5MG TABLET
Generic for ATIVAN TAB 0.5MG 100
Quantity : 45
Sig Instructions :
TAKE ONE TABLET BY MOUTH THREE TIMES DAILY AS NEEDED

Refills Authorized : 0 RPh : MLJ / 06

NO 0K / Speedy @ 1:00pm 12/19/16
Signature Date

THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "DAW" IN THE BOX BELOW

M[redacted] H[redacted]
[redacted] AVE (JIREH) LAS VEGAS NV 89121
RX017.0055

Trinity Pharmacy

2797 S. Maryland Pkwy 28 Las Vegas, NV 89109

Phone: 702-776-8210 Fax: 702-776-7195

Telephoned Prescription

RX0167999

STEPHEN DUBIN

5380 S RAINBOW STE 306
LAS VEGAS NV 89128

Phone : 702-359-1388
Fax : 702-362-9954

DEA # : FD2419706
Lic # : 13772
NPI # : 1023311040

Rx# : 167999

Rx Written : 11-16-2018

Patient : H[redacted], M[redacted]
Address : [redacted] (JIREH)
LAS VEGAS NV 89121
Phone # :
D.O.B. : [redacted]
Gender : Female

LORAZEPAM 0.5MG TABLET
Generic for ATIVAN TAB 0.5MG 100

Quantity : 45

Sig Instructions :
TAKE ONE TABLET BY MOUTH THREE TIMES DAILY

Refills Authorized : 0 **RPh : MLJ / CC**

MD OK / Julia @ 9:00am 11/16/18

Signature Date

THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "DAW" IN THE BOX BELOW

M[redacted]H[redacted]
[redacted] AVE (JIREH) LAS VEGAS NV 89121

RX0167999

Dispense As Written

PHYSICIAN FACE-TO-FACE ENCOUNTER/ RECERTIFICATION OF TERMINAL ILLNESS

60-DAY PERIODS

Page _____ of _____

Patient Name:	ID#	Admission Date
H[redacted], M[redacted]	M0456	6-13-18

☐ BENEFIT PERIOD

60-Day Period from 12-10-18 to 02-07-2019

Face to Face Encounter *(Note: Must be completed no more than 30 days prior to this benefit period)*

Hospice Nurse Practitioner Attestation: I confirm that I had a face-to-face encounter with _____ *(Patient's Name)* on ___/___/___ *(Date)* and that the clinical findings of that encounter have been provided to the certifying physician for use in determining continued eligibility for hospice care.

NP Name *(Printed)*:	NP Signature:	Date:

Physician Attestation: I confirm that I had a face-to-face encounter with M[redacted] H[redacted] *(Patient's Name)* on ___/___/___ *(Date)* and that I used the clinical findings of that encounter in determining continued eligibility for hospice care

Hospice Medical Director or Designee Name *(Printed)*:	Hospice Medical Director or Designee Signature	Date:
STEPHEN DUBIN, MD		

Recertification Statement: I recertify that I have reviewed the clinical record prior to recertification for the above noted patient and that patient is still considered to be terminally ill and has a life expectancy of six (6) months or less, if the terminal illness runs it's normal course.

Physician Brief Narrative Statement *(Note: Must be completed no more than 15 days prior to recertification)*

Review the patient's clinical circumstances and synthesize the medical information to provide clinical justification for continued Hospice services

MJ M[redacted] H[redacted] is an 86 y/o white lady with PMH of COPD (hypoxemic on room air), HTN, age related debility, polyneuropathy, chronic pain, dementia, & anxiety disorder. pt is chairbound & is mostly in her wheelchair. She has very poor appetite & has generalized muscle weakness; needs max assist w/ her ADL's. If her condition continues to run its normal course, she has 6 mo or less to live.

Attestation: I confirm that I composed this narrative based on my review of the patient's medical record and/or examination of the patient

Hospice Medical Director or Designee Name *(Printed)*:	Hospice Medical Director or Designee Signature	Date:
STEPHEN DUBIN, MD		12-05-18

☐ BENEFIT PERIOD

60-Day Period from _____ to _____

Face to Face Encounter *(Note: Must be completed no more than 30 days prior to this benefit period)*

Hospice Nurse Practitioner Attestation: I confirm that I had a face-to-face encounter with _____ *(Patient's Name)* on ___/___/___ *(Date)* and that the clinical findings of that encounter have been provided to the certifying physician for use in determining continued eligibility for hospice care

NP Name *(Printed)*:	NP Signature	Date:

Physician Attestation: I confirm that I had a face-to-face encounter with _____ *(Patient's Name)* on ___/___/___ *(Date)* and that I used the clinical findings of that encounter in determining continued eligibility for hospice care

Hospice Medical Director or Designee Name *(Printed)*:	Hospice Medical Director or Designee Signature	Date

Recertification Statement: I recertify that I have reviewed the clinical record prior to recertification for the above noted patient and that patient is still considered to be terminally ill and has a life expectancy of six (6) months or less, if the terminal illness runs it's normal course

Physician Brief Narrative Statement *(Note: Must be completed no more than 15 days prior to recertification)*

Review the patient's clinical circumstances and synthesize the medical information to provide clinical justification for continued Hospice services

Attestation: I confirm that I composed this narrative based on my review of the patient's medical record and/or examination of the patient

Hospice Medical Director or Designee Name *(Printed)*:	Hospice Medical Director or Designee Signature	Date

DUBIN0126

WHITE - Clinical Record YELLOW - Other

Form # HC8907-B (Rev. 11/13)
Use companion form HC8007-A for Initial Certification.
Reorder From: MED-PASS® 800-438-8884
IN1F050905R

JI EH HEALTHCARE SERVIL S
2320 Paseo Del Prado Suite B101 Las Vegas Nevada 89102
PHONE: 702.359.1388 FAX: 702.359.2388
EMAIL ADDRESS: jirehhealthcare @gmail.com

PHYSICIAN'S CERTIFICATION FOR MEDICARE/MEDICAID HOSPICE BENEFIT

Physician's Certification of Terminal Illness for Hospice Benefit (Part – 1)

MR# M0456

A. CERTIFICATION STATEMENT **First 90-Day Period from** 6/13/2018 **to** 9/10/2018

I (or WE) certify that M[redacted] H[redacted] is terminally ill and Has a life expectancy of six (6) months or less if the terminal illness runs its normal course. I (WE) Reviewed the patient's clinical information and considered the primary terminal condition, related diagnoses, current subjective and objective medical findings, current medication and treatment orders and information about management of unrelated conditions in making this determination.

J. Ruiz
RN Signature — 6/13/2018 Verbal Order Date

Hospice Medical Director/Associate Hospice Doctor — 6/13/2018 Date

Attending Physician Signature — 6/13/2018 Date

B. RECERTIFICATION STATEMENT **Second 90-Day Period from** 9/11/2018 **to** 12/9/18

I certify that I have reviewed the clinical record prior to recertification for the above noted patient and That patient is still considered to be terminally ill and has life expectancy of six (six) months or less, if The terminal illness runs its normal course.

Hospice Medical Director/Associate Hospice Doctor — 9-11-18 Date

C. RECERTIFICATION STATEMENT **60-Day Period from** 12-10-18 **to** 02-07-19

I certify that I have reviewed the clinical record prior to recertification for the above noted patient and That patient is still considered to be terminally ill and has life expectancy of six (6) months or less, if The terminal illness runs its normal course.

Hospice Medical Director/Associate Hospice Doctor — 12-11-18 Date

1

JIREH HEATHCARE SERVICES

2320 Paseo Del Prado Suite B101 Las Vegas, Nevada 89102
Tel 702.359.1388 Fax 702.359.2388

Patient Instructions, Narrative, Initial IDT Record and Initial Plan of Care

(Write a history of illness, how patient appears today, and reaction to hospice program)

THE FOLLOWING INFORMATION WAS REPORTED TO THE IDT, AND WAS CONSIDERED WHEN DEVELOPING THE PLAN OF CARE.

Patient Name: H[redacted], M[redacted] MR#: M0456

NARRATIVE:

Pt. is an 85 year old,Caucasian female, with disabling dyspnea, hypoxemic on room air, COPD, hypertension, age related physical debility, polyneuropathy, has fracture on unspecified part of beck of left femur, chronic pain, dementia, GERD, muscle weakness, dysphagia, with other symbolic dysfunction. Pt. is currently bed bound, and has very poor appetite. Needs maximum to complete assistance on all her ADL's

Hospice Program was explained. Admissions forms reviewed & completed. Understanding of all hospice admission forms, & the Hospice Medicare Benefits, verbalized by Patient & Family. They are aware patient can choose not to continue Hospice at any time. They are also aware if patient chooses to revoke Hospice, a revocation statement must be signed & he/she will revert to his/her original coverage. Medications & Hospice 24 hour on call service, reviewed, understanding verbalized. Hospice admissions packet, which includes information on palliative medical care guidelines, planning for death, feeding concerns, State Hotline no., DNR, Advance Directives, and the "Medicare Hospice Benefits", reviewed & left with patient. They will call Hospice if they have any changes in condition, problems, or questions. Report given to Hospice Medical Director, admission approved by IDT, Telephone call to attending Physician, report given, order to admit to hospice care, implement palliative care protocols, & approval for hospice certification received. Initial plan of care developed.

Interdisciplinary Team Signatures		
Medical Director	Date:	Time:
Signature:	6/13/18	
Registered Nurse	Date:	Time:
Signature:	6/13/18	
Psychosocial Counselor	Date:	Time:
Signature:	MSW 6/13/18	
Spiritual Counselor	Date:	Time:
Signature:	chaplain 6/10/18	
CHHA	Date:	Time:
Signature:	6-13-18	
Other	Date:	Time:
Signature:		

✓	**MEDICATIONS REVIEWED**
✓	**TREATMENTS REVIEWED**

All IDT Members, Medical Director, Medical Social Worker, Skilled Nurse, Chaplain Director, Patient Care Service, Volunteer were informed about Patient Admission and concurs with Initial Plan of Care per telephone conversation.

SUGGESTED FREQUENCY FOR VISITS:

RN/LVN:	Eval, 1x/week and 2x/week as needed for respiratory issues within certification period
MSW:	1x/month as needed for psychosocial issues within certification period
PC:	Eval, */mo and */mo PRN for spiritual issues within certification period
CHHA:	5x/wk
Vol:	Refused
OTHER:	N/A
RN Signature:	
DATE:	6/13/18
TIME:	

Consolo Physician Order for HALxM at Office Jireh Healthcare Services LLC

Patient Details for H[redacted] M[redacted] (Patient ID 470362, MRN M0456)

Date Of Birth	[redacted]	Status	Active

Physician's Order Details

User	Patient	Order Date	Time of Event
RN_Esteban, Randy (Reste)	H[redacted], M[redacted]	06/13/2018	

Physician	Nurse	Oversight
Dubin, Stephen Paul	RN_Esteban, Randy (Reste)	No

Orders

Admit to Jireh Healthcare Services, LLC. for the 1st 90 day benefit period
* Pharmacist may use generic drug equivalents or compound medications as appropriate
* Interdisciplinary team to determine equipment and supply needs based on assessment for comfort and symptom control (may include but not limited to: hospital bed, special mattress, bedside commode, over-bed-table, shower chair, wheelchair, walker, suction machine, etc.)
* Assess and evaluate cardiac, respiratory, GI, GU, pain, mobility, skin, nutrition/dehydration, comfort level and symptom management, disease progression, safety and family/caregiver needs
* Instruction on care of terminally ill, medications, safety, nutritional needs, pain and symptom control based on assessment
* Assess and evaluate current medications
* Administer oxygen via nasal cannula at 2.5 lpm as needed for shortness of breath or until oxygen saturation is 95% and above
* May give nutritional supplements 1 can a day as tolerated for supplement
* May crush medications that are crush-able.
* Medications to be administered by licensed staff, patient and/or family member/caregiver per medication profile and current orders
* Hospice Medical Director may assist patient as needed to manage symptoms
* Hospice nurse may pronounce death
* Check oxygen saturation level every SN visit
* Bed-rails up 2x
* Skilled Nurse visits - (Eval, 1x/week and 2x/week as needed for respiratory issues within certification period) to promote comfort and symptom management.
* CHHA visits (5x/week within certification period) to assist with personal care, home making and to promote comfort per RN assignment.
* MSW visits (1x/month as needed for psychosocial issues within certification period) to provide psychosocial support to patient and family.
* Chaplain visits (1x/month as needed for spiritual issues within certification period) to provide spiritual

Read Back	Non Verbal Order
Yes	No

Signature _____

Date 6/13/18

Chinany Care Co

☒ Chinomso Ezenwata, APRN
DEA #: _____

☐ Chinyere Okeke, MD
DEA #: _____

3110 S Durango Dr #200
Las Vegas, NV 89032
Tel: 702-415-9760 • Fax: 702-478-6211

Name. M[redacted] H[redacted] DOB

Address. Date 7/19/18

℞

Calmoseptine Cream topical
Apply to affected area each diaper
Change (#1)

☐ Label

Refill_____times PRN

Dispense Only as Written ☐ _____ MD, APRN

SCRIPT# 1137 Order # 2439194-1

Rx 2.NV.V FileRx.com 800-307-7717 RxPads.com

Chinany Care Corp

☒ Chinomso Ezenwata, APRN
DEA #: _____

☐ Chinyere Okeke, MD
DEA #: _____

3110 S Durango Dr #200
Las Vegas, NV 89032
Tel: 702-415-9760 • Fax: 702-478-6211

Name. M[redacted] H[redacted] DOB

Address. Date 7/19/18

℞

Oxygen 2L via nasal Canula
as needed for SOB.

☐ Label

Refill_____times PRN

Dispense Only as Written ☐ _____ MD, APRN

SCRIPT# 1136 Order # 2439194-1

Rx 2.NV.V FileRx.com 800-307-7717 RxPads.com

Chinany Care Corp

☒ Chinomso Ezenwata, APRN
DEA #: _____

☐ Chinyere Okeke, MD
DEA #: _____

3110 S Durango Dr #200
Las Vegas, NV 89032
Tel: 702-415-9760 • Fax: 702-478-6211

Name. M[redacted] H[redacted] DOB

Address. Date 7/19/18

℞

D/C Carvedilol 3.125 mg PO BID
D/C Lisperidone 0.5 mg PO QHS
Spiriva 18 Mcg c.p. handihaler inhale
1 Daily (4:30)
Ensure 2 Can PO Daily (at 6a)
Albuterol 2.5mg/3ml neb inhale TID prn
Label for SOB, wheezing.

☐ Label

Refill_____times PRN

Dispense Only as Written ☐ _____ MD, APRN

SCRIPT# 1135 Order # 2439194-1

Rx 2.NV.V FileRx.com 800-307-7717 RxPads.com

Consolo Certification for HALxM at Office Jireh Healthcare Services LLC

Patient Details for H[redacted], M[redacted] (Patient ID 470362, MRN M0456)

Date Of Birth	[redacted]	**Status**	Active
Screened Allergies	Erythromycin	**Unscreened Allergies**	opiate/narcotics
Start Of Care	06/13/2018	**Gender**	Female
Patient Address	[redacted] Ave Las Vegas, NV 89121		

Hospice Certification of Terminal Illness

Benefit Period
1

Benefit Period Start Date
06/13/2018

Benefit Period End Date
09/10/2018

Certification Start Date
06/13/2018

Certification End Date
09/10/2018

Signed Date
06/13/2018

Medical Director or Certifying Physician
Dubin, Stephen Paul

Medical Director or Certifying Physician Address
5741 S. Fort Apache Rd. Suite 100 Las Vegas, NV 89148

Attending Physician
Dubin, Stephen Paul

Attending Physician Address
5741 S. Fort Apache Rd. Suite 100 Las Vegas, NV 89148

Patient HI Claim No
57144591A

Disaster Acuity
Medical services required within 72 hours

Provider Information

Provider Name
Jireh Healthcare Services LLC

Provider Number
291533

Provider Address
2320 Paseo Del Prado Ste B101 Las Vegas, NV 89102-0048

Admission

New Admission 06/13/2018 (ROUTINE)

Verbal Certification

Verbal Certification received from Medical Director: Dubin, Stephen Paul by RN_Ruiz, Janyvill (jruiz) on 06/13/2018

I certify that H[redacted], M[redacted] is terminally ill with a life expectancy of six months or less if the terminal illness runs its normal course.

Skilled Nurse **RN_Ruiz, Janyvill (User)** signed on **06/13/2018**. Recorded by jruiz on 06/14/2018 10:04:57.

Verbal Certification received from Physician: Dubin, Stephen Paul by RN_Ruiz, Janyvill (jruiz) on 06/13/2018

I certify that H[redacted], M[redacted] is terminally ill with a life expectancy of six months or less if the terminal illness runs its normal course.

Skilled Nurse **RN_Ruiz, Janyvill (User)** signed on **06/13/2018**. Recorded by jruiz on 06/14/2018 10:05:12.

Consolo Certification for HALxM at Office Jireh Healthcare Services LLC

Brief Narrative Statement and Attestation

Review the patient's clinical circumstances and synthesize the medical information to provide clinical justification for admission and continuation to hospice services. If in third (3rd) or more benefit periods, clinical findings from the face to face encounter have been used to determine continued eligibility for hospice care.

Composing Physician
Dubin, Stephen Paul

Pt. is an 85 year old,Caucasian female, with disabling dyspnea, hypoxemic on room air, COPD, hypertension, age related physical debility, polyneuropathy, has fracture on unspecified part of beck of left femur, chronic pain, dementia, GERD, muscle weakness, dysphagia, with other symbolic dysfunction. Pt. is currently bed bound, and has very poor appetite. Needs maximum to complete assistance on all her ADL's

Recorded By
RN_Ruiz, Janyvill (jruiz)

Attestation: I confirm that I composed this narrative and that it is based on my review of the patient's medical record and/or examination of the patient.

Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **06/13/2018**. Recorded by jruiz on 06/14/2018 10:06:24.

Certification Statement

I certify that this patient is under my care, and to the best of my medical knowledge given the data available, has a life expectancy of six (6) months or less if the terminal illness runs its normal course.

Medical Director or Certifying Physician: Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **06/13/2018**. Recorded by jruiz on 06/14/2018 10:06:32.

I certify that this patient is under my care, and to the best of my medical knowledge given the data available, has a life expectancy of six (6) months or less if the terminal illness runs its normal course.

Attending Physician: Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **06/13/2018**. Recorded by jruiz on 06/14/2018 10:06:32.

Additional Signatures

1. Skilled Nurse **RN_Ruiz, Janyvill** (User) signed on **06/14/2018**. Recorded by jruiz on 06/14/2018 10:06:40.

Record the signature for Dugay, Julia on Certification Dated: 12/10/2018

Unscreened Allergies oplate/narcotics Screened Allergies Erythromycin

H[redacted], M[redacted] (470362) MRN M0456 Start Of Care 06/13/2018 Level Of Care ROUTINE More

Hospice Certification of Terminal Illness

Benefit Period
3

Benefit Period Start Date
12/10/2018

Benefit Period End Date
02/07/2019

Certification Start Date
12/10/2018

Certification End Date
02/07/2019

Signed Date
12/03/2018

Medical Director or Certifying Physician
Dubin, Stephen Paul

Medical Director or Certifying Physician Address
5741 S. Fort Apache Rd. Suite 100 Las Vegas, NV 89148

Patient Hi Claim No
[redacted]A

Disaster Acuity
Medical services required within 72 hours

Provider Information

Provider Name
Jireh Healthcare Services LLC

Provider Number
291533

Provider Address
2320 Paseo Del Prado Ste B101 Las Vegas, NV 89102-0048

Admission

New Admission 06/13/2018 (ROUTINE)

Exceptional Face to Face Circumstances

Exceptional Face to Face Circumstances

Verbal Certification

Verbal Certification received from Medical Director: Dubin, Stephen Paul by Dugay, Julia (jduga) on 12/03/2018

I certify that H[redacted], M[redacted] is terminally ill with a life expectancy of six months or less if the terminal illness runs its normal course.

Skilled Nurse **Dugay, Julia (User)** signed on **12/03/2018**. Recorded by jduga on 12/18/2018 14:29:49.

Brief Narrative Statement and Attestation

Review the patient's clinical circumstances and synthesize the medical information to provide clinical justification for admission and continuation to hospice services. If in third (3rd) or more benefit periods, clinical findings from the face to face encounter have been used to determine continued eligibility for hospice care.

Composing Physician
Dubin, Stephen Paul

Ms M[redacted] H[redacted] is an 85 year old, white female with PMH of COPD (hypoxemic on room air), hypertension, age related physical debility, polyneuropathy, chronic pain, dementia, GERD, and anxiety disorder. Pt. is chair bound and is mostly in the wheelchair. She has very poor appetite and has generalized muscle weakness. She needs maximum to complete assistance on all her ADL's.

Recorded By
Dugay, Julia (jduga)

Attestation: I confirm that I composed this narrative and that it is based on my review of the patient's medical record and/or examination of the patient.

Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **12/03/2018**. Recorded by jduga on 12/18/2018 14:29:12.

Certification Statement

I recertify that this patient is under my care, and to the best of my medical knowledge given the data available, has a life expectancy of six (6) months or less if the terminal illness runs its normal course.

Medical Director or Certifying Physician: Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **12/03/2018**. Recorded by jduga on 12/18/2018 14:28:30.

Consolo Physician for HALxM at Office Jireh Healthcare Services LLC

Patient Details for H[redacted], M[redacted] (Patient ID 470362, MRN M0456)

Date Of Birth	[redacted]	**Status**	Active
Screened Allergies	Erythromycin	**Unscreened Allergies**	opiate/narcotics

Physician's Order Details

User	Patient	Order Date	Time of Event
Dugay, Julia (jduga)	H[redacted] M[redacted]	12/03/2018	1447

Physician	Nurse	Oversight
Dubin, Stephen Paul	Dugay, Julia (jduga)	No

Orders

Admit to Jireh Healthcare Services for the 1st 60 day benefit period * Pharmacist may use generic drug equivalents or compound medications as appropriate. * Interdisciplinary team to determine equipment and supply needs based on assessment for comfort and symptom control (may include but not limited to: hospital bed, special mattress, bedside commode, over-bed-table, shower chair, wheelchair, walker, suction machine, etc.) * Assess and evaluate cardiac, respiratory, GI,GU, pain, mobility, skin, nutrition/dehydration, comfort level and symptom management, disease progression, safety and family/caregiver needs * Instruction on care of terminally ill, medications, safety, nutritional needs, pain and symptom control based on assessment * Assess and evaluate current medications * May give nutritional supplements 1 can a day as tolerated for supplement * May crush medications that are crush-able. * Medications to be administered by licensed staff, patient and/or family member/caregiver per medication profile and current orders * Hospice Medical Director may assist patient as needed to manage symptoms * Hospice nurse may pronounce death * Oxygen 2.5 lpm via NC continuously or as needed for SOB * Check oxygen saturation level prn every SN visit * Bed-ralls up 2x * Skilled Nurse visits 1x/week and 2x/week as needed for fall, agitation, SOB, leg edema & change in level of consciousness issues to promote comfort and symptom management within certification period. * CHHA visits 5x/week to assist with personal care, home making and to promote comfort per RN assignment within certification period. * Chaplain visits - evaluation, 1x/mo, 1x/mo as needed for spiritual issues. * Social worker visits - evaluation, 1x/mo as needed for psychosocial issues. * Volunteer Services continue to be offered every week per Skilled Nurse/Staff. * Admit patient to Jireh Healthcare Services with the following orders verified with M.D: Patient: DNR Diet: As Tolerated * Admit with the following medications: Please see related medications.

Read Back	Non Verbal Order
Yes	No

Medications

Medication	Instructions	Quantity	Refills
Furosemide 1 Tablet 1 times a day PO (20 MG Tablet)			
LORazepam 1 Tablet 3 times a day PO As Needed Agitation (0.5 MG Tablet)			
PoTASsium ChLORide 1 Tablet 1 times a day PO (20 mEq Tablet)			

Related Assignees

Social Services - MSW_Minnick, Joseph 1 PRN visit(s) every 30 day(s) effective 09/03/2018
Skilled Nurse - RN_Cacanindin, Speedy 1 visit(s) Weekly 2 PRN visit(s) every 7 day(s) effective 09/03/2018
Physician - Dubin, Stephen Paul 1 PRN visit(s) every 30 day(s) effective 09/03/2018
MD Director - Dubin, Stephen Paul 1 PRN visit(s) every 30 day(s) effective 09/03/2018
Hospice Aide - Young, Grace Marie 5 visit(s) Weekly effective 09/03/2018
Chaplain - CHAPLAIN_Murphy, Kathryn 1 visit(s) Monthly 3 PRN visit(s) every 30 day(s) effective 09/03/2018

Signatures

1. Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **12/03/2018**. Recorded by jduga on 12/18/2018 14:57:45.

Consolo Physician for HALxM at Office Jireh Healthcare Services LLC

Patient Details for H[redacted], M[redacted] (Patient ID 470362, MRN M0456)

Date Of Birth	[redacted]	**Status**	Active
Screened Allergies	Erythromycin	**Unscreened Allergies**	opiate/narcotics

Physician's Order Details

User	Patient	Order Date	Time of Event
Fronda, MaryRose (mary1)	H[redacted] M[redacted]	09/03/2018	1000

Physician	Nurse	Related	Oversight
Dubin, Stephen Paul	Fronda, MaryRose (mary1)	Yes	No

Orders

Re-certify to Jireh Healthcare Services, LLC. for the 2nd 90 day benefit period
* Pharmacist may use generic drug equivalents or compound medications as appropriate.
* Interdisciplinary team to determine equipment and supply needs based on assessment for comfort and symptom control (may include but not limited to: hospital bed, special mattress, bedside commode, over-bed-table, shower chair, wheelchair, walker, suction machine, etc.)
* Assess and evaluate cardiac, respiratory, GI, GU, pain, mobility, skin, nutrition/dehydration, comfort level and symptom management, disease progression, safety and family/caregiver needs
* Instruction on care of terminally ill, medications, safety, nutritional needs, pain and symptom control based on assessment
* Assess and evaluate current medications
* Administer oxygen via nasal cannula at 2.5 lpm as needed for shortness of breath or until oxygen saturation is 95% and above
* May give nutritional supplements 1 can a day as tolerated for supplement
* May crush medications that are crush-able.
* Medications to be administered by licensed staff, patient and/or family member/caregiver per medication profile and current orders
* Hospice Medical Director may assist patient as needed to manage symptoms
* Hospice nurse may pronounce death
* Check oxygen saturation level every SN visit
* Bed rails up 2x
* Skilled Nurse visits - (Eval, 1x/week and 2x/week as needed for respiratory issues within certification period) to promote comfort and symptom management.
* CHHA visits (5x/week within certification period) to assist with personal care, home making and to promote comfort per RN assignment.
* MSW visits (1x/month as needed for psychosocial issues within certification period) to provide psychosocial support to patient and family.
* Chaplain visits (1x/month as needed for spiritual issues within certification period) to provide spiritual

Read Back	Non Verbal Order
Yes	No

Related Assignees

Hospice Aide - Young, Grace Marie 5 visit(s) Weekly effective 06/20/2018
MD Director - Dubin, Stephen Paul effective 06/20/2018
Physician - Dubin, Stephen Paul effective 06/20/2018
Skilled Nurse - RN_Ruiz, Janyvill effective 06/20/2018
Skilled Nurse - RN_Cacanindin, Speedy effective 06/20/2018
Social Services - MSW_Minnick, Joseph effective 06/20/2018
Chaplain - CHAPLAIN_Murphy, Kathryn effective 06/20/2018

Signatures

1. Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **09/03/2018**. Recorded by mary1 on 09/16/2018 22:58:18.

Consolo Physician for HALxM at Office Jireh Healthcare Services LLC

Signature: _____

Date: _____

Consolo Physician for HALxM at Office Jireh Healthcare Services LLC

Patient Details for H[redacted], M[redacted] (Patient ID 470362, MRN)

Date Of Birth	[redacted]	Status	Active

Physician's Order Details

User	Patient	Order Date	Time of Event
RN_Ruiz, Janyvill (jruiz)	H[redacted], M[redacted]	06/12/2018	1629

Physician	Nurse	Oversight
Dubin, Stephen Paul	RN_Ruiz, Janyvill (jruiz)	No

Orders

Read Back	Non Verbal Order
Yes	No

Medications

Medication	Instructions	Quantity	Refills
Spiriva HandiHaler 2 cap(s) 1 times a day IN (18 MCG Capsule)			
Folic Acid 1 tab 1 times a day PO (1 MG Tablet)			
Levothyroxine 1 tab 1 times a day PO (25 mcg Tablet)	to be taken every morning		
Vitamin D 1 tab 1 times a day PO (2000 UNIT Capsule)			
Vitamin C 1 tab 1 times a day PO (500 MG Tablet)			
vitamin B12 1 tab 1 times a day PO (1000 mcg Tablet)			
Sertraline HCl 1 tab 1 times a day PO (50 MG Tablet)			
Ferrous Sulfate 1 tab 2 times a day PO (325 (65 Fe) MG Tablet)			
Carvedilol 1 tab 2 times a day PO (3.125 MG Tablet)			
RisperiDONE 1 tab 1 times a day PO (0.5 MG Tablet)	take one tab orally daily at bedtime		
Oxygen Concentrator 2.5 L/M of 1 each Device continuously XX			

Signatures

1. Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **06/16/2018**. Recorded by jruiz on 06/16/2018 16:30:11.
2. Skilled Nurse **RN_Ruiz, Janyvill** (User) signed on **06/16/2018**. Recorded by jruiz on 06/16/2018 16:30:05.

Consolo Physician for HALxM at Office Jireh Healthcare Services LLC

Patient Details for H[redacted], M[redacted] (Patient ID 470362, MRN)

Date Of Birth	[redacted]	Status	Active

Physician's Order Details

User	Patient	Order Date	Time of Event
RN_Ruiz, Janyvill (jruiz)	H[redacted], M[redacted]	06/12/2018	1629

Physician	Nurse	Oversight
Dubin, Stephen Paul	RN_Ruiz, Janyvill (jruiz)	No

Orders

Read Back	Non Verbal Order
Yes	No

Medications

Medication	Instructions	Quantity	Refills
Spiriva HandiHaler 2 cap(s) 1 times a day IN (18 MCG Capsule)			
Folic Acid 1 tab 1 times a day PO (1 MG Tablet)			
Levothyroxine 1 tab 1 times a day PO (25 mcg Tablet)	to be taken every morning		
Vitamin D 1 tab 1 times a day PO (2000 UNIT Capsule)			
Vitamin C 1 tab 1 times a day PO (500 MG Tablet)			
vitamin B12 1 tab 1 times a day PO (1000 mcg Tablet)			
Sertraline HCl 1 tab 1 times a day PO (50 MG Tablet)			
Ferrous Sulfate 1 tab 2 times a day PO (325 (65 Fe) MG Tablet)			
Carvedilol 1 tab 2 times a day PO (3.125 MG Tablet)			
RisperiDONE 1 tab 1 times a day PO (0.5 MG Tablet)	take one tab orally daily at bedtime		
Oxygen Concentrator 2.5 L/M of 1 each Device continuously XX			

Signatures

1. Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **06/16/2018**. Recorded by jruiz on 06/16/2018 16:30:11.
2. Skilled Nurse **RN_Ruiz, Janyvill** (User) signed on **06/16/2018**. Recorded by jruiz on 06/16/2018 16:30:05.

Patient Details for H[redacted], M[redacted] (Patient ID 470362, MRN M0456)

Date Of Birth	[redacted]	Status	Pending - Discharged

Indicator Dated 09/03/2018 for M[redacted] H[redacted], Medical Record No M0456

Effective Date
09/03/2018

Diagnoses

ICD10s

Primary ICD10 - J44.9 Chronic obstructive pulmonary disease, unspecified
Secondary ICD10 - R06.02 Shortness of breath
Tertiary ICD10 - R54 Age-related physical debility
4th ICD10 - R13.12 Dysphagia, oropharyngeal phase
5th ICD10 - M62.81 Muscle weakness (generalized)
6th ICD10 - Z74.01 Bed confinement status

Consolo Physician Order (2426087) Dated: 12/03/2018 for Dubin, Stephen Paul for H[redacted], M[redacted]

Patient Details for H[redacted], M[redacted] (Patient ID 470362, MRN M0456)

Date Of Birth	[redacted]	Status	Pending - Discharged

Physician's Order Details

User	Patient	Order Date	Time of Event
Dugay, Julia (jduga)	H[redacted], M[redacted]	12/03/2018	1447

Physician	Nurse	Oversight
Dubin, Stephen Paul	Dugay, Julia (jduga)	No

Orders

Admit to Jireh Healthcare Services for the 1st 60 day benefit period * Pharmacist may use generic drug equivalents or compound medications as appropriate. * Interdisciplinary team to determine equipment and supply needs based on assessment for comfort and symptom control (may include but not limited to: hospital bed, special mattress, bedside commode, over-bed-table, shower chair, wheelchair, walker, suction machine, etc.) * Assess and evaluate cardiac, respiratory, GI,GU, pain, mobility, skin, nutrition/dehydration, comfort level and symptom management, disease progression, safety and family/caregiver needs * Instruction on care of terminally ill, medications, safety, nutritional needs, pain and symptom control based on assessment * Assess and evaluate current medications * May give nutritional supplements 1 can a day as tolerated for supplement * May crush medications that are crush-able. * Medications to be administered by licensed staff, patient and/or family member/caregiver per medication profile and current orders * Hospice Medical Director may assist patient as needed to manage symptoms * Hospice nurse may pronounce death * Oxygen 2.5 lpm via NC continuously or as needed for SOB * Check oxygen saturation level prn every SN visit * Bed-rails up 2x * Skilled Nurse visits 1x/week and 2x/week as needed for fall, agitation, SOB, leg edema & change in level of consciousness issues to promote comfort and symptom management within certification period. * CHHA visits 5x/week to assist with personal care, home making and to promote comfort per RN assignment within certification period. * Chaplain visits - evaluation, 1x/mo, 1x/mo as needed for spiritual issues. * Social worker visits - evaluation, 1x/mo as needed for psychosocial issues. * Volunteer Services continue to be offered every week per Skilled Nurse/Staff. * Admit patient to Jireh Healthcare Services with the following orders verified with M.D: Patient: DNR Diet: As Tolerated * Admit with the following medications: Please see related medications.

Read Back	Non Verbal Order
Yes	No

Medications

Medication	Instructions	Quantity	Refills
Furosemide 1 Tablet 1 times a day PO (20 MG Tablet)			
LORazepam 1 Tablet 3 times a day PO As Needed Agitation (0.5 MG Tablet)			
PoTASsium ChLORide 1 Tablet 1 times a day PO (20 mEq Tablet)			

Related Assignees

Social Services - MSW_Minnick, Joseph 1 PRN visit(s) every 30 day(s) effective 09/03/2018
Skilled Nurse - RN_Cacanindin, Speedy 1 visit(s) Weekly 2 PRN visit(s) every 7 day(s) effective 09/03/2018
Physician - Dubin, Stephen Paul 1 PRN visit(s) every 30 day(s) effective 09/03/2018
MD Director - Dubin, Stephen Paul 1 PRN visit(s) every 30 day(s) effective 09/03/2018
Hospice Aide - Young, Grace Marie 5 visit(s) Weekly effective 09/03/2018
Chaplain - CHAPLAIN_Murphy, Kathryn 1 visit(s) Monthly 3 PRN visit(s) every 30 day(s) effective 09/03/2018

Signatures

1. Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **12/03/2018.** Recorded by jduga on 12/18/2018 14:57:45.

Consolo Physician Order (2253456) Dated: 09/17/2018 for Dubin, Stephen Paul for H[redacted] M[redacted]

Patient Details for H[redacted] M[redacted] (Patient ID 470362, MRN M0456)

Date Of Birth	[redacted]	Status	Pending - Discharged

Physician's Order Details

User
RN_Ruiz, Janyvill (jruiz)

Patient
H[redacted], M[redacted]

Order Date
09/17/2018

Time of Event
1946

Physician
Dubin, Stephen Paul

Nurse
RN_Ruiz, Janyvill (jruiz)

Oversight
No

Orders
Ensure 2 Bottle 1 times a day PO As Needed Supplement (Liquid)

Read Back
Yes

Non Verbal Order
No

Medications

Medication	Instructions	Quantity	Refills
Ensure 2 Bottle 1 times a day PO As Needed Supplement (Liquid)			

Signatures

1. Medical Director **Dubin, Stephen Paul** (Medical Director) signed on 09/17/2018. Recorded by jruiz on 09/18/2018 19:49:21.
2. Skilled Nurse **RN_Ruiz, Janyvill** (User) signed on 09/18/2018. Recorded by jruiz on 09/18/2018 19:49:04.

Consolo Physician Order (2253447) Dated: 09/18/2018 for Okeke, Chinyere for H[redacted] M[redacted]

Patient Details for H[redacted], M[redacted] (Patient ID 470362, MRN M0456)

Date Of Birth	[redacted]	Status	Pending - Discharged

Physician's Order Details

User	Patient	Order Date	Time of Event
RN_Ruiz, Janyvill (jruiz)	H[redacted] M[redacted]	09/18/2018	1944

Physician	Nurse	Oversight
Okeke, Chinyere	RN_Ruiz, Janyvill (jruiz)	No

Orders

Discontinue Medication Ensure 2 Bottle 1 times a day PO (Liquid) on 09/17/2018

Read Back	Non Verbal Order
Yes	No

Consolo Physician Order (2253444) Dated: 09/17/2018 for Dubin, Stephen Paul for H[redacted], M[redacted]

Patient Details for H[redacted], M[redacted] (Patient ID 470362, MRN M0456)

Date Of Birth	[redacted]	Status	Pending - Discharged

Physician's Order Details

User	Patient	Order Date	Time of Event
RN_Ruiz, Janyvill (jruiz)	H[redacted], M[redacted]	09/17/2018	1942

Physician	Nurse	Oversight
Dubin, Stephen Paul	RN_Ruiz, Janyvill (jruiz)	No

Orders

Albuterol Sulfate 1 vial 2 times a day IN ((2.5 MG/3ML) 0.083% Nebu Soln

Read Back	Non Verbal Order
Yes	No

Medications

Medication	Instructions	Quantity	Refills
Albuterol Sulfate 1 vial 2 times a day IN ((2.5 MG/3ML) 0.083% Nebu Soln)			

Signatures

1. Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **09/17/2018**. Recorded by jruiz on 09/18/2018 19:43:41.
2. Skilled Nurse **RN_Ruiz, Janyvill** (User) signed on **09/18/2018**. Recorded by jruiz on 09/18/2018 19:43:32.

Consolo Physician Order (2253392) Dated: 09/17/2018 for Dubin, Stephen Paul for H[redacted], M[redacted]

Patient Details for H[redacted], M[redacted] (Patient ID 470362, MRN M0456)

Date Of Birth	[redacted]	Status	Pending - Discharged

Physician's Order Details

User	Patient	Order Date	Time of Event
RN_Ruiz, Janyvill (jruiz)	H[redacted], M[redacted]	09/17/2018	1915

Physician	Nurse	Oversight
Dubin, Stephen Paul	RN_Ruiz, Janyvill (jruiz)	No

Orders
Sertraline HCl 2 tab 1 times a day PO (50 MG Tablet

Read Back	Non Verbal Order
Yes	No

Signatures

1. Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **09/17/2018**. Recorded by jruiz on 09/18/2018 19:15:54.
2. Skilled Nurse **RN_Ruiz, Janyvill** (User) signed on **09/18/2018**. Recorded by jruiz on 09/18/2018 19:15:47.

Consolo Physician Order (2253401) Dated: 08/21/2018 for Dubin, Stephen Paul for H[redacted], M[redacted]

Patient Details for H[redacted] M[redacted] (Patient ID 470362, MRN M0456)

Date Of Birth	[redacted]	Status	Pending - Discharged

Physician's Order Details

User	Patient	Order Date	Time of Event
RN_Ruiz, Janyvill (jruiz)	H[redacted], M[redacted]	08/21/2018	1924

Physician	Nurse	Oversight
Dubin, Stephen Paul	RN_Ruiz, Janyvill (jruiz)	No

Orders

Ventolin HFA 2 puff(s) every 6 hours IN As Needed SOB (108 (90 Base) MCG/ACT Aerosol Soln

Read Back	Non Verbal Order
Yes	No

Medications

Medication	Instructions	Quantity	Refills
Ventolin HFA 2 puff(s) every 6 hours IN As Needed SOB (108 (90 Base) MCG/ACT Aerosol Soln)			

Signatures

1. Medical Director Dubin, Stephen Paul (Medical Director) signed on 08/21/2018. Recorded by jruiz on 09/18/2018 19:25:23.
2. Skilled Nurse RN_Ruiz, Janyvill (User) signed on 09/18/2018. Recorded by jruiz on 09/18/2018 19:25:11.

Consolo Physician Order (2253414) Dated: 09/17/2018 for Dubin, Stephen Paul for H[redacted] M[redacted]

Patient Details for H[redacted], M[redacted] (Patient ID 470362, MRN M0456)

Date Of Birth	[redacted]	Status	Pending - Discharged

Physician's Order Details

User	Patient	Order Date	Time of Event
RN_Ruiz, Janyvill (jruiz)	H[redacted] M[redacted]	09/17/2018	1930

Physician	Nurse	Oversight
Dubin, Stephen Paul	RN_Ruiz, Janyvill (jruiz)	No

Orders

Sertraline HCl 2 tab 1 times a day PO (50 MG Tablet)

Read Back	Non Verbal Order
Yes	No

Medications

Medication	Instructions	Quantity	Refills
Sertraline HCl 2 tab 1 times a day PO (50 MG Tablet)			

Signatures

1. Medical Director Dubin, Stephen Paul (Medical Director) signed on 09/17/2018. Recorded by jruiz on 09/18/2018 19:31:58.
2. Skilled Nurse RN_Ruiz, Janyvill (User) signed on 09/18/2018. Recorded by jruiz on 09/18/2018 19:31:45.

Consolo Physician Order (2253386) Dated: 09/18/2018 for Dubin, Stephen Paul for H[redacted] M[redacted]

Patient Details for H[redacted] M[redacted] (Patient ID 470362, MRN M0456)

Date Of Birth	[redacted]	Status	Pending - Discharged

Physician's Order Details

User	Patient	Order Date	Time of Event
RN_Ruiz, Janyvill (jruiz)	H[redacted] M[redacted]	09/18/2018	1910

Physician	Nurse	Oversight
Dubin, Stephen Paul	RN_Ruiz, Janyvill (jruiz)	No

Orders

Discontinue Medication Sertraline HCl 1 tab 1 times a day PO (50 MG Tablet) on 09/10/2018

Read Back	Non Verbal Order
Yes	No

Consolo Physician Order (2253358) Dated: 09/18/2018 for Dubin, Stephen Paul for H[redacted] M[redacted]

Patient Details for H[redacted], M[redacted] (Patient ID 470362, MRN M0456)

Date Of Birth	[redacted]	Status	Pending - Discharged

Physician's Order Details

User	Patient	Order Date	Time of Event
RN_Ruiz, Janyvill (jruiz)	H[redacted] M[redacted]	09/18/2018	1845

Physician	Nurse	Oversight
Dubin, Stephen Paul	RN_Ruiz, Janyvill (jruiz)	No

Orders

Discontinue Medication Vitamin D 1 tab 1 times a day PO (2000 UNIT Capsule) on 09/16/2018

Read Back	Non Verbal Order
Yes	No

Medications

Medication	Instructions	Quantity	Refills
Vitamin D 2 tab 1 times a day PO (2000 UNIT Tablet)	Take one tablet by mouth once daily.		

Signatures

1. Medical Director Dubin, Stephen Paul (Medical Director) signed on 09/19/2018. Recorded by jruiz on 09/18/2018 18:49:29.
2. Skilled Nurse RN_Ruiz, Janyvill (User) signed on 09/18/2018. Recorded by jruiz on 09/18/2018 18:49:21.

Consolo Physician Order (2253357) Dated: 09/18/2018 for Dubin, Stephen Paul for H[redacted], M[redacted]

Patient Details for H[redacted], M[redacted] (Patient ID 470362, MRN M0456)

Date Of Birth	[redacted]	Status	Pending - Discharged

Physician's Order Details

User	Patient	Order Date	Time of Event
RN_Ruiz, Janyvill (jruiz)	H[redacted] M[redacted]	09/18/2018	1845

Physician	Nurse	Oversight
Dubin, Stephen Paul	RN_Ruiz, Janyvill (jruiz)	No

Orders

Discontinue Medication Vitamin D 1 tab 1 times a day PO (2000 UNIT Capsule) on 09/16/2018

Read Back	Non Verbal Order
Yes	No

Medications

Medication	Instructions	Quantity	Refills
Vitamin D 1 tab 1 times a day PO (2000 UNIT Capsule)	Take one tablet by mouth once daily.		

Consolo Physician Order (2249033) Dated: 09/03/2018 for Dubin, Stephen Paul for H[redacted] M[redacted]

Patient Details for H[redacted] M[redacted] (Patient ID 470362, MRN M0456)

Date Of Birth	[redacted]	Status	Pending - Discharged

Physician's Order Details

User	Patient	Order Date	Time of Event
Fronda, MaryRose (mary1)	H[redacted] M[redacted]	09/03/2018	1000

Physician	Nurse	Related	Oversight
Dubin, Stephen Paul	Fronda, MaryRose (mary1)	Yes	No

Orders

Re-certify to Jireh Healthcare Services, LLC. for the 2nd 90 day benefit period
* Pharmacist may use generic drug equivalents or compound medications as appropriate.
* Interdisciplinary team to determine equipment and supply needs based on assessment for comfort and symptom control (may include but not limited to: hospital bed, special mattress, bedside commode, over-bed-table, shower chair, wheelchair, walker, suction machine, etc.)
* Assess and evaluate cardiac, respiratory, GI, GU, pain, mobility, skin, nutrition/dehydration, comfort level and symptom management, disease progression, safety and family/caregiver needs
* Instruction on care of terminally ill, medications, safety, nutritional needs, pain and symptom control based on assessment
* Assess and evaluate current medications
* Administer oxygen via nasal cannula at 2.5 lpm as needed for shortness of breath or until oxygen saturation is 95% and above
* May give nutritional supplements 1 can a day as tolerated for supplement
* May crush medications that are crush-able.
* Medications to be administered by licensed staff, patient and/or family member/caregiver per medication profile and current orders
* Hospice Medical Director may assist patient as needed to manage symptoms
* Hospice nurse may pronounce death
* Check oxygen saturation level every SN visit
* Bed-rails up 2x
* Skilled Nurse visits - (Eval, 1x/week and 2x/week as needed for respiratory issues within certification period) to promote comfort and symptom management.
* CHHA visits (5x/week within certification period) to assist with personal care, home making and to promote comfort per RN assignment.
* MSW visits (1x/month as needed for psychosocial issues within certification period) to provide psychosocial support to patient and family.
* Chaplain visits (1x/month as needed for spiritual issues within certification period) to provide spiritual

Read Back	Non Verbal Order
Yes	No

Related Assignees

Hospice Aide - Young, Grace Marie 5 visit(s) Weekly effective 06/20/2018
MD Director - Dubin, Stephen Paul 1 PRN visit(s) every 30 day(s) effective 06/20/2018
Physician - Dubin, Stephen Paul 1 PRN visit(s) every 30 day(s) effective 06/20/2018
Skilled Nurse - RN_Ruiz, Janyvil 2 PRN visit(s) every 7 day(s) effective 06/20/2018
Skilled Nurse - RN_Cacanindin, Speedy 1 visit(s) Weekly 2 PRN visit(s) every 7 day(s) effective 06/20/2018
Social Services - MSW_Minnick, Joseph 1 PRN visit(s) every 30 day(s) effective 06/20/2018
Chaplain - CHAPLAIN_Murphy, Kathryn 1 visit(s) Monthly 3 PRN visit(s) every 30 day(s) effective 06/20/2018

Signatures

1. Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **09/03/2018**. Recorded by mary1 on 09/16/2018 22:58:18.

Consolo Physician Order (2247289) Dated: 06/18/2018 for Dubin, Stephen Paul for H[redacted] M[redacted]

Patient Details for H[redacted] M[redacted] (Patient ID 470362, MRN M0456)

Date Of Birth	[redacted]	Status	Pending - Discharged

Physician's Order Details

User	Patient	Order Date	Time of Event
RN_Esteban, Randy (Reste)	H[redacted], M[redacted]	06/18/2018	1639

Physician	Nurse	Oversight
Dubin, Stephen Paul	RN_Esteban, Randy (Reste)	No

Orders

Discontinue previous frequency order for chaplain. Start new chaplain frequency 1/x mo and 3x/mo as needed for spiritual issues within certification period.

Read Back	Non Verbal Order
Yes	No

Consolo Physician Order (2211649) Dated: 08/24/2018 for Dubin, Stephen Paul for H[redacted], M[redacted]

Patient Details for H[redacted] M[redacted] (Patient ID 470362, MRN M0456)

Date Of Birth	4[redacted]	Status	Pending - Discharged

Physician's Order Details

User	Patient	Order Date	Time of Event
RN_Ruiz, Janyvill (jruiz)	H[redacted], M[redacted]	08/24/2018	1109

Physician	Nurse	Oversight
Dubin, Stephen Paul	RN_Ruiz, Janyvill (jruiz)	No

Orders

Discontinue Medication Oxygen Concentrator 2.5 L/M of 1 each Device continuously XX on 07/19/2018

Read Back	Non Verbal Order
Yes	No

Medications

Medication	Instructions	Quantity	Refills
Oxygen Concentrator 2.5 L/M of 1 each Device continuously XX			

Consolo Physician Order (2204657) Dated: 07/19/2018 for Okeke, Chinyere for H[redacted], M[redacted]

Patient Details for H[redacted], M[redacted] (Patient ID 470362, MRN M0456)

Date Of Birth	[redacted]	Status	Pending - Discharged

Physician's Order Details

User	Patient	Order Date	Time of Event
RN_Esteban, Randy (Reste)	H[redacted] M[redacted]	07/19/2018	

Physician	Nurse	Oversight
Okeke, Chinyere	RN_Esteban, Randy (Reste)	No

Orders

1. Discontinue Carvedilol 3.125 MG Tablet, 1 tablet by mouth twice daily
2. Discontinue RisperiDONE 0.5 MG Tablet, 1 tablet by mouth once daily
3. Start Spiriva 18 mcg cp handihaler, inhale once daily
4. Start Ensure, 2 can by mouth daily
5. Start Albuterol 2.5 mg/3 ml via nebulizer, inhale three times daily as needed for shortness of breath, weezing

Read Back	Non Verbal Order
No	Yes

Medications

Medication	Instructions	Quantity	Refills
Spiriva HandiHaler 1 cap(s) 1 times a day IN (18 MCG Capsule)	Take one capsule once daily.		
Ensure 2 Bottle 1 times a day PO (Liquid)	Administer 2 bottles by mouth once daily.		
Albuterol Sulfate 1 vial 3 times a day IN As Needed SOB and Wheezing ((2.5 MG/3ML) 0.083% Nebu Soln)	Administer three times a day intranasally via nebulizer as needed for shortness of breath and wheezing.		

Signatures

1. Physician **Okeke, Chinyere** (Physician) signed on 07/19/2018. Recorded by Reste on 08/21/2018 04:04:36.
2. Skilled Nurse **RN_Esteban, Randy** (User) signed on 08/21/2018. Recorded by Reste on 08/21/2018 04:00:50.

Consolo Physician Order (2204655) Dated: 07/19/2018 for Okeke, Chinyere for H[redacted] M[redacted]

Patient Details for Halstead, Mary (Patient ID 470362, MRN M0456)

Date Of Birth	[redacted]	Status	Pending - Discharged

Physician's Order Details

User	Patient	Order Date	Time of Event
RN_Esteban, Randy (Reste)	H[redacted] M[redacted]	07/19/2018	

Physician	Nurse	Oversight
Okeke, Chinyere	RN_Esteban, Randy (Reste)	No

Orders

1. Discontinue Carvedilol 3.125 MG Tablet, 1 tablet by mouth twice daily
2. Discontinue RisperiDONE 0.5 MG Tablet, 1 tablet by mouth once daily
3. Start Spiriva 18 mcg cp handihaler, inhale once daily
4. Start Ensure, 2 can by mouth daily
5. Start Albuterol 2.5 mg/3 ml via nebulizer, inhale three times daily as needed for shortness of breath, weezing

Read Back	Non Verbal Order
No	Yes

Signatures

1. Skilled Nurse **RN_Esteban, Randy** (User) signed on 08/21/2018. Recorded by Reste on 08/21/2018 04:01:27.
2. Physician **Okeke, Chinyere** (Physician) signed on 07/19/2018. Recorded by Reste on 08/21/2018 04:00:39.

Consolo Physician Order (2204638) Dated: 07/19/2018 for Okeke, Chinyere for H[redacted] M[redacted]

Patient Details for H[redacted] M[redacted] (Patient ID 470362, MRN M0456)

Date Of Birth	[redacted]	Status	Pending - Discharged

Physician's Order Details

User
RN_Esteban, Randy (Reste)

Patient
H[redacted], M[redacted]

Order Date
07/19/2018

Time of Event

Physician
Okeke, Chinyere

Nurse
RN_Esteban, Randy (Reste)

Oversight
No

Orders
Calmoseptine Cream topical
Apply to affected area each diaper change

Read Back
No

Non Verbal Order
Yes

Medications

Medication	Instructions	Quantity	Refills
Calmoseptine 1 application TP (0.44;20.625 %;% Lotion)	Apply to affected area every diaper change		

Signatures

1. Physician **Okeke, Chinyere** (Physician) signed on **07/19/2018**. Recorded by Reste on 08/21/2018 03:36:38.
2. Skilled Nurse **RN_Esteban, Randy** (User) signed on **08/21/2018**. Recorded by Reste on 08/21/2018 03:36:42.

Consolo Physician Order (2204641) Dated: 07/19/2018 for Okeke, Chinyere for H[redacted], M[redacted]

Patient Details for H[redacted] M[redacted] (Patient ID 470362, MRN M0456)

Date Of Birth [redacted]	Status	Pending - Discharged

Physician's Order Details

User	Patient	Order Date	Time of Event
RN_Esteban, Randy (Reste)	H[redacted], M[redacted]	07/19/2018	

Physician	Nurse	Oversight
Okeke, Chinyere	RN_Esteban, Randy (Reste)	No

Orders

Oxygen 2 lpm via nasal cannula as needed for shortness of breath

Read Back	Non Verbal Order
No	Yes

Medications

Medication	Instructions	Quantity	Refills
Oxygen Concentrator 2 LiterPerMin INS As Needed SOB (1 each Device)	Administer oxygen via nasal canula intranasally at two liters/minute as needed for shortness of breath.		

Signatures

1. Skilled Nurse **RN_Esteban, Randy** (User) signed on **08/21/2018**. Recorded by Reste on 08/21/2018 03:42:09.
2. Physician **Okeke, Chinyere** (Physician) signed on **07/19/2018**. Recorded by Reste on 08/21/2018 03:41:47.

Consolo Physician Order (2182304) Dated: 06/13/2018 for Dubin, Stephen Paul for H[redacted] M[redacted]

Patient Details for H[redacted] M[redacted] (Patient ID 470362, MRN M0456)

Date Of Birth	[redacted]	Status	Pending - Discharged

Physician's Order Details

User	Patient	Order Date	Time of Event
RN_Esteban, Randy (Reste)	H[redacted] M[redacted]	06/13/2018	

Physician	Nurse	Oversight
Dubin, Stephen Paul	RN_Esteban, Randy (Reste)	No

Orders

Admit to Jireh Healthcare Services, LLC for the 1st 90 day benefit period
* Pharmacist may use generic drug equivalents or compound medications as appropriate.
* Interdisciplinary team to determine equipment and supply needs based on assessment for comfort and symptom control (may include but not limited to: hospital bed, special mattress, bedside commode, over-bed-table, shower chair, wheelchair, walker, suction machine, etc.)
* Assess and evaluate cardiac, respiratory, GI, GU, pain, mobility, skin, nutrition/dehydration, comfort level and symptom management, disease progression, safety and family/caregiver needs
* Instruction on care of terminally ill, medications, safety, nutritional needs, pain and symptom control based on assessment
* Assess and evaluate current medications
* Administer oxygen via nasal cannula at 2.5 lpm as needed for shortness of breath or until oxygen saturation is 95% and above
* May give nutritional supplements 1 can a day as tolerated for supplement
* May crush medications that are crush-able.
* Medications to be administered by licensed staff, patient and/or family member/caregiver per medication profile and current orders
* Hospice Medical Director may assist patient as needed to manage symptoms
* Hospice nurse may pronounce death
* Check oxygen saturation level every SN visit
* Bed-rails up 2x
* Skilled Nurse visits - (Eval, 1x/week and 2x/week as needed for respiratory issues within certification period) to promote comfort and symptom management.
* CHHA visits (5x/week within certification period) to assist with personal care, home making and to promote comfort per RN assignment.
* MSW visits (1x/month as needed for psychosocial issues within certification period) to provide psychosocial support to patient and family.
* Chaplain visits (1x/month as needed for spiritual issues within certification period) to provide spiritual

Read Back	Non Verbal Order
Yes	No

Signatures

1. Medical Director Dubin, Stephen Paul (Medical Director) signed on 06/13/2018. Recorded by maryl on 08/16/2018 22:57:00.
2. Skilled Nurse RN_Esteban, Randy (User) signed on 08/07/2018. Recorded by Reste on 08/07/2018 13:08:37.

Consolo Physician Order (2126173) Dated: 06/26/2018 for Dubin, Stephen Paul for H[redacted], M[redacted]

Patient Details for H[redacted], M[redacted] (Patient ID 470362, MRN M0456)

Date Of Birth	[redacted]	Status	Pending - Discharged

Physician's Order Details

User
RN_Ruiz, Janyvill (jruiz)

Patient
H[redacted] M[redacted]

Order Date
06/26/2018

Time of Event
1703

Physician
Dubin, Stephen Paul

Nurse
RN_Ruiz, Janyvill (jruiz)

Oversight
No

Orders

Read Back
Yes

Non Verbal Order
No

Medications

Medication	Instructions	Quantity	Refills
Miralax 17 gm 1 times a day PO As Needed Constipation (17 gm Powder)	Mix 17 gm to 8oz glass of water. Take once daily by mouth as needed for constipation. To administer if no bowel movement for three days.		

Signatures

1. Medical Director Dubin, Stephen Paul (Medical Director) signed on 07/04/2018. Recorded by jruiz on 07/03/2018 17:03:30.
2. Skilled Nurse RN_Ruiz, Janyvill (User) signed on 07/03/2018. Recorded by jruiz on 07/03/2018 17:03:24.

Consolo Physician Order (2098431) Dated: 06/12/2018 for Dubin, Stephen Paul for H[redacted] M[redacted]

Patient Details for H[redacted], M[redacted] (Patient ID 470362, MRN)

Date Of Birth	[redacted]	Status	Pending - Discharged

Physician's Order Details

User
RN_Ruiz, Janyvill (jruiz)

Patient
H[redacted], M[redacted]

Order Date
06/12/2018

Time of Event
1629

Physician
Dubin, Stephen Paul

Nurse
RN_Ruiz, Janyvill (jruiz)

Oversight
No

Orders

Read Back
Yes

Non Verbal Order
No

Medications

Medication	Instructions	Quantity	Refills
Vitamin C 1 tab 1 times a day PO (500 MG Tablet)	Take one tablet by mouth once daily.		
Levothyroxine 1 tab 1 times a day PO (25 mcg Tablet)	Take one tablet by mouth once daily in the morning.		
Vitamin D 1 tab 1 times a day PO (2000 UNIT Capsule)	Take one tablet by mouth once daily.		
RisperiDONE 1 tab 1 times a day PO (0.5 MG Tablet)	take one tab orally daily at bedtime		
Carvedilol 1 tab 2 times a day PO (3.125 MG Tablet)			
Spiriva HandiHaler 2 cap(s) 1 times a day IN (18 MCG Capsule)	Take two capsules once daily.		
Folic Acid 1 tab 1 times a day PO (1 MG Tablet)	Take one tablet by mouth once daily.		
vitamin B12 1 tab 1 times a day PO (1000 mcg Tablet)	Take one tablet by mouth once daily.		
Sertraline HCl 1 tab 1 times a day PO (50 MG Tablet)	Take one tablet by mouth once daily.		
Ferrous Sulfate 1 tab 2 times a day PO (325 (65 Fe) MG Tablet)	Take one tablet by mouth twice daily.		
Oxygen Concentrator 2.5 L/M of 1 each Device continuously XX			

Signatures

1. Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **06/16/2018**. Recorded by jruiz on 06/16/2018 16:30:11.
2. Skilled Nurse **RN_Ruiz, Janyvill** (User) signed on **06/16/2018**. Recorded by jruiz on 06/16/2018 16:30:05.

Patient Details for H[redacted], M[redacted] Patient ID 470362, MRN M0456)

Date Of Birth	[redacted]	Status	Pending - Discharged

Indicator Dated 06/13/2018 for M[redacted] H[redacted] Medical Record No M0456

Effective Date
06/13/2018

Diagnoses

ICD10s

Primary ICD10 - J44.9 Chronic obstructive pulmonary disease, unspecified
Secondary ICD10 - R06.02 Shortness of breath
Tertiary ICD10 - R54 Age-related physical debility
4th ICD10 - R13.12 Dysphagia, oropharyngeal phase
5th ICD10 - M62.81 Muscle weakness (generalized)
6th ICD10 - Z74.01 Bed confinement status

Consolo Payer Group Details [Effective 06/13/2018 (506493)] for H[redacted], M[redacted]

Patient Details for H[redacted] M[redacted] (Patient ID 470362, MRN M0456)

Date Of Birth	[redacted]	Status	Pending - Discharged

Payer Group Details

Effective Date
06/13/2018

Hospice Item Sets
Medicare (traditional fee-for-service)

Payer 1: Medicare Part A

Payer Type
Medicare

Will Pay
Primary Hospice, Notice of Election, Pre Election

Payer Number
571445912A

Suspend Claims?
No

EXHIBIT 9

Jireh Healthcare Services LLC

2320 Paseo Del Prado, Suite B101, Las Vegas, NV 89102 Tel Fax

HospiceMD™

PHYSICIAN'S CERTIFICATION FOR HOSPICE BENEFIT

In order to determine if a patient is eligible for Hospice benefit we are required to have physician's authorization with a brief narrative supporting terminal illness.

Patient Name: H[redacted] M[redacted] M0456

(Last) (First) (MI) MR#

Certification #3: Re-Certification Statement for Next 60-day period

• I certify that H[redacted], M[redacted] has a life expectancy of six months or less, if the terminal illness runs its normal course.

☑ Verbal Authorization (if needed) Date: 12/3/2018 Obtained by: Julia Dugay/ RN Name / Title

Effective Date of Certification: **12/10/2018 To 2/7/2019**

Primary DX: Chronic obstructive pulmonary disease, unspecified (J44.9)

Secondary DX:
Shortness of breath (R06.02)

Comorbidities:

Certification is based on: ☑ Medical history, record and patient status ☑ Team Assessment ☑ Face to Face Encounter

Visit Date: 12/3/2018 (see MD F2F visit note)

RN Assessment Narrative: Patient is alert and oriented to person, place, and time. With +3 bilateral lower extremity edema, pedal pulses faint. Patient exhibits fatigue on exertion, fair coordination, and poor balance. Diet is as tolerated with significant worsening of appetite and nutritional intake. Patient with oxygen and breathing treatment at night for comfort. Patient requires complete assistance with activities of daily living (ADL's).

Physician Narrative: Ms. Halstead is an 85-year-old Caucasian female with diagnosis of COPD, hypoxemic on room air, hypertension, age-related physical debility, polyneuropathy, chronic pain, dementia, GERD, and anxiety disorder. Patient is chair-bound and mostly on wheelchair. Patient with very poor appetite and has generalized muscle weakness. Patient requires maximum to complete assistance with ADL's. I recertify that this patient is under my care, and to the best of my medical knowledge given the data available, has a life expectancy of six months or less if the terminal illness runs its normal course.

Medical Director Attestation/Certification

• I attest/confirm that I composed this narrative based on my review of patient's medical records, team assessment and/or examination of the patient.

STEPHEN DUBIN (MD) / 1023311040

Signature on File/Verified by MARY ROSE FRONDA.

Date: **12/3/2018**

Medical Director / Physician Designee / Referring MD (if attending)

PHYSICIAN FACE-TO-FACE ENCOUNTER/ RECERTIFICATION OF TERMINAL ILLNESS

60-DAY PERIODS

Page _____ of _____

Patient Name:	ID#	Admission Date
[redacted], M[redacted]	M0456	6-13-18

☐ **BENEFIT PERIOD** 60-Day Period from 12-10-18 to 02-07-2019

Face to Face Encounter *(Note: Must be completed no more than 30 days prior to this benefit period)*

Hospice Nurse Practitioner Attestation: I confirm that I had a face-to-face encounter with _____ *(Patient's Name)* on ___/___/_____ *(Date)* and that the clinical findings of that encounter have been provided to the certifying physician for use in determining continued eligibility for hospice care.

NP Name *(Printed)*:	NP Signature:	Date

Physician Attestation: I confirm that I had a face-to-face encounter with M[redacted] H[redacted] *(Patient's Name)* on ___/___/_____ *(Date)* and that I used the clinical findings of that encounter in determining continued eligibility for hospice care.

Hospice Medical Director or Designee Name *(Printed)*:	Hospice Medical Director or Designee Signature:	Date
STEPHEN DUBIN, MD		

Recertification Statement: I recertify that I have reviewed the clinical record prior to recertification for the above noted patient and that patient is still considered to be terminally ill and has a life expectancy of six (6) months or less, if the terminal illness runs it's normal course.

Physician Brief Narrative Statement *(Note: Must be completed no more than 15 days prior to recertification)*

Review the patient's clinical circumstances and synthesize the medical information to provide clinical justification for continued Hospice services.

MJ M[redacted] H[redacted] is an 86 yo white lady with PMH of COPD (hypoxemic on room air), HTN, age related debility, polyneuropathy, chronic pain, dementia, & anxiety disorder. Pt is chair bound & is mostly in her wheelchair. She had very poor appetite & has generalized muscle weakness; needs max-total assistance with her ADL's. If her condition continues to run its normal course, she has 6 mo or less to live.

Attestation: I confirm that I composed this narrative based on my review of the patient's medical record and/or examination of the patient.

Hospice Medical Director or Designee Name *(Printed)*:	Hospice Medical Director or Designee Signature:	Date
STEPHEN DUBIN, MD		

☐ **BENEFIT PERIOD** 60-Day Period from _____ to _____

Face to Face Encounter *(Note: Must be completed no more than 30 days prior to this benefit period)*

Hospice Nurse Practitioner Attestation: I confirm that I had a face-to-face encounter with _____ *(Patient's Name)* on ___/___/_____ *(Date)* and that the clinical findings of that encounter have been provided to the certifying physician for use in determining continued eligibility for hospice care.

NP Name *(Printed)*:	NP Signature:	Date

Physician Attestation: I confirm that I had a face-to-face encounter with _____ *(Patient's Name)* on ___/___/_____ *(Date)* and that I used the clinical findings of that encounter in determining continued eligibility for hospice care.

Hospice Medical Director or Designee Name *(Printed)*:	Hospice Medical Director or Designee Signature:	Date

Recertification Statement: I recertify that I have reviewed the clinical record prior to recertification for the above noted patient and that patient is still considered to be terminally ill and has a life expectancy of six (6) months or less, if the terminal illness runs it's normal course.

Physician Brief Narrative Statement *(Note: Must be completed no more than 15 days prior to recertification)*

Review the patient's clinical circumstances and synthesize the medical information to provide clinical justification for continued Hospice services.

Attestation: I confirm that I composed this narrative based on my review of the patient's medical record and/or examination of the patient.

Hospice Medical Director or Designee Name *(Printed)*:	Hospice Medical Director or Designee Signature:	Date

DUBIN0165

Form # HC8007-B (Rev. 11/13) Use companion form HC8007-A for Initial Certification.

Reorder From: MED-PASS® 800-436-8884 INH 050906R

JIREH HEALTHCARE SERVICES
23. Paseo Del Prado Suite B101 Las Vegas Nevada 8. .52
PHONE: 702.359.1388 FAX: 702.359.2388
EMAIL ADDRESS: jirehhealthcare @gmail.com

PHYSICIAN'S CERTIFICATION FOR MEDICARE/MEDICAID HOSPICE BENEFIT

Physician's Certification of Terminal Illness for Hospice Benefit (Part – 1)

MR# M0456

A. CERTIFICATION STATEMENT **First 90-Day Period from** 6/13/2018 **to** 9/10/2018

I (or WE) certify that M [redacted] is terminally ill and Has a life expectancy of six (6) months or less if the terminal illness runs its normal course. I (WE) Reviewed the patient's clinical information and considered the primary terminal condition, related diagnoses, current subjective and objective medical findings, current medication and treatment orders and information about management of unrelated conditions in making this determination.

J. Ruth — RN Signature — 6/13/2018 Verbal Order Date

Hospice Medical Director/Associate Hospice Doctor — 6/13/2018 Date

Attending Physician Signature — 6/13/2018 Date

B. RECERTIFICATION STATEMENT **Second 90-Day Period from** 9/11/2018 **to** 12/9/18

I certify that I have reviewed the clinical record prior to recertification for the above noted patient and That patient is still considered to be terminally ill and has life expectancy of six (six) months or less, if The terminal illness runs its normal course.

Hospice Medical Director/Associate Hospice Doctor — 9-11-18 Date

C. RECERTIFICATION STATEMENT **60-Day Period from** 12-10-17 **to** 02-07-19

I certify that I have reviewed the clinical record prior to recertification for the above noted patient and That patient is still considered to be terminally ill and has life expectancy of six (6) months or less, if The terminal illness runs its normal course.

Hospice Medical Director/Associate Hospice Doctor — [redacted] Date

1

JIREH HEALTHCARE SERVICES LLC
(HOSPICE AGENCY)

PATIENT NAME: D[redacted] B[redacted]

DOB: [redacted]

START OF CARE:

12/20/2018 TO 12/22/2018

EXHIBIT 10

Claim Number	From Service Date	To Service Date	Beneficiary Nam	Claim Status	Total Charge	Type Of Bill	Admit Date
21900700422207NVR	12/1/2018	12/31/2018	[redacted]	P - Paid	$7,790.97	813 - Hospice (...	9/7/2018
21833900538807NVR	11/1/2018	11/30/2018		P - Paid	$8,724.43	813 - Hospice (...	9/7/2018
21830901126607NVR	10/1/2018	10/31/2018		P - Paid	$9,083.84	813 - Hospice (...	9/7/2018
21827601222707NVR	9/7/2018	9/30/2018		P - Paid	$6,942.12	812 - Hospice (...	9/7/2018

Claim Number	From Service Date	To Service Date	Claim Status	Total Charge	Type Of Bill	Admit Date
21900700421907NVR	12/1/2018	12/31/2018	P - Paid	$6,986.61	813 - Hospice (...	10/10/2018
21833900542507NVR	11/1/2018	11/30/2018	P - Paid	$8,197.48	813 - Hospice (...	10/10/2018
21833900230804NVR	10/10/2018	10/31/2018	P - Paid	$6,230.74	817 - Hospice (...	10/10/2018
21830901121107NVR	10/10/2018	10/31/2018	P - Paid	$5,630.74	812 - Hospice (...	10/10/2018

Claim Number	From Service Date	To Service Date	Claim Status	Total Charge	Type Of Bill	Admit Date
21900901108507NVR	12/1/2018	12/26/2018	P - Paid	$6,626.68	814 - Hospice (...	6/13/2018
21833900542007NVR	11/1/2018	11/30/2018	P - Paid	$7,635.75	813 - Hospice (...	6/13/2018
21830901128607NVR	10/1/2018	10/31/2018	P - Paid	$8,065.97	813 - Hospice (...	6/13/2018
21827601223807NVR	9/1/2018	9/30/2018	P - Paid	$7,382.91	813 - Hospice (...	6/13/2018
21824701185107NVR	8/1/2018	8/31/2018	P - Paid	$8,276.79	813 - Hospice (...	6/13/2018
21821800581907NVR	7/1/2018	7/31/2018	P - Paid	$9,216.50	813 - Hospice (...	6/13/2018
21818600817807NVR	6/13/2018	6/30/2018	P - Paid	$5,126.72	812 - Hospice (...	6/13/2018

Claim Number	From Service Date	To Service Date	Claim Status	Total Charge	Type Of Bill	Admit Date
21900700421507NVR	12/20/2018	12/22/2018	P - Paid	$680.54	811 - Hospice (...	12/20/2018

PLEASE PRINT

Clark County Coroner/Medical Examiner Office
1704 Pinto Lane, Las Vegas, Nevada 89106
Phone number (702) 455-3210
Fax # (702) 455-3101

HOSPICE REPORT

*****All lines must be completed*****

1) Date: 12/22/2018 Time: 1430 Reported By: Roberto Alfajora, RN

2) Agency: Jireh Healthcare Services Phone # you are at: [redacted] Medical Record #: M0486

3) **Last Name:** B[redacted] **First Name:** D[redacted]

4) Time pronounced: 1406 Date of Birth: [redacted] Social Security #: [redacted]

5) Race: Asian/Black/(Caucasian)/Hispanic/Indian/Multi-Cultured/Other (Circle One) Sex: (Male)/ Female (Circle One)

6) Home address: [redacted] Circle

City: Las Vegas Zip: 89123 Phone: 702 [redacted]

7) Death occurred at home/(group home)/facility (Circle one)

8) Name of Group home or facility: Olive Grove Grouphome

9) Location of Death address: [redacted] Circle City: Las Vegas Zip: 89123

10) Local Mortuary Used: Simple Cremation Martial status: Married/(Single)/ Widowed / Divorced (circle one)

11) Name of Next of Kin Notified: S[redacted] U[redacted] Relation: POA

12) NOK address: [redacted] Lane

City: Las Vegas Zip: 89134 Phone: 702 [redacted]

13) Who notified next of kin: Roberto Alfajora, RN Method: (Telephone) / At Bedside (Circle One)

14) Death Certificate will be Signed By: Dr. Stephen Dubin Phone: 702-359-1387

15) Cause of Death: End Stage Heart failure

16) Additional Information:

If the cause of death includes any traumatic injury, contact our office at 455-3210 immediately. If the cause of death is of natural causes, please fax this completed form to our office and the information will be entered into our database. Our FAX number is 455-3101

08/28/2013

1 JIREH HEALTHCARE SERVICES
2320 PASEO DEL PRADO STE B101
LAS VEGAS NV 891020048
7023591388 7023592388

3a PAT CNTL # 3612023
b. MED REC # M0487
4 TYPE OF BILL 081A
5 FED TAX NO. 251927052
6 STATEMENT COVERS PERIOD FROM 122018 THROUGH
7

8 PATIENT NAME a [redacted]
b [redacted] D[redacted]
9 PATIENT ADDRESS a [redacted] CIRCLE
b LAS VEGAS c NV d 89123 e USA

10 BIRTHDATE [redacted] 11 SEX M 12 ADMISSION DATE 122018 13 HR 12 14 TYPE 3 15 SRC 2 16 DHR 17 STAT 30
18 CONDITION CODES 19 20 21 22 23 24 25 26 27 28
29 ACCT STATE 30

31 OCCURRENCE CODE	31 OCCURRENCE DATE	32 OCCURRENCE CODE	32 OCCURRENCE DATE	33 OCCURRENCE CODE	33 OCCURRENCE DATE	34 OCCURRENCE CODE	34 OCCURRENCE DATE	35 OCCURRENCE SPAN CODE	35 OCCURRENCE SPAN FROM	35 OCCURRENCE SPAN THROUGH	36 OCCURRENCE SPAN CODE	36 OCCURRENCE SPAN FROM	36 OCCURRENCE SPAN THROUGH	37
27	122018													

38

39 VALUE CODES CODE	39 VALUE CODES AMOUNT	40 VALUE CODES CODE	40 VALUE CODES AMOUNT	41 VALUE CODES CODE	41 VALUE CODES AMOUNT
a					
b					
c					
d					

42 REV CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV DATE	46 SERV UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0650		Q5001	122018	1	000	000	
0001	PAGE 1 OF 1		CREATION DATE 122118	TOTALS	000		

50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	57 OTHER PRV ID
Medicare Part A		Y	Y	000	000	1427366699	

58 INSURED'S NAME	59 P REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
B[redacted] D[redacted]	18	[redacted]		

63 TREATMENT AUTHORIZATION CODES
64 DOCUMENT CONTROL NUMBER
65 EMPLOYER NAME

66 DX											66
0	I5084	I4891	R627	R0602	R5381	R531	Z7401				

67 ADMIT DX
68 PATIENT REASON DX
69 PPS CODE
70 ECI
71
72
73

74 PRINCIPAL PROCEDURE CODE DATE
a. OTHER PROCEDURE CODE DATE
b. OTHER PROCEDURE CODE DATE
c. OTHER PROCEDURE CODE DATE
d. OTHER PROCEDURE CODE DATE
e. OTHER PROCEDURE CODE DATE

75

76 ATTENDING NPI 1023311040 QUAL
LAST Dubin FIRST Stephen Paul
77 OPERATING NPI QUAL
LAST FIRST
78 OTHER NPI QUAL
LAST FIRST
79 OTHER NPI QUAL
LAST FIRST

80 REMARKS
81CC a
b B3 251G00000X
c
d

UB-04 CMS-1450 NUBC 08/04 APPROVED OMB NO. 0938-0997 DCN/Original
NUBC National Uniform Billing Committee 2170804
THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

DUBIN0170

1 JIREH HEALTHCARE SERVICES 2320 PASEO DEL PRADO STE B101 LAS VEGAS NV 891020048 7023591388 7023592388	2	3a PAT CNTL # 3644202	4 TYPE OF BILL 0817
		b MED REC # M0487	
		5 FED. TAX NO. 251927052	6 STATEMENT COVERS PERIOD FROM 122018 THROUGH 122218

8a PATIENT NAME	9 PATIENT ADDRESS				
[redacted] D[redacted]	a [redacted] CIRCLE	b LAS VEGAS	c NV	d 89123	e USA

10 BIRTHDATE	11 SEX	12 DATE	ADMISSION 13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	CONDITION CODES 18 19 20 21 22 23 24 25 26 27 28	29 ACDT STATE	30
[redacted]	M	122018	12	3	2		40			

31 OCCURRENCE CODE DATE	32 OCCURRENCE CODE DATE	33 OCCURRENCE CODE DATE	34 OCCURRENCE CODE DATE	35 OCCURRENCE SPAN CODE FROM THROUGH	36 OCCURRENCE SPAN CODE FROM THROUGH	37

38	39 VALUE CODES CODE AMOUNT	40 VALUE CODES CODE AMOUNT	41 VALUE CODES CODE AMOUNT
	a 61 2982000		
	b		
	c		
	d		

42 REV. CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0651	651-Routine Home Care	Q5001	122018	3	68054	000	
0001	PAGE 1 OF 1	CREATION DATE	010419	TOTALS	68054		

50 PAYER NAME	51 HEALTH PLAN ID	52 REL. INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	1427366699
Medicare Part A		Y	Y	000	68054	57 OTHER PRV ID	

58 INSURED'S NAME	59 P REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
B[redacted] D[redacted]	18	[redacted]A		

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME

66 DX												67

68 ADMIT DX	69 PATIENT REASON DX			70 PPS CODE	71 PPS CODE	72 ECI				73

74 PRINCIPAL PROCEDURE CODE DATE	b OTHER PROCEDURE CODE DATE	b OTHER PROCEDURE CODE DATE	75
d OTHER PROCEDURE CODE DATE	d OTHER PROCEDURE CODE DATE	e OTHER PROCEDURE CODE DATE	

76 ATTENDING	NPI 1023311040	QUAL	
LAST Dubin		FIRST Stephen Paul	
77 OPERATING	NPI	QUAL	
LAST		FIRST	
78 OTHER	NPI	QUAL	
LAST		FIRST	
79 OTHER	NPI	QUAL	
LAST		FIRST	

80 REMARKS

81CC a
b B3 251G00000X
c
d

UB-04 CMS-1450 NUCC 08/04-1 APPROVED OMB NO. 0938-0997 OCR/Original

NUBC National Uniform Billing Committee 2439A604

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

DUBIN0171

1 JIREH HEALTHCARE SERVICES 2320 PASEO DEL PRADO STE B101 LAS VEGAS NV 891020048 7023591388 7023592388	2	3a PAT. CNTL # 3644201 b. MED. REC. # M0487	4 TYPE OF BILL 0817
		5 FED TAX NO 251927052	6 STATEMENT COVERS PERIOD FROM 122018 THROUGH 122218
			7

| | | |

1	2	3a PAT CNTL #	4 TYPE OF BILL
JIREH HEALTHCARE SERVICES 2320 PASEO DEL PRADO STE B101 LAS VEGAS NV 891020048 7023591388 7023592388		3644104 M0487	0811

5 FED TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7
251927052	122018	122218	

8a PATIENT NAME	9 PATIENT ADDRESS				
[redacted] D[redacted]	9446 BACK BAY CIRCLE	LAS VEGAS	NV	89123	USA

10 BIRTHDATE	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	18	19	20	21	22	23	24	25	26	27	28	29 ACCT STATE	30
[redacted]	M	122018	12	3	2		40													

31 OCCURRENCE CODE	31 OCCURRENCE DATE	32 OCCURRENCE CODE	32 OCCURRENCE DATE	33 OCCURRENCE CODE	33 OCCURRENCE DATE	34 OCCURRENCE CODE	34 OCCURRENCE DATE	35 OCCURRENCE SPAN CODE	35 OCCURRENCE SPAN FROM	35 OCCURRENCE SPAN THROUGH	36 OCCURRENCE SPAN CODE	36 OCCURRENCE SPAN FROM	36 OCCURRENCE SPAN THROUGH	37
27	122018	55	122218											

38		39 VALUE CODES CODE	39 VALUE CODES AMOUNT	40 VALUE CODES CODE	40 VALUE CODES AMOUNT	41 VALUE CODES CODE	41 VALUE CODES AMOUNT
	a	61	2982000				
	b						
	c						
	d						

42 REV CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV DATE	46 SERV UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0651	651-Routine Home Care	Q5001	122018	3	68054	000	
0001	PAGE 1 OF 1	CREATION DATE	010419	TOTALS	68054		

50 PAYER NAME	51 HEALTH PLAN ID	52 REL INF	53 ASG BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	57 OTHER PRV ID
Medicare Part A		Y	Y	000	68054	1427366699	

58 INSURED'S NAME	59 P REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
B[redacted], D[redacted]	18	[redacted]		

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME

66 DX											66
0	I5084	I4891	R627	R0602	R5381	R531	Z7401				

67 ADMIT DX	68 PATIENT REASON DX				69 PPS CODE	70 ECI				71

74 PRINCIPAL PROCEDURE CODE	DATE	a. OTHER PROCEDURE CODE	DATE	b. OTHER PROCEDURE CODE	DATE	75

c. OTHER PROCEDURE CODE	DATE	d. OTHER PROCEDURE CODE	DATE	e. OTHER PROCEDURE CODE	DATE

76 ATTENDING	NPI	1023311040	QUAL	
LAST	Dubin	FIRST	Stephen Paul	
77 OPERATING	NPI		QUAL	
LAST		FIRST		
78 OTHER	NPI		QUAL	
LAST		FIRST		
79 OTHER	NPI		QUAL	
LAST		FIRST		

80 REMARKS	81CC	
	a	
	b	B3 251G00000X
	c	
	d	

UB-04 CMS-1450 NUCC 08/04.1 APPROVED OMB NO. 0938-0997 0[illegible]

NUBC [illegible] 2139A604

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

DUBIN0173

MD ORDERS, TREATMENT, MEDICATION & CTI

Trinity Pharmacy
2797 S. Maryland Pkwy 28 Las Vegas, NV 89109
Phone: 702-776-8210 Fax: 702-776-7195

Telephoned Prescription

STEPHEN DUBIN
5380 S RAINBOW STE 306
LAS VEGAS NV 89128

Phone : 702-369-1388
Fax : 702-362-9984

DEA # : FD2419706
Lic # : 13772
NPI # : 1023311040

Rx# : 170144

Rx Written : 12-20-2018

Patient : B[redacted] D[redacted]
Address : [redacted] CIRCLE
LAS VEGAS NV 89123
Phone # : 702-[redacted]
D.O.B. : [redacted]
Gender : Male

4 PN
Hmely

LORAZEPAM O/C 2MG/ML
Generic for LORAZEPAM O/B 2MG/ML
Quantity : 30 (thirty)
Drug Instructions :
GIVE 0.25 ML EVERY 4 HOURS AS NEEDED FOR MILD ANXIETY, GIVE 0.5ML EVERY 4 HOURS FOR MODERATE ANXIETY, GIVE 1.0 ML EVERY 4 HOURS FOR SEVERE ANXIETY
Refills Authorized : 0 RPh : MLJ / CC

MD called in new Rx 12/20/18

Signature Date

THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "DAW" IN THE BOX BELOW

Dispense As Written

JIREH HEALTHCARE

2320 PASEO DEL PRADO SUITE B101 LAS VEGAS, NV 89102
TEL: 702-359-1388

12/20/18
4 PM
Honey

PATIENT NAME: D[redacted] B[redacted] DATE OF BIRTH: [redacted]

Rx NUMBER: _____

MORPHINE SULFATE OS 20MG/ML #30

GIVE 5MG (0.25 ML) SL EVERY 4 HOURS PRN FOR MILD PAIN/SOB, 10 MG (0.5 ML) SL Q4H PRN FOR MOD PAIN/SOB, 20 MG (1 ML) SL Q4H PRN FOR SEVERE PAIN/SOB

"HOSPICE PATIENT"

PHYSICIAN SIGNATURE: _____ DEA #: FD2419706

PHYSICIAN NAME: STEPHEN DUBIN DATE: _____

PHYSICIAN ADDRESS: 5380 S RAINBOW STE 306 Las Vegas, Nevada 89128

PLEASE FAX BACK TO 702-776-7195

[redacted] CIRCLE LAS VEGAS NV 89123
RX0170143

TRINITY PHARMACY
2810 W CHARLESTON BLVD STE E44 LAS VEGAS, NV 89102 T: 702-776-8210 F: 702-776-7195

Jireh Healthcare Se[illegible]ces LLC

PHYSICIANS ORDER

2320 Paseo Del Prado, Suite B101, Las Vegas, NV 89102 . Tel: Fax:

PATIENT: B[illegible], D[illegible] DOB: [illegible] MR#: M0487

ORDERED BY: STEPHEN DUBIN (MD) ORDER DATE: 12/20/18 ORDER#: 3310180

List of New/Refill Orders

Start Date	Stop Date	Type		Order	Strength	Quantity	Dosage	Route	Frequency	Indication	Payer
12/20/18		Medication	New	Digoxin 0.125mg Tab	0.125 mg		Tab	Oral	1 tablet Daily	Afib	I
12/20/18		Medication	New	Diltiazem Hydrochloride 90mg Extended-Release Capsule	90 mg		Capsule	Oral	1 capsule two times daily	Hypertension/ Afib	I
12/20/18		Medication	New	Primidone 50mg Tab	50 mg		Tab	Oral	1 tablet by mouth daily	zeisure	I
12/20/18		Medication	New	Morphine Sulfate 20mg/1mL Solution	20 mg		Solution	Oral	Every 4 hours as needed for pain	Pain - Severe	H
		==> Note: Give 5mg (0.25ml) sublingual every 4 hours as needed for mild pain Give 10mg (0.5ml) sublingual every 4 hours as needed for moderate pain Give 20mg (1ml) sublingual every 4 hours as needed for severe pain									
12/20/18		Medication	New	Lorazepam 2mg/ml Conc Soln	2 mg		Soln	Oral	every 4 hours as needed for anxiety/agitation	Agitation/restlessness	H
		==> Note: Give 0.25ml every 4 hours as needed for mild anxiety/agitation Give 0.5ml every 4 hours as needed for moderate anxiety/agitation Give 1ml every 4 hours as needed for moderate anxiety/agitation									

List of 'ADMIT' Items - DO NOT FILL ITEMS BELOW (Patient has supply of item at admission)

Start Date	Stop Date	Type		Order	Strength	Quantity	Dosage	Route	Frequency	Indication	Payer

PHONE ORDER / READ BACK ORDER BY MARY ALYN DOMONDON (RN)

Electronically Signed: 12/20/2018, By STEPHEN DUBIN, MD

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Jireh Healthcare Services LLC

HospiceMD™

2320 Paseo Del Prado, Suite B101, Las Vegas, NV 89102 . Tel: Fax:

Patient Name: B[redacted], D[redacted] **MR#:** M0487

CURRENT TREATMENT / MEDICATION / DME LIST

All medications have been reviewed for effectiveness of drug therapy, drug side effects, actual or potential drug / food interactions, duplicate drug therapy and drug currently associated with laboratory monitoring.

Order Date	Start Date	Stop Date	Type	MEDS/DME	Strength	Quantity	Dosage	Route	Frequency	Indication	Payer	Administered By
12/20/18	12/20/18		Medication	Digoxin 0.125mg Tab	0.125 mg		Tab	Oral	1 tablet Daily	Afib	I	3&4
12/20/18	12/20/18		Medication	Diltiazem Hydrochloride 90mg Extended-Release Capsule	90 mg		Capsule	Oral	1 capsule two times daily	Hypertension/ Afib	I	3&4
12/20/18	12/20/18		Medication	Lorazepam 2mg/ml Conc Soln	2 mg		Soln	Oral	every 4 hours as needed for anxiety/agitation	Agitation/restlessness	H	3&4
		==>	Note: Give 0.25ml every 4 hours as needed for mild anxiety/agitation Give 0.5ml every 4 hours as needed for moderate anxiety/agitation Give 1ml every 4 hours as needed for moderate anxiety/agitation									
12/20/18	12/20/18		Medication	Morphine Sulfate 20mg/1mL Solution	20 mg		Solution	Oral	Every 4 hours as needed for pain	Pain - Severe	H	3&4
		==>	Note: Give 5mg (0.25ml) sublingual every 4 hours as needed for mild pain Give 10mg (0.5ml) sublingual every 4 hours as needed for moderate pain Give 20mg (1ml) sublingual every 4 hours as needed for severe pain									
12/20/18	12/20/18		Medication	Primidone 50mg Tab	50 mg		Tab	Oral	1 tablet by mouth daily	zeisure	I	3&4
12/20/18	12/20/18		Treatment									
			oxygen at 3L/min via nasal canula for comfort									

ADMINISTERED BY:(1) - SNF Nurse, (2) - Self, (3) - Fam/PCG, (4) - Hospice Nurse, (1&4) - SNF & Hospice Nurse, (2&3) - Self & Fam/PCG, (2&4) - Self & Hospice Nurse, (3&4) - Fam/PCG & Hospice Nurse , (2,3&4) - Self & Fam/PCG & Hospice Nurse

DUBUQUE

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Consolo Certification Dated: 12/20/2018 for B[redacted], D[redacted]

Patient Details for B[redacted], D[redacted] (Patient ID 518499, MRN M0487)

Date Of Birth	[redacted]	Status	Deceased

Hospice Certification of Terminal Illness

Benefit Period
1

Benefit Period Start Date
12/20/2018

Benefit Period End Date
03/19/2019

Certification Start Date
12/20/2018

Certification End Date
03/19/2019

Signed Date
12/20/2018

Medical Director or Certifying Physician
Dubin, Stephen Paul

Medical Director or Certifying Physician Address
5741 S. Fort Apache Rd. Suite 100 Las Vegas, NV 89148

Attending Physician
Dubin, Stephen Paul

Attending Physician Address
5741 S. Fort Apache Rd. Suite 100 Las Vegas, NV 89148

Patient HI Claim No
546421189A

Disaster Acuity
Medical services required today

Provider Information

Provider Name
Jireh Healthcare Services LLC

Provider Number
291533

Provider Address
2320 Paseo Del Prado Ste B101 Las Vegas, NV 89102-0048

Admission

New Admission 12/20/2018 (ROUTINE)

Verbal Certification

Verbal Certification received from Medical Director Dubin, Stephen Paul by Fronda, MaryRose (mary1) on 12/20/2018

I certify that B[redacted], D[redacted] is terminally ill with a life expectancy of six months or less if the terminal illness runs its normal course.

Admin **Fronda, MaryRose** (User) signed on **12/20/2018**. Recorded by mary1 on 12/21/2018 17:06:18.

Verbal Certification received from Physician Dubin, Stephen Paul by Fronda, MaryRose (mary1) on 12/20/2018

I certify that B[redacted], D[redacted] is terminally ill with a life expectancy of six months or less if the terminal illness runs its normal course.

Admin **Fronda, MaryRose** (User) signed on **12/20/2018**. Recorded by mary1 on 12/21/2018 17:06:33.

Brief Narrative Statement and Attestation

Review the patient's clinical circumstances and synthesize the medical information to provide clinical justification for admission and continuation to hospice services. If in third (3rd) or more benefit periods, clinical findings from the face to face encounter have been used to determine continued eligibility for hospice care.

Composing Physician
Dubin, Stephen Paul

Mr. B[redacted] is an 83 yr old Caucasian male, lives in a group home with 24/7 assistance, POA present at time of assessment. Patient's POA Stella Urbin signed consent as the Power of Attorney. Patient admitted to Jireh hospice under routine level of care, with terminal diagnosis of end stage Heart Failure. somnolence, sleeps most of the visit, confused and anxious. Co-morbidities include atrial fibrillation/flutter, hypertension, BPH, severe weakness, fatigue, severe SOB on non re-breather oxygen 15 l/min continuously. Patient has a worsening generalized and worsening adult failure to thrive with consequent loss of weight, MAC 20.7cm, POA claimed that patient to be over 180 lbs prior to this decline, dependent on ADLs, bed confined with complete assist, PPS 30 |KPS 30. Patient is incontinent of bladder and bowel, Patient is DNR, no agressive treatment nor hospitalization per POA request. Medications reviewed and POC discussed with POA, verbally agreed on plan. IDG notified.

Recorded By
Fronda, MaryRose (mary1)

Attestation: I confirm that I composed this narrative and that it is based on my review of the patient's medical record and/or examination of the patient.

Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **12/20/2018**. Recorded by mary1 on 12/21/2018 17:11:45.

Consolo Certification Dated: 12/20/2018 for B[redacted], D[redacted]

Certification Statement

I certify that this patient is under my care, and to the best of my medical knowledge given the data available, has a life expectancy of six (6) months or less if the terminal illness runs its normal course.

Medical Director or Certifying Physician: Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **12/20/2018**. Recorded by mary1 on 12/21/2018 17:11:53.

I certify that this patient is under my care, and to the best of my medical knowledge given the data available, has a life expectancy of six (6) months or less if the terminal illness runs its normal course.

Attending Physician: Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **12/20/2018**. Recorded by mary1 on 12/21/2018 17:11:53.

Additional Signatures

1. Admin **Fronda, MaryRose** (User) signed on **12/21/2018**. Recorded by mary1 on 12/21/2018 17:12:03.

JIREH HEALTHCARE SERVICES

2320 Paseo Del Prado Suite B101 Las Vegas Nevada 89102
PHONE: 702.359.1388 FAX: 702.359.2388
EMAIL ADDRESS: jirehhealthcare @gmail.com

PHYSICIAN'S CERTIFICATION FOR MEDICARE/MEDICAID HOSPICE BENEFIT

Physician's Certification of Terminal Illness for Hospice Benefit (Part – 1)

MR# F10486

A. CERTIFICATION STATEMENT First 90-Day Period from 12/20/2018 **to** 03/19/2019

I (or WE) certify that D[redacted] B[redacted] is terminally ill and Has a life expectancy of six (6) months or less if the terminal illness runs its normal course. I (WE) Reviewed the patient's clinical information and considered the primary terminal condition, related diagnoses, current subjective and objective medical findings, current medication and treatment orders and information about management of unrelated conditions in making this determination.

G. R.N. — 12/20/2018
RN Signature — Verbal Order Date

[signature] — 12/20/18
Hospice Medical Director/Associate Hospice Doctor — Date

[signature] — 12/20/18
Attending Physician Signature — Date

B. RECERTIFICATION STATEMENT Second 90-Day Period from _____ **to** _____

I certify that I have reviewed the clinical record prior to recertification for the above noted patient and That patient is still considered to be terminally ill and has life expectancy of six (six) months or less, if The terminal illness runs its normal course.

_____ _____
Hospice Medical Director/Associate Hospice Doctor — Date

C. RECERTIFICATION STATEMENT 60-Day Period from _____ **to** _____

I certify that I have reviewed the clinical record prior to recertification for the above noted patient and That patient is still considered to be terminally ill and has life expectancy of six (6) months or less, if The terminal illness runs its normal course.

_____ _____
Hospice Medical Director/Associate Hospice Doctor — Date

DUBIN0181

Jireh Healthcare Services LLC

PHYSICIANS ORDER

88 South Rainbow Blvd Suite A, Las Vegas, NV 89146 . Tel: Fax:

PATIENT: B[redacted], D[redacted] **DOB:** [redacted] **MR#:** M0487
ORDERED BY: STEPHEN DUBIN (MD) **ORDER DATE:** 12/19/18 **ORDER#:** 4672846
ALLERGIES:

List of New/Refill Orders

Start Date	Stop Date	Type		Order	Strength	Quantity	Dosage	Route	Frequency	Indication	Payer
12/19/18		Other	New								
		Please do hospice evaluation and treat									

List of 'ADMIT' Items - DO NOT FILL ITEMS BELOW (Patient has supply of item at admission)

Start Date	Stop Date	Type		Order	Strength	Quantity	Dosage	Route	Frequency	Indication	Payer

PHONE ORDER / READ BACK ORDER BY MARY ALYN DOMONDON (RN)

Electronically Signed: 12/19/2018, By STEPHEN DUBIN, MD

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5J

FILED 1970
JUL 24 2020
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ABDEL M. KHALEK, MD,** **Certificate of Registration Nos. CS19745 and PD00722,** **ROBERT CHANCELLOR, MD,** **Certificate of Registration Nos. CS22616 and PD27416, and** **LINDSAY HOFFMAN, PA-C,** **Certificate of Registration Nos. CS18262 and PD00177,** **Respondents.**	**Case Nos. 19-003-CS-A-S** **19-003-CS-B-S** **19-003-CS-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 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 Abdel M. Khalek, MD (Khalek), held a controlled substance registration, Certificate of Registration No. CS19745, and dispensing practitioner registration, Certificate of Registration No. PD00722; Respondent Robert Chancellor, MD (Chancellor), held a controlled substance registration, Certificate of Registration No. CS22616, and dispensing practitioner registration, Certificate of Registration No. PD27416; and Lindsay Hoffman, PA-C (Hoffman), held a controlled substance registration, Certificate of Registration No. CS18262, and dispensing practitioner registration, Certificate of Registration No. PD00177, all issued by the Board.

FACTUAL ALLEGATIONS

2. Vinay Kumar Bararia, MD (Bararia) was not registered with the Board at the time of the events alleged herein.

3. Bararia voluntarily surrendered his license to practice medicine, License No. 11355, to the Nevada State Board of Medical Examiners (NSBME) on March 8, 2013, and was sentenced in federal court for distribution of controlled substances in September 2014.

4. Bararia has owned and operated Nevada Health Services, LLC aka Trimcare (Trimcare), located at 5375 South Fort Apache Road, Suites 102 and 103, in Las Vegas, since August 2018.

5. Khalek co-owned and/or was employed at Trimcare from October 2018 to April 2019.

6. Chancellor co-owned and/or was employed by Trimcare from November 2018 to the present.

7. Hoffman was employed by Trimcare from August 2018 to present.

8. Ageless Aesthetics (Ageless Aesthetics), an unnamed third party, is a medical spa that operates at 5375 South Fort Apache Road, Suite 101, Las Vegas, Nevada 89148, next door to Trimcare, for which Khalek was the medical director from approximately October 2018 to April 2019.

9. Investigators from the Board, the Nevada State Board of Medical Examiners (BME) and the Drug Enforcement Administration (DEA) conducted a joint investigation of Trimcare and found evidence of misconduct and violations involving the unlawful possession, administration, prescribing and dispensing of controlled substances and/or dangerous drugs.

10. Khalek, Chancellor and Hoffman permitted Bararia, who was not a licensed practitioner, in the course of operating Trimcare to purchase, access, store, possess, administer, furnish, prescribe and/or dispense controlled substances and dangerous drugs under another

practitioner's name, without that practitioner having a bona fide therapeutic relationship with any such patient or the practitioner being present at the time the prescription was dispensed, and/or otherwise falsely represent himself as a practitioner entitled to write prescriptions in this state.

11. Khalek unlawfully prescribed controlled substances and/or dangerous drugs, including, without limitation, Testosterone, Phentermine, Phendimetrazine, Topamax, Botox, and Juvederm, for at least two-hundred ninety-eight (298) patients with whom he did not have a bona fide therapeutic relationship from September 2018 to April 2019 by pre-signing prescriptions, providing his log-on information to e-scribing systems to Bararia, and/or failing to secure his secondary authenticator for e-scribing CII medications.

12. Chancellor unlawfully prescribed controlled substances and/or dangerous drugs, including, without limitation, Adderall, Phentermine, and Topamax, for at least ten (10) patients with whom he did not have a bona fide therapeutic relationship from November 2018 to present by pre-signing prescriptions, his log-on information to e-scribing systems to Bararia, and/or failing to secure his secondary authenticator for e-scribing CII medications.

13. Hoffman unlawfully prescribed controlled substances/dangerous drugs, including, but not limited to, Phentermine, and Topamax for at least two (2) patients with whom she did not have a bona fide therapeutic relationship in April 2019 by pre-signing prescriptions.

14. Khalek, Chancellor and Hoffman permitted access of their inventory of controlled substances and dangerous drugs to unlicensed employees of Trimcare and/or Ageless Aesthetics.

15. Khalek, Chancellor and Hoffman failed to issue a written prescription for each medication dispensed, failed to verify medications for accuracy prior to dispensing, failed to maintain complete, accurate and readily retrievable records of all controlled substances and dangerous drugs purchased and dispensed, failed to inventory controlled substances at least once every two (2) years, failed to properly store and maintain the inventory, failed to maintain the

security of the inventory from unauthorized access, and failed to segregate and/or dispose of adulterated and/or expired dangerous drugs.

16. Chancellor and Hoffman had possession of pre-drawn, unlabeled syringes containing an unidentified dangerous drug.

17. On or about July 7, 2020, Board staff served Bararia with an order pursuant to NRS 639.2895(1) to immediately cease and desist possessing, administering, prescribing and/or dispensing controlled substances and dangerous drugs for Nevada patients from Trimcare.

APPLICABLE LAW

18. 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).

19. A prescription for a controlled substance may be issued only for a legitimate medical purpose and in the usual course of his or her professional practice by an individual practitioner who holds a DEA registration and is authorized to prescribe controlled substances by the jurisdiction in which he is licensed to practice his profession. 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03(a)(1); NRS 453.381(1).

20. It is unlawful for a practitioner to prescribe or dispense a controlled substance or dangerous drug except as authorized by law. NRS 453.226(1); NRS 453.321(1)(a); NRS 454.215; NRS 454.301, NRS 639.100(1); NRS 639.23505; NAC 453.410; NAC 639.742; NAC 639.745.

21. It is unlawful for a person to purchase, possess, administer or furnish a dangerous drug except as authorized by law. NRS 454.213(1); NRS 454.221; NRS 454.311; NRS 454.316; NRS 454.321 and/or NRS 454.356.

22. It is a felony offense to falsify a prescription for a controlled substance or otherwise purchase or possess a controlled substance except as authorized by law. 21 U.S.C. § 841(a); 21 U.S.C. § 842(a); NRS 453.331(1)(c), (d), (f), (h) and (i).

23. Falsely representing oneself as a practitioner entitled to write prescriptions in this state is a felony offense. 21 U.S.C. § 841(a); 21 U.S.C. § 842(a); NRS 639.281(1); NRS 639.2813(1).

24. Conspiring to violate the Controlled Substances Act is a felony offense. 21 U.S.C. § 846; NRS 453.401(1)(a).

25. A dispensing practitioner must issue a written prescription for each medication dispensed, verify medications for accuracy prior to dispensing, maintain complete, accurate and readily retrievable records of all controlled substances and dangerous drugs purchased and dispensed, inventory controlled substances at least once every two (2) years, properly store and maintain the inventory, maintain the security of the inventory from unauthorized access, and segregate and/or dispose of adulterated and/or expired dangerous drugs. NRS 453.246; NRS 585.370; NRS 585.420; NRS 639.282; NAC 453.400; NAC 453.410; NAC 453.475; NAC 454.040; NAC 639.475; NAC 639.476; NAC 639.510; NAC 639.601; NAC 639.742, NAC 639.743; NAC 639.745; 21 U.S.C. § 842(a)(5); 21 CFR 1304.11; 21 CFR 1304.21.

26. 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).

27. Performing any duties as the holder of a controlled substance registration or a dispensing practitioner registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

28. 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).

29. Dispensing a drug as a dispensing practitioner or prescribing a drug as a prescribing practitioner to a patient with whom the practitioner does not have a bona fide therapeutic relationship constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(n) and (o) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

30. 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).

31. 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).

32. 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).

FIRST CAUSE OF ACTION

Unprofessional Conduct – Party to a Fraudulent/Deceitful Practice/Transaction

33. By permitting Bararia, who was not a licensed practitioner, in the course of operating Trimcare to purchase, access, store, possess, administer, furnish, prescribe and/or dispense controlled substances and dangerous drugs under another practitioner's name, without that practitioner having a bona fide therapeutic relationship with any such patient or the practitioner being present at the time the prescription was dispensed, and/or otherwise falsely represent himself as a practitioner entitled to write prescriptions in this state, including pre-

signing prescriptions, providing log-on information to e-scribing systems to Bararia, and failing to secure secondary authenticator for e-scribing CII medications, Khalek, Chancellor and Hoffman were party to a fraudulent or deceitful practice or transaction and engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(h), and are subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

SECOND CAUSE OF ACTION
Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties

34. By permitting Bararia, who was not a licensed practitioner, in the course of operating Trimcare to purchase, access, store, possess, administer, furnish, prescribe and/or dispense controlled substances and dangerous drugs under another practitioner's name, without that practitioner having a bona fide therapeutic relationship with any such patient or the practitioner being present at the time the prescription was dispensed, and/or otherwise falsely represent himself as a practitioner entitled to write prescriptions in this state, including pre-signing prescriptions, providing log-on information to e-scribing systems to Bararia, and failing to secure secondary authenticator for e-scribing CII medications, Khalek, Chancellor and Hoffman performed their duties as the holders of controlled substance registrations and dispensing practitioner registrations in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(i), and are subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

THIRD CAUSE OF ACTION
Unprofessional Conduct – Aiding and Abetting Unlicensed Practice

35. By permitting Bararia, who was not a licensed practitioner, in the course of operating Trimcare to purchase, access, store, possess, administer, furnish, prescribe and/or dispense controlled substances and dangerous drugs under another practitioner's name, without that practitioner having a bona fide therapeutic relationship with any such patient or the

practitioner being present at the time the prescription was dispensed, and/or otherwise falsely represent himself as a practitioner entitled to write prescriptions in this state, including pre-signing prescriptions, providing log-on information to e-scribing systems to Bararia, and failing to secure secondary authenticator for e-scribing CII medications, Khalek, Chancellor and Hoffman aided or 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 are subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

FOURTH CAUSE OF ACTION
Unprofessional Conduct – Prescribing/Dispensing Without Bona Fide Therapeutic Relationship

36. By unlawfully prescribing and dispensing controlled substances to patients with whom they did not have a bonda fide therapeutic relationship, Khalek, Chancellor and Hoffman engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(n) and (o), and are subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

FIFTH CAUSE OF ACTION
Violations of Federal Controlled Substances Act

37. By permitting Bararia, who was not a licensed practitioner, in the course of operating Trimcare to purchase, access, store, possess, administer, furnish, prescribe and/or dispense controlled substances and dangerous drugs under another practitioner's name, without that practitioner having a bona fide therapeutic relationship with any such patient or the practitioner being present at the time the prescription was dispensed, and/or otherwise falsely represent himself as a practitioner entitled to write prescriptions in this state, including pre-signing prescriptions, providing log-on information to e-scribing systems to Bararia, and failing to secure secondary authenticator for e-scribing CII medications, Khalek, Chancellor and

Hoffman violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a), 21 U.S.C. § 846 and 21 CFR §§ 1306.03–1306.05, and are subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(11).

SIXTH CAUSE OF ACTION
Violations of State Law for Unlicensed Practice

38. By permitting Bararia, who was not a licensed practitioner, in the course of operating Trimcare to purchase, access, store, possess, administer, furnish, prescribe and/or dispense controlled substances and dangerous drugs under another practitioner's name, without that practitioner having a bona fide therapeutic relationship with any such patient or the practitioner being present at the time the prescription was dispensed, and/or otherwise falsely represent himself as a practitioner entitled to write prescriptions in this state, including pre-signing prescriptions, providing log-on information to e-scribing systems to Bararia, and failing to secure secondary authenticator for e-scribing CII medications, Khalek, Chancellor and Hoffman violated, attempted to violate, assisted or abetted in the violation of or conspired to violate, or knowingly permitted, allowed, condoned or failed to report a violation of NRS 453.226, NRS 453.316, NRS 453.321(1)(a), NRS 453.331 (1)(c)(d)(f)&(i), NRS 453.381(1), NRS 453.401(l)(a), NRS 454.213, NRS 454.215, NRS 454.221, NRS 454.311, NRS 454.316, NRS 454.321, NRS 639.100(1), NRS 639.235, NRS 639.23505, NRS 639.281, NRS 639.2813 and NRS 639.310, and are subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(12).

SEVENTH CAUSE OF ACTION
Failure to Maintain Security of Controlled Substances or Dangerous Drugs

39. By failing to maintain proper locked security of their inventory of controlled substances and dangerous drugs and/or permitting unauthorized access to their inventory by Bararia and/or other unlicensed employees of Trimcare and/or Ageless Aesthetics, Khalek,

Chancellor and Hoffman violated NAC 453.400, NAC 453.410(1)(d), NAC 454.040, NAC 639.742(3)(c), NAC 639.742(3)(a)(b)(c)&(e), and NAC 639.745(1)(c), and are subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(12).

EIGHTH CAUSE OF ACTION
Failure to Maintain Records for Controlled Substances Dispensed

40. By failing to keep complete, accurate, and readily retrievable records of all controlled substances dispensed, including failing to issue a written prescription for each medication dispensed and failing to inform the patient that he or she may request a written prescription to have it filled at another location of their choice, Khalek, Chancellor, and Hoffman violated NRS 453.246, NAC 453.410(1)(a)(B) and (2), NAC 639.745(2) and (3)(b)(2), 21 U.S.C. § 842(a)(5), 21 CFR 1304.11 and 21 CFR § 1304.21, and are subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(11), (12) and (17).

NINTH CAUSE OF ACTION
Failure to Verify Dispensed Medications for Accuracy

41. By failing to verify medications for accuracy prior to dispensing, Khalek, Chancellor, and Hoffman violated NAC 639.743(2)(a) and (b), and are subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(12).

TENTH CAUSE OF ACTION
Failure to Inventory Controlled Substances Every Two Years

42. By failing to inventory controlled substances at least once every two (2) years, Khalek, Chancellor, and Hoffman violated NRS 453.246, NAC 453.475(1)(b), 21 U.S.C. § 842(a)(5), 21 CFR 1304.11 and 21 CFR § 1304.21 and are subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(11), (12) and (17).

ELEVENTH CAUSE OF ACTION

Failure to Properly Segregate/Dispose Adulterated/Expired Drugs

43. By failing to properly segregate and/or dispose of adulterated and/or expired dangerous drugs for administration, Khalek, Chancellor, and Hoffman violated NRS 585.370(1), NRS 639.282(1)(d), NAC 639.050(2), NAC 639.473(1) and (3), NAC 639.510(3) and NAC 639.601(1), and are subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(12).

TWELFTH CAUSE OF ACTION

Failure to Properly Label Pre-Filled Syringes Against

44. By pre-filling syringes without proper labels and/or temperature control, Chancellor and Hoffman violated NRS 585.420, NRS 639.282 (1)(e), NAC 639.476 and NAC 639.510, and are subject to discipline pursuant to NRS 453.236(1) and NRS 639.210 (12).

THIRTEENTH CAUSE OF ACTION

Commission of Acts that Render Registration Inconsistent with the Public Interest

45. By their actions as set forth herein, Khalek, Chancellor and Hoffman have committed acts that render their registrations to prescribe or otherwise dispense a controlled substance inconsistent with the public interest pursuant to NRS 453.231, and are 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 certificates of registration of these respondents.

DATED this 24th day of July, 2020.

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.** **ABDEL M. KHALEK, MD,** **Certificate of Registration Nos. CS19745 and PD00722,** **Respondent.**	**CASE NO. 19-003-CS-A-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

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.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, September 2, 2020, at 9:00 a.m. or soon thereafter. The hearing will occur at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada.

IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 24th day of July, 2020.

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 24th day of July, 2020, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Abdel Khalek, MD
5375 S Ft Apache Rd #102-103
Las Vegas, NV 89148

Robert Chancellor, MD
7975 W Sahara Ave #104
Las Vegas, NV 89117

Lindsay Hoffman, PA-C
5375 S FT Apache Rd #102-103
Las Vegas, NV 89148

Jill Chase, Esq.
Lewis Brisbois
6385 S. Rainbow Blvd., Ste. 600
Las Vegas, NV 89118

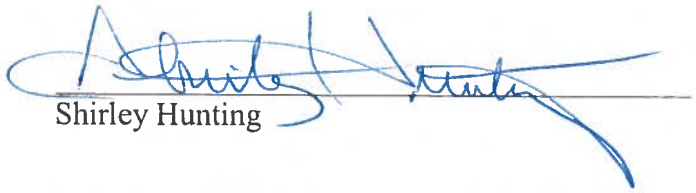
E. Brent Bryson, Esq.
7730 W. Sahara Ave., Ste. 109
Las Vegas, NV 89117

SHIRLEY HUNTING

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 4th day of August, 2020, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Abdel M. Khalek, MD
8600 Starboard Avenue
Las Vegas, NV 89117



Shirley Hunting

FILED
AUG 28 2020
NEVADA STATE BOARD OF PHARMACY

LEWIS BRISBOIS BISGAARD & SMITH LLP
JILL M. CHASE
Nevada Bar No. 5250
6385 S. Rainbow Boulevard, Suite 600
Las Vegas, Nevada 89118
Telephone: 702.893.3383
Facsimile: 702.893.3789
Email: Jill.Chase@lewisbrisbois.com
Attorney for Abdel M. Khalek, M.D.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, vs. ABDEL M. KHALEK, M.D., Certificate of Registration No. CS19745 and PD00722 Respondent.	CASE NO. 19-090-CS-S ANSWER AND NOTICE OF DEFENSE

ABDEL M. KHALEK, M.D., ("Dr. Khalek"), by and through his counsel, JILL M. CHASE, ESQ. of the law firm of LEWIS BRISBOIS BISGAARD & SMITH, LLP hereby submits his Answer and Notice of Defense.

JURISDICTION

1. Answering Paragraph 1, Respondent objects to this paragraph as it calls for a legal conclusion; notwithstanding, Respondent admits that he held a Board-issued controlled substance registration, Certificate of Registration No. CS19745 and PD00722.

FACTUAL ALLEGATIONS

2. Answering Paragraph 2, Respondent admits that Vinay Kumar Bararia, M.D. was not registered with the Board at the time of the alleged events herein.

3. Answering Paragraph 3, Respondent is without sufficient knowledge, information upon which to base a belief as to the truth or falsity of the allegations contained in Paragraph III and therefore denies these allegations.

4. Answering Paragraph 4, Respondent is without sufficient knowledge,

information upon which to base a belief as to the truth or falsity of the allegations contained in Paragraph 4 and therefore denies these allegations. .

5. Answering Paragraph 5, Respondent admits he was employed at Trimcare from October 2018 to April 2019.

6. Answering Paragraph 6, Respondent is without sufficient knowledge, information upon which to base a belief as to the truth or falsity of the allegations contained in Paragraph 6 and therefore denies these allegations.

7. Answering Paragraph 7, Respondent is without sufficient knowledge, information upon which to base a belief as to the truth or falsity of the allegations contained in Paragraph 7 and therefore denies these allegations.

8. Answering Paragraph 8, Respondent denies that he was the medical director of Ageless Aesthetics from October 2018 to April 2019.

9. Answering Paragraph 9, Respondent is without sufficient knowledge, information upon which to base a belief as to the truth or falsity of the allegations contained in Paragraph 9 and therefore denies these allegations.

10. Answering Paragraph 10, Respondent denies these allegations as to this Respondent, but is without sufficient knowledge, information upon which to base a belief as to the truth or falsity of the remaining allegations contained in Paragraph 10 and therefore denies these allegations.

11. Answering Paragraph 11, Respondent denies these allegations.

12. Answering Paragraph 12, Respondent is without sufficient knowledge, information upon which to base a belief as to the truth or falsity of the allegations contained in Paragraph 12 and therefore denies these allegations.

13. Answering Paragraph 13, this allegation is not directed to this Respondent is without sufficient knowledge, information upon which to base a belief as to the truth or falsity of the allegations contained in Paragraph 13 and therefore denies these allegations.

14. Answering Paragraph 14, Respondent denies these allegations as to this

Respondent, but is without sufficient knowledge, information upon which to base a belief as to the truth or falsity of the remaining allegations contained in Paragraph 14 and therefore denies these allegations.

15. Answering Paragraph 15, Respondent denies these allegations as to this Respondent, but is without sufficient knowledge, information upon which to base a belief as to the truth or falsity of the remaining allegations contained in Paragraph 15 and therefore denies these allegations.

16. Answering Paragraph 16, Respondent is without sufficient knowledge, information upon which to base a belief as to the truth or falsity of the allegations contained in Paragraph 16 and therefore denies these allegations.

17. Answering Paragraph 17, Respondent is without sufficient knowledge, information upon which to base a belief as to the truth or falsity of the allegations contained in Paragraph 17 and therefore denies these allegations

APPLICABLE LAW

18. Answering Paragraph 18, Respondent objects to this paragraph as it calls for a legal conclusion, for which no response is required.

19. Answering Paragraph 19, Respondent objects to this paragraph as it calls for a legal conclusion, for which no response is required.

20. Answering Paragraph 20, Respondent objects to this paragraph as it calls for a legal conclusion, for which no response is required.

21. Answering Paragraph 21, Respondent objects to this paragraph as it calls for a legal conclusion, for which no response is required.

22. Answering Paragraph 22, Respondent objects to this paragraph as it calls for a legal conclusion, for which no response is required.

23. Answering Paragraph 23, Respondent objects to this paragraph as it calls for a legal conclusion, for which no response is required.

24. Answering Paragraph 24, Respondent objects to this paragraph as it calls for a legal conclusion, for which no response is required.

25. Answering Paragraph 25, Respondent objects to this paragraph as it calls for a legal conclusion, for which no response is required.

26. Answering Paragraph 26, Respondent objects to this paragraph as it calls for a legal conclusion, for which no response is required.

27. Answering Paragraph 27, Respondent objects to this paragraph as it calls for a legal conclusion, for which no response is required.

28. Answering Paragraph 28, Respondent objects to this paragraph as it calls for a legal conclusion, for which no response is required.

29. Answering Paragraph 29, Respondent objects to this paragraph as it calls for a legal conclusion, for which no response is required.

30. Answering Paragraph 30, Respondent objects to this paragraph as it calls for a legal conclusion, for which no response is required.

31. Answering Paragraph 31, Respondent objects to this paragraph as it calls for a legal conclusion, for which no response is required.

32. Answering Paragraph 32, Respondent objects to this paragraph as it calls for a legal conclusion, for which no response is required.

FIRST CAUSE OF ACTION

Unprofessional Conduct-Party to a Fraudulent/Deceitful Practice/Transaction

33. Answering Paragraph 33, Respondent denies that he permitted Bararia to perform any unlawful acts alleged in Paragraph 33, but is without sufficient knowledge, information upon which to base a belief as to the truth or falsity of the allegations contained in Paragraph 33 as to the remaining Respondents and therefore denies these allegations.

SECOND CAUSE OF ACTION

Unprofessional Conduct-Incompetent, Unskillful or Negligent Performance of Duties

34. Answering Paragraph 34, Respondent denies that he permitted Bararia to perform any unlawful acts alleged in Paragraph 34, but is without sufficient knowledge, information upon which to base a belief as to the truth or falsity of the allegations

contained in Paragraph 34 as to the remaining Respondents and therefore denies these allegations.

THIRD CAUSE OF ACTION

Unprofessional Conduct-Aiding and Abetting Unlicensed Practice

35. Answering Paragraph 35, Respondent denies that he permitted Bararia to perform any unlawful acts alleged in Paragraph 35, but is without sufficient knowledge, information upon which to base a belief as to the truth or falsity of the allegations contained in Paragraph 35 as to the remaining Respondents and therefore denies these allegations.

FOURTH CAUSE OF ACTION

Unprofessional Conduct-Prescribing/Dispensing Without Bona Fide Therapeutic Relationship

36. Answering Paragraph 36, Respondent denies that he performed any unlawful acts alleged in Paragraph 36, but is without sufficient knowledge, information upon which to base a belief as to the truth or falsity of the allegations contained in Paragraph 36 as to the remaining Respondents and therefore denies these allegations.

FIFTH CAUSE OF ACTION

Violations of Federal Controlled Substances Act

37. Answering Paragraph 37, Respondent denies that he permitted Bararia to perform any unlawful acts alleged in Paragraph 37, but is without sufficient knowledge, information upon which to base a belief as to the truth or falsity of the allegations contained in Paragraph 37 as to the remaining Respondents and therefore denies these allegations.

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SIXTH CAUSE OF ACTION

Violations of State Law for Unlicensed Practice

38. Answering Paragraph 38, Respondent denies that he permitted Bararia to perform any unlawful acts alleged in Paragraph 38, but is without sufficient knowledge, information upon which to base a belief as to the truth or falsity of the allegations contained in Paragraph 38 as to the remaining Respondents and therefore denies these allegations.

SEVENTH CAUSE OF ACTION

Failure to Maintain Security of Controlled Substances or Dangerous Drugs

39. Answering Paragraph 39, Respondent denies that he permitted Bararia and/or other unlicensed employees of Trimcare and/or Ageless Aesthetics to perform any unlawful acts alleged in Paragraph 39, but is without sufficient knowledge, information upon which to base a belief as to the truth or falsity of the allegations contained in Paragraph 39 as to the remaining Respondents and therefore denies these allegations.

EIGHTH CAUSE OF ACTION

Failure to Maintain Records for Controlled Substances Dispensed

40. Answering Paragraph 40, Respondent denies that he performed or committed any of the unlawful acts alleged in Paragraph 40, but is without sufficient knowledge, information upon which to base a belief as to the truth or falsity of the allegations contained in Paragraph 40 as to the remaining Respondents and therefore denies these allegations.

NINTH CAUSE OF ACTION

Failure to Verify Dispensed Medications for Accuracy

41. Answering Paragraph 41, Respondent denies that he performed any unlawful acts alleged in Paragraph 41, but is without sufficient knowledge, information upon which to base a belief as to the truth or falsity of the allegations contained in Paragraph 41 as to the remaining Respondents and therefore denies these allegations.

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TENTH CAUSE OF ACTION

Failure to Inventory Controlled Substances Every Two Years

42. Answering Paragraph 42, Respondent denies that he performed any unlawful acts alleged in Paragraph 42, but is without sufficient knowledge, information upon which to base a belief as to the truth or falsity of the allegations contained in Paragraph 42 as to the remaining Respondents and therefore denies these allegations.

ELEVENTH CAUSE OF ACTION

Failure to Properly Segregate/Dispose Adulterated/Expired Drugs

43. Answering Paragraph 43, Respondent denies that he performed or committed any of the unlawful acts alleged in Paragraph 43, but is without sufficient knowledge, information upon which to base a belief as to the truth or falsity of the allegations contained in Paragraph 43 as to the remaining Respondents and therefore denies these allegations.

TWELFTH CAUSE OF ACTION

Failure to Properly Label Pre-Filled Syringes Against

44. Answering Paragraph 44, Respondent states that this allegation seeks information about other Respondents for which he is without sufficient knowledge, information upon which to base a belief as to the truth or falsity of the allegations contained in Paragraph 44 as to the remaining Respondents and therefore denies these allegations.

THIRTEENTH CAUSE OF ACTION

Commission of Acts that Render Registration Inconsistent with the Public Interest

45. Answering Paragraph 45, Respondent denies this paragraph as to himself, but is without sufficient knowledge, information upon which to base a belief as to the truth or falsity of the allegations contained in Paragraph 45 as to the remaining Respondents and therefore denies these allegations.

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AFFIRMATIVE DEFENSES

FIRST AFFIRMATIVE DEFENSE

The Board's Complaint fails to state a claim on which relief may be granted.

SECOND AFFIRMATIVE DEFENSE

The Board's Complaint, and each cause of action therein, is barred by the doctrine of laches, estoppel, and the doctrine of unclean hands.

THIRD AFFIRMATIVE DEFENSE

Respondent denies each and every allegation of the Board's Complaint not specifically admitted or otherwise pled to herein.

WHEREFORE, Respondent prays for judgment as follows:

1. That all charges against him be dismissed;

2. For such other and further relief as may be deemed just and proper in these premises.

DATED: August 28, 2020

Respectfully submitted,

Jill M. Chase
LEWIS BRISBOIS BISGAARD & SMITH LLP

By: */s/ Jill M. Chase*
Attorneys for Abdel Khalek, M.D.

FILED
APR 13 2022
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ABDEL M. KHALEK, MD,** **Certificate of Registration Nos. CS19745 and PD00722,** **Respondent.**	**Case No. 22-019-N** **FINDINGS OF FACT, CONCLUSIONS OF LAW AND ORDER**

This matter came before the Nevada State Board of Pharmacy (Board) at its regularly scheduled meeting on Wednesday, April 13, 2022. Brett Kandt, Esq., prosecuted the case before the Board. Respondent Abdel M. Khalek, MD, Certificate of Registration Nos. CS19745, and PD00722, failed to appear. The Board heard the case and, based on the evidence presented, the Board makes the following Findings of Fact, Conclusions of Law and Order.

FINDINGS OF FACT

The Board finds that probative evidence exists in the record to establish each of the following facts by a preponderance of the evidence:

1. At the time of the events set forth herein, Respondent Abdel M. Khalek, MD, held a controlled substance registration, Certificate of Registration No. CS19745, and dispensing practitioner registration, Certificate of Registration No. PD00722, issued by the Board.

2. On or about July 24, 2020, Respondent was served with a Notice of Intended Action and Accusation (Accusation) in Case No. 19-003-A-S, alleging violations of federal and state law, including NRS 453.226, NRS 453.316, NRS 453.321(1)(a), NRS 453.331 (1)(c)(d)(f)&(i), NRS 453.381(1), NRS 453.401(l)(a), NRS 454.213, NRS 454.215, NRS 454.221, NRS 454.311, NRS 454.316, NRS 454.321, NRS 639.100(1), NRS 639.235, NRS

639.23505, NRS 639.281, NRS 639.2813, NRS 639.310, 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a), 21 U.S.C. § 846 and 21 CFR §§ 1306.03–1306.05.

3. On or about February 23, 2021, Respondent was served with an Order of Summary Suspension of his Certificate of Registration No. CS19745 pursuant to NRS 233B.127(3) and NRS 453.241(3).

4. On February 25, 2021, Respondent surrendered his DEA Certificate of Registration No. FK2904793 to the U.S. Drug Enforcement Administration by executing a DEA Form 104, entitled "Surrender for Cause" (DEA Surrender for Cause).

5. By executing the DEA Surrender for Cause, Respondent acknowledged in pertinent part the following:

> In view of my alleged failure to comply with the Federal requirements pertaining to controlled substances or list 1 chemicals, and as an indication of my good faith in desiring to remedy any incorrect or unlawful practices on my part, I hereby surrender for cause my Drug Enforcement Administration (DEA) Certification of Registration.

6. On or about December 7, 2021, the Nevada State Board of Medical Examiners (NSBME) entered an order in Case No. 21-8734-1 and revoked Respondent's License No. 6899 to practice medicine for cause.

7. On or about February 25, 2022, and March 25, 2022, Respondent was served with the Notice of Intended Action and Accusation (Accusation) on file in this matter together with the Statement to Respondent and Notice of Hearing.

8. On or about March 15, 2022, Respondent was served with another notice of this hearing by mail.

9. Respondent failed to file a Notice of Defense to the Accusation.

CONCLUSIONS OF LAW

Based on the forgoing findings of fact, the Board concludes as a matter of law:

1. The Board has jurisdiction over this matter and this Respondent, because at the time of the events herein, Respondent held a controlled substance registration and a dispensing practitioner registration, both issued by the Board.

2. The applicable law in this matter is as follows:

A. A practitioner must hold a license to practice his or her profession in this State and be registered with both the DEA and the Board to possess, administer, prescribe and/or otherwise dispense any controlled substance. NRS 453.226(1); 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03.

B. A practitioner must hold a license to practice his or her profession in this State to possess, administer and any dangerous drug, and must be registered with the Board to dispense a dangerous drug. NRS 454.213; NRS 454.215; NRS 454.221; NRS 454.321; NRS 454.356; NRS 639.100; NRS 639.23505; NAC 639.742.

C. The surrender, revocation or a suspension that has not been stayed of any certificate, license or registration of a practitioner, as defined in NRS 453.126, 454.00958 or 639.0125, by a licensing board or the Drug Enforcement Administration operates as an immediate suspension of a certificate, license, registration or permit issued by the Board pursuant to NRS chapters 453, 454 or 639 to possess, administer, prescribe or dispense drugs. NRS 639.2107.

D. Failure to file a Notice of Defense constitutes a waiver of the respondent's right to a hearing. NRS 639.244.

E. If a respondent fails to appear at a scheduled hearing and the Board finds that the respondent was given sufficient legal notice of the hearing, it may accept the allegations as true. NRS 622A.350.

3. By surrendering his DEA Certificate of Registration No. FK2904793 for cause, Respondent has admitted to failing to comply with federal requirements pertaining to controlled substances, has committed acts that render his registration to dispense controlled substances inconsistent with the public interest, is no longer authorized to possess, administer, prescribe or dispense controlled substances under federal or state law, and his Certificate of Registration Nos. CS19745 and PD00722 are subject to revocation pursuant to NRS 453.236(1), NRS 453.241(1), NRS 639.210(11) and (12) and/or NRS 639.255(1).

4. Due to the revocation for cause of his License No. 6899 by the NSBME, Respondent is no longer a licensed practitioner qualified for registration to possess, administer, prescribe and/or otherwise dispense controlled substances or dangerous drugs under federal or state law, has committed acts that render his registration to dispense controlled substances or dangerous drugs inconsistent with the public interest, and his Certificate of Registration Nos. CS19745 and PD00722 are subject to revocation pursuant to NRS 453.236(1), NRS 453.241(1), NRS 639.210(11) and (12) and/or NRS 639.255(1).

5. Board staff satisfied the notice and service requirements of NRS 233B.127(3), NRS 639.242 and NRS 639.245, and Respondent was given sufficient legal notice of the hearing.

ORDER

THEREFORE, THE BOARD HEREBY ORDERS AS FOLLOWS:

1. The certificates of registration of Respondent Abdel M. Khalek, MD, Certificate of Registration Nos. CS19745, and PD00722, are hereby revoked pursuant to NRS 453.241(l)(b).

2. Respondent may not possess (except pursuant to the lawful order of a practitioner), administer, prescribe or dispense a controlled substance until he has petitioned the Board for reinstatement pursuant to NRS 639.257 and the Board reinstates his certificates of registration.

3. Pursuant to NRS 622A.410(1) and 639.257(1), Respondent may not petition for reinstatement of his certificates of registration for a period of two (2) years from the effective date of this Order.

4. In the event Respondent applies for reinstatement of his certificates of registration, or applies for any other certificate, license or permit with the Board, he shall appear before the Board to answer questions and give testimony regarding his application, his compliance with this Order, and the facts and circumstances underlying this matter.

5. Any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing Respondent to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by Respondent, the Board may impose additional discipline upon Respondent not inconsistent with the provisions of NRS Chapter 453 and Chapter 639.

6. This Order constitutes a final decision in a contested case and a public record pursuant to NRS 639.255(5), and shall be reported to the National Practitioner Data Bank pursuant to 42 U.S.C. § 1396r–2 and 45 CFR Part 60.

7. This Order is effective immediately.

IT IS SO ORDERED.

Entered this 13th day of April, 2022.

Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 15th day of April 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Abdel Khalek
5375 S. Fort Apache Rd Unit 102
Las Vegas, NV 89148

9171 9690 0935 0271 8351 48

Abdel Khalek
8600 Starboard Ave.
Las Vegas, NV 89117

9171 9690 0935 0271 8351 55

KRISTOPHER MANGOSING

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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ROBERT CHANCELLOR, MD,** **Certificate of Registration Nos. CS22616 and PD27416,** **Respondent.**	**CASE NO. 19-003-CS-B-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

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.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, September 2, 2020, at 9:00 a.m. or soon thereafter. The hearing will occur at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada.

IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 24th day of July, 2020.

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.

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 24th day of July, 2020, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Abdel Khalek, MD
5375 S Ft Apache Rd #102-103
Las Vegas, NV 89148

Robert Chancellor, MD
7975 W Sahara Ave #104
Las Vegas, NV 89117

Lindsay Hoffman, PA-C
5375 S FT Apache Rd #102-103
Las Vegas, NV 89148

Jill Chase, Esq.
Lewis Brisbois
6385 S. Rainbow Blvd., Ste. 600
Las Vegas, NV 89118

E. Brent Bryson, Esq.
7730 W. Sahara Ave., Ste. 109
Las Vegas, NV 89117

SHIRLEY HUNTING

FILED
AUG 17 2020
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, vs. ROBERT CHANCELLOR, MD, Certificate of Registration No. CS22616 and PD27416, Respondent.	Case No.: 19-003-CS-B-S **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: None.

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

Respondent Denies the allegations contained in the Notice of Intended Action and Accusation, Case No. 19-003-CS-B-S.

I hereby, declare under penalty or perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

Date this 11th day of August, 2020.

Robert Chancellor MD
ROBERT CHANCELLOR, MD

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** ABDEL M. KHALEK, MD, Certificate of Registration Nos. CS19745 and PD00722, ROBERT CHANCELLOR, MD, Certificate of Registration Nos. CS22616 and PD27416, and LINDSAY HOFFMAN, PA-C, Certificate of Registration Nos. CS18262 and PD00177, Respondents.	Case Nos. 19-003-CS-A-S 19-003-CS-B-S **19-003-CS-C-S** **STIPULATED FACTS AS TO RESPONDENTS ROBERT CHANCELLOR, MD AND LINDSAY HOFFMAN, PA-C ONLY**

Courtney K. Lee, General Coun0sel for Petitioner, the Nevada State Board of Pharmacy ("Board"), Respondent Robert Chancellor, MD ("Chancellor"), Certificate of Registration Nos. CS22616, and PD 27416, Respondent Lindsay Hoffman, PA-C, ("Hoffman"), Certificate of Registration Nos. CS18262 and PD00177, by and through counsel, E. Brent Bryson, Esq., **HEREBY STIPULATE AND AGREE TO THE FOLLOWING FACTS**:

1. The Board has jurisdiction over Respondents and this matter.

2. Vinay Kumar Bararia, MD ("Bararia") was not registered with the Board at the time of the events alleged herein.

3. Khalek co-owned and/or was employed at Trimcare from October 2018 to April 2019.

4. Chancellor co-owned and/or was employed by Trimcare from November 2018 to the present.

5. Hoffman was employed by Trimcare from August 2018 to present.

6. On or about July 7, 2020, Board staff served Bararia with an order pursuant to NRS 639.2895(1) to immediately cease and desist possessing, administering, prescribing and/or dispensing controlled substances and dangerous drugs for Nevada patients from Trimcare.

AGREED:

APPROVED AS TO FORM AND CONTENT
this 11 day of ~~September~~ November, 2021

BRENT BRYSON, ESQ.
Counsel for Respondents Robert Chancellor, MD and Lindsay Hoffman, PA-C

Signed this 11th day of ~~September~~ November, 2021

COURTNEY K. LEE, ESQ.
General Counsel
Nevada State Board of Pharmacy

Exhibit 1

2008

702-486-6420 Joe Dodgy?

Nevada State Board of Pharmacy

985 Damonte Ranch Parkway Suite 206 • Reno, NV 89521
(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444
E-mail: pharmacy@pharmacy.nv.gov • Web Page: bop.nv.gov

INSPECTION NOTICE

INNOVATIVE CARE PHYSICIANS
5375 ST FT APACHE RD #103
LAS VEGAS, NV 89148

License: DS00206-CS
Inspector: L. Bauch/D. McClish/Cerra
Month of Inspection: May 2019
Inspection #: 99053
Date of Inspection: 6/13/19

INSTRUCTIONS

This Notice is provided to INNOVATIVE CARE PHYSICIANS to inform you that your dispensing site will be inspected sometime in the month of May. These instructions are intended to assist you to be prepared for the inspection. **You must have completed the following by the first business day of May:**

- ✓ Review and make any needed changes to information shown below
- ✓ Download and print from our website the correct forms. Be advised, in order to complete the inspection process, you will be printing more than one document. Carefully read directions below:
  - Go to http://bop.nv.gov
  - From the Homepage, click on the tab labeled: "**FORMS**"
  - Under the section labeled "**Inspection Forms**", locate, click on and print the **Dispensing Practitioner Inspection Form and Instruction Sheet.**
- ✓ Attach this page to the front of the inspection forms. Complete the Inspection Form and have the completed form available for review by the Inspector.
- ✓ The dispensing practitioner is responsible to assure compliance with all of the instructions in this matter.
- ✓ If your dispensing practitioner(s) are not on site all hours your facility is open, please keep all dispensing records, invoices and documents in a secure location separate from the medications that are being dispensed. The key to this secure area can be kept in a secure area for access to records by the inspector. The key to the medications can only be in possession of the practitioner.
- ✓ Failure to fully comply with the instructions will be noted as a deficiency and may result in disciplinary action against the dispensing practitioner.
- ✓ **The Board will *not* provide copies of the necessary Inspection Forms by mail or fax. The dispensing practitioner is responsible to obtain the Inspection Forms through the Board's website.**

DISPENSING SITE INFORMATION

Our records show the following information regarding your dispensing site. Please review the information carefully and make any changes by striking through any information that is incorrect and adding corrected information in the blanks next to the incorrect information. **You must have this Inspection Notice available which must be completed by the first business day of May and made available to the inspector when he visits.**

Make needed changes below:

Dispensing Site Telephone #: 702-367-0808

Dispensing Site Fax #: 702-367-1339

Dispensing Site E-mail: pharmacy@innv.com

Practitioner(s) Name/License#/License Type:

HOFFMAN, LINDSAY: PD00177 ✓

KHALEK, ABDEL MALICK: PD00722 → Not here anymore

LUCKETTE, ADAM JAMES: PD00246 → Not here anymore

Robert S. Chancellor PD27416 ✓

Dispensing Tech(s)/Trainee(s):

ANDERSON, MARISSA B: TD00682 → not here anymore

DEVER-GOLDSMITH, MONA L: TD00275 → not here anymore

MEDEIROS, JENNIFER: TD01478 → not here anymore

SANCHEZ, CONSUELO: TD01206 → not here anymore

Ranesces, Vistacion TD01750 ✓

Kerrigan, Jason TD01763 ✓ Part Time

DEPARTMENT OF HEALTH AND HUMAN SERVICES

OFFICE OF INSPECTOR GENERAL

WASHINGTON, DC 20201

Please read carefully and retain; it contains important information about your exclusion

You are excluded from participation in any capacity in the Medicare, Medicaid, and all Federal health care programs as defined in section 42 U.S.C. 1320a-7b(f) of the Social Security Act.

This exclusion significantly limits your ability to work in any capacity in the health care field in the United States. No payment will be made by any Federal health care program (such as Medicare, Medicaid, Veterans Administration, TRICARE, the Military Direct Care System, etc.) for any items or services furnished, ordered, or prescribed by you in any capacity. For example, you are prohibited from submitting or causing claims to be submitted to Federal health care programs for items or services which you provide, and you are also prohibited from being employed to provide items or services which are billed to a Federal health care program. Such items or services could include administrative, clerical, and other activities that do not directly involve patient care or the provision of any health care related services.

An excluded person cannot be employed by a provider to perform functions paid for, in whole or in part, by any Federal health care program. Generally speaking, with rare exceptions, you may not be employed by a hospital, nursing home, or any other institutional provider that participates in Federal health care programs.

This exclusion does not affect your rights or the rights of your family members to collect benefits to which you or they may be entitled as a beneficiary under any Federal program such as Medicare, Medicaid, or Social Security.

Under 42 U.S.C. 1320a-7(a)(1)(D), the Office of Inspector General (OIG) is required to notify all applicable State agencies of your exclusion, and they are required to exclude you for the same period of time. The OIG's exclusion is in addition to any sanction an individual State or other Federal agency may impose under its own authority. Notice will be provided to the public and other parties in accordance with 42 U.S.C. 1320a-7(d) and (e).

Any service you provide is a non-covered service. Therefore, notwithstanding 42 U.S.C. 1395w-4(g)(4), you cannot submit claims or cause claims to be submitted for payment under any Federal health care program. Violations of the conditions of your exclusion may subject you to criminal prosecution and/or the imposition of civil monetary penalties and the denial of your reinstatement to the programs. See 42 U.S.C. 1320a-7a(a)(1)(D) and 42 C.F.R. 1001.9002(g)(2).

YOUR REINSTATEMENT IS NOT AUTOMATIC. You will not be reinstated at the conclusion of the minimum period of exclusion, or anytime thereafter, **UNLESS YOU APPLY TO THE OIG AND ARE GRANTED REINSTATEMENT** to the Medicare, Medicaid, and all Federal health care programs under the provisions of 42 U.S.C. 1320a-7(g) and 42 C.F.R. 1001.3001-3005. If you were excluded because you lost your license, you may not apply for reinstatement until your license has been restored by the licensing board or agency which originally took the disciplinary action against you. A request for reinstatement may be made to the OIG no earlier than 90 days prior to the expiration of the minimum period of exclusion. The request must be made in writing and should be sent to the Director, Exclusions Branch, Office of Investigations, P.O. Box 23871, Washington, DC 20026. Upon receipt of the request, the OIG will notify you of the information and documentation it requires to reach a decision on your reinstatement.

Obtaining a license, staying in another State, or obtaining a provider number from a Medicare contractor, a State agency, or a Federal health care program does not relieve your obligation to participate in these programs.

(04/13 Edition)

Exhibit 2

DEPARTMENT OF HEALTH AND HUMAN SERVICES

OFFICE OF INSPECTOR GENERAL

WASHINGTON, DC 20201

HOW TO APPEAL YOUR EXCLUSION

If you disagree with this action, you may request a hearing before an administrative law judge (ALJ). You may file a request for a hearing before an ALJ only on the issues of: (i) whether the Inspector General has a basis for the imposition of the sanction, and/or (ii) whether the length of exclusion is unreasonable.

A request for hearing must be made in writing within 60 days of receiving the OIG's notice of exclusion. The date you receive the Inspector General's notice of exclusion will be presumed to be five (5) days after the date of such notice unless there is a reasonable showing to the contrary.

Your request for hearing must be accompanied by a copy of the Inspector General's notice of exclusion, a statement as to the specific issues or findings with which you disagree, along with the basis for your contention that the specific issues and/or findings are incorrect.

Your request for hearing should be filed with the Departmental Appeals Board electronic filing system website (DAB E-File) at https://dab.efile.hhs.gov. To file a new appeal using DAB E-File, you must first register a new account, by: (1) clicking "Register" on the DAB E-File home page; (2) entering the information requested on the "Register New Account" form; then (3) clicking "Register Account" at the bottom of the form. If you have more than one representative, each representative must register separately to use DAB E-File on your behalf.

The e-mail address and password provided during registration must be entered on the login screen https://dab.efile.hhs.gov/login to access DAB E-File. A Registered User's access to DAB E-File is restricted to the appeals for which he or she is a party or authorized representative. Once registered, you may file your appeal by:

- Clicking the "File New Appeal" link on the "Manage Existing Appeals" screen, then clicking "Civil Remedies Division" on the "File New Appeal" screen; and
- Entering and uploading the requested information and documents on the "File New Appeal – Civil Remedies Division" form.

All documents must be submitted in Portable Document Format ("PDF"). Any document, including a request for hearing, will be deemed to have been filed on a given day, if it is uploaded to DAB E-File on or before 11:59 p.m. Eastern Standard Time of that day. A party that files a request for hearing via DAB E-File will be deemed to have consented to accept electronic service of appeal-related documents that OIG files, or CRD issues on behalf of the Administrative Law Judge, via DAB E-File. Correspondingly, OIG will also be deemed to have consented to electronic service. More detailed instructions on DAB E-File for CRD cases can be found on the link to CRD E-File Procedures on the File New Appeal Screen for CRD appeals.

In the event you are unable to file a hearing request using the DAB E-File system, you may submit all of the required information by mail to:

Director, Civil Remedies Division
Departmental Appeals Board, MS 6132
Room G-644, Cohen Building,
330 Independence Avenue, SW
Washington, D.C. 20201

(1/12 Edition)

DEPARTMENT OF HEALTH AND HUMAN SERVICES

OFFICE OF INSPECTOR GENERAL

Administrator, Department of Human Resources
Division of Health Care Financing/Policy
1100 E. William Street, Suite 101
Carson City, NV 89701

NOV 28 2014

Dear Administrator:

RE: Vinay Kumar Barara, M.D., #46626-048
FCI Lompoc
3600 Guard Road
Lompoc, CA 93436

Medical Doctor
License No.: 11355
DOB: [redacted]
SSN: [redacted]
NPI No.: [redacted]
Medicare Prov. No.: 101625
Medicaid Prov. No.: Unknown

OI File No.: H-14-41075-9
Exclusion Authority: 1128(a)(4)

The subject identified above is being excluded from participation in any capacity in the Medicare, Medicaid, and all Federal health care programs as defined in section 1128B(f) of the Social Security Act (Act). This action is effective 20 days from the date shown on this letter.

If you have not already done so, please take the necessary action in accordance with section 1902(a)(39) of the Act to exclude the subject from participation in the title XIX programs as of the effective date of this action.

Please note that reinstatement to program reimbursement is not automatic. Therefore, no provider number should be issued to the subject or to any employer on behalf of the subject until you have been notified by the Office of Inspector General that the subject has been reinstated.

In the interim, if the subject submits claims or causes claims to be submitted for items or services furnished under the Medicaid program after the effective date, the subject may be liable for additional civil penalties. Therefore, please notify the U.S. Department of Health and Human Services, Office of Inspector General, ATTN: Exclusions Staff, P.O. Box 23871, Washington, D.C. 20026.

Sincerely,

Charles Grant

Charles Grant
Director
Exclusions Staff
Office of Investigations

DEPARTMENT OF HEALTH AND HUMAN SERVICES

OFFICE OF INSPECTOR GENERAL

[redacted]

Executive Secretary
Nevada State Board of Medical Examiners
P.O. Box 7238
Reno, NV 89510

NOV 28 2014

Dear Executive Secretary:

RE:	Vinay Kumar Bansia, M.D., #46526-048	Medical Doctor
	FCI Lompoc	License No.: 11355
	3600 Guard Road	DOB: [redacted]
	Lompoc, CA 93436	SSN: [redacted]
		NPI No.: [redacted]
	OI File No.: 15-14-41075-9	Medicare Prov. No.: 181625
	Exclusion Authority: 1128(a)(4)	Medicaid Prov. No.: Unknown

The subject identified above is being excluded from participation in any capacity in the Medicare, Medicaid, and all Federal health care programs as defined in section 1128B(f) of the Social Security Act (Act). These actions are effective 20 days from the date of this letter, and are the result of a felony conviction as defined in section 1128(i) (42 U.S.C. 1320a-7(i)), in the United States District Court, District of Nevada, of a criminal offense related to the unlawful manufacture, distribution, prescription, or dispensing of a controlled substance as defined under Federal or State law. This applies to any individual or entity that is, or has ever been, a health care practitioner, provider, or supplier; holds a direct or indirect ownership or control interest (as defined in section 1124(a)(3) of the Act) in an entity that is a health care provider or supplier or is, or has ever been, an officer, director, agent or managing employee (as defined in section 1126(b) of the Act) of such an entity; or is, or has ever been, employed in any capacity in the health care industry.

Section 1128(e) of the Act requires that the appropriate licensing or certification authority be notified of such an exclusion, requested to make appropriate investigations and invoke sanctions in accordance with State law and policy, and asked to inform the Inspector General of this Department with respect to any actions taken in response to this request.

Accordingly, if you have not already done so, we request you to make appropriate investigations and invoke sanctions pursuant to applicable State law and policy. We also ask that you fully and currently inform us with respect to any action taken. The information to be supplied should be sent to the U.S. Department of Health and Human Services, Office of Inspector General, ATTN: Exclusions Staff, P.O. Box 23871, Washington, D.C. 20026.

Sincerely,

Charles Grant

Charles Grant
Director
Exclusions Staff
Office of Investigations

Department of Health and Human Services

DEPARTMENTAL APPEALS BOARD

Civil Remedies Division

Vinay Kumar Bararia,
(OI File No.: H-14-4-1075-9),

Petitioner,

v.

The Inspector General

Docket No. C-15-1108

Decision No. CR3863

Date: May 14, 2015

DECISION

I sustain the determination of the Inspector General (I.G.) to exclude Petitioner, Vinay Kumar Bararia, from participating in Medicare and other federally funded health care programs for a period of at least ten years.

I. Background

The I.G. excluded Petitioner, a physician, for a minimum period of ten years pursuant to the requirements of section 1128(a)(4) of the Social Security Act (Act). This section mandates the exclusion of any individual who is convicted of a felony occurring after August 21, 1996, relating to the unlawful manufacture, distribution, prescription, or dispensing of a controlled substance. The I.G. based the minimum ten-year exclusion period on the presence of certain aggravating factors that I shall describe.

Petitioner requested a hearing. The I.G. filed a brief and a reply brief, plus exhibits that are identified as I.G. Ex. 1 – I.G. Ex. 7. Petitioner filed a brief plus two exhibits. I identify these exhibits as P. Ex. 1 and P. Ex. 2. I receive the parties' exhibits into the

record. Neither party requested that I convene a hearing in person and so I am deciding this case based on the parties' written filings.

II. Issues, Findings of Fact and Conclusions of Law

A. Issues

The issues are whether: the I.G. is mandated to exclude Petitioner; and, the ten-year minimum exclusion is reasonable.

B. Findings of Fact and Conclusions of Law

There is no dispute as to the I.G.'s mandate to exclude Petitioner. In his brief Petitioner admits that he was convicted of a felony as is described at section 1128(a)(4) of the Act. Petitioner's Brief at 1. Indeed, the evidence establishes that Petitioner was convicted of such an offense. On December 18, 2013, Petitioner pled guilty to a single felony offense under federal law consisting of unlawful distribution of a controlled substance. I.G. Ex. 5. In pleading guilty Petitioner explicitly admitted to selling unlawfully 500 hydrocodone pills (hydrocodone is a controlled substance) to an agent of the United States Drug Enforcement Administration. *Id.* at 4. The crime of which Petitioner was convicted falls squarely within the reach of section 1128(a)(4). It is a felony committed after August 21, 1996, consisting of the unlawful distribution of a controlled substance.

All that is left in dispute is whether the minimum ten-year exclusion imposed by the I.G. is reasonable. Exclusions imposed pursuant to section 1128(a) of the Act must be for a minimum period of five years. Act § 1128(c)(3)(B). Here, the I.G. opted to exclude for a term that is longer than the minimum period.

The I.G. has discretion to do so where there is evidence that proves that an excluded individual is so untrustworthy as to necessitate an exclusion that is for a longer period than the five-year statutory minimum. Evidence of untrustworthiness is admissible if it relates to one of the aggravating factors that is described at 42 C.F.R. § 1001.102(b).

In this case the I.G. asserts the presence of two aggravating factors. First, Petitioner was sentenced to a period of incarceration. 42 C.F.R. § 1001.102(b)(5). He was sentenced to 44 months' imprisonment. I.G. Ex. 2. Second, Petitioner was subject to another adverse action by a State government agency based on the same facts and circumstances that are the basis for his exclusion. 42 C.F.R. § 1001.102(b)(9). Petitioner voluntarily surrendered his license to practice medicine in the State of Nevada on March 13, 2013, after the Investigative Committee of the Nevada State Board of Medical Examiners (Nevada Board) had suspended his license. I.G. Exs. 6, 7. In suspending his license the Nevada Board cited Petitioner's "blatant violation" of federal laws regulating controlled substances. I.G. Ex. 6 at 2.

Evidence relating to the two aggravating factors is sufficient to justify a ten-year exclusion because it establishes Petitioner to be highly untrustworthy. Most damaging is evidence cited by the Nevada Board, which found that Petitioner had engaged in repeated unlawful sales of controlled substances. I.G. Ex. 6 at 2. This undisputed evidence proves that Petitioner was systematically selling controlled substances unlawfully. Moreover, the lengthy term of incarceration that the sentencing judge imposed on Petitioner – 44 months – is strong evidence of his untrustworthiness.

Evidence of aggravation may be offset by evidence of mitigation if it relates to one of the factors set forth at 42 C.F.R. § 1001.102(c). Petitioner argues that there is mitigating evidence in this case. I have examined Petitioner's arguments and the evidence that he offered in support, and I find no evidence relating to one of the regulatory mitigating factors.

Petitioner argues that a ten-year exclusion will have a devastating effect on him, personally, as well as on his family. That is not permissible mitigating evidence. The fact that Petitioner and his family may be affected personally by his exclusion simply cannot be considered in deciding whether the exclusion is reasonable. Adverse personal impact is not a mitigating factor nor should it be. It is likely that any period of exclusion may have an adverse financial impact on the excluded individual. But, that is the collateral consequence of a remedy that is designed to protect programs and their beneficiaries from untrustworthy individuals.

Petitioner also suggests that his culpability is diminished in this case by virtue of the fact that he suffers from a mental illness. Petitioner's Request for Hearing; Petitioner's Brief at 3. To that end, he offered two exhibits consisting of psychiatric evaluations of his mental state that discuss Petitioner's bipolar disorder. P. Exs. 1, 2.

The regulations governing exclusions recognize that a mitigating factor may exist where the sentencing judge determines that the excluded individual's culpability is reduced by virtue of mental illness. 42 C.F.R. § 1001.102(c)(2). The finding of diminished culpability must be memorialized in the record of the sentencing proceeding. *Id.* Petitioner has not offered evidence to prove that the sentencing judge in his case made such a finding. I cannot find the presence of a mitigating factor in the absence of such evidence. Indeed, what evidence exists suggests that the judge did not find diminished culpability. As I.G.'s counsel notes in her reply brief, the sentencing judge apparently denied Petitioner's argument of diminished mental capacity. I.G.'s Reply Brief at 4.

/s/
Steven T. Kessel
Administrative Law Judge

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov

Articles of Organization
Limited-Liability Company
(PURSUANT TO NRS CHAPTER 86)

Filed in the office of
Barbara K. Cegavske
Secretary of State
State of Nevada

Document Number: 20180375492-61
Filing Date and Time: 08/28/2018 11:00 AM
Entity Number: E0402282018-4

ABOVE SPACE IS FOR OFFICE USE ONLY

1. Name of Limited-Liability Company: NEVADA HEALTH SERVICES LLC
(must include approved limited liability company ending and instructions)
Check box if a Series Limited Liability Company ☐ Check box if a Restricted Limited Liability Company ☐

2. Registered Agent for Service of Process: (check only one box)
☐ Commercial Registered Agent (name)
☒ Noncommercial Registered Agent (name and address below) OR
☐ Office or Position with Entity (name and address below)

VIKRAM BARARIA
Name of Noncommercial Registered Agent OR Name of Title of Office or Other Position with Entity
[redacted] BRONZE RIVER AVE — LAS VEGAS — Nevada 89148
Street Address — City — Zip Code
[redacted] BRONZE RIVER AVE — LAS VEGAS — Nevada 89148
Mailing Address (if different from street address) — City — Zip Code

3. Dissolution Date: (optional)
Latest date upon which the company is to dissolve (if existence is not perpetual):

4. Management: (optional)
Company shall be managed by: ☒ Manager(s) OR ☐ Member(s)
(check only one box)

5. Name and Address of each Manager or Managing Member: (attach additional page if more than 3)
1) VIKAY BARARIA
Name
[redacted] BRONZE RIVER AVE — LAS VEGAS — NV — 89148
Street Address — City — State — Zip Code
2)
Name
Street Address — City — State — Zip Code
3)
Name
Street Address — City — State — Zip Code

6. Name, Address and Signature of Organizer: (attach additional page if more than 1 organizer)
I declare, to the best of my knowledge under penalty of perjury, that the information provided 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.
VIKAY BARARIA
Name
X VIKAY BARARIA
Organizer Signature
[redacted] BRONZE RIVER AVE — LAS VEGAS — NV — 89148
Address — City — State — Zip Code

7. Certificate of Acceptance of Appointment of Registered Agent:
I hereby accept appointment as Registered Agent for the above named Entity.
X VIKAY BARARIA — 8/28/2018
Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity — Date

This form must be accompanied by appropriate fees.

Nevada Secretary of State Profit LLC 4-Initial
Revised: 10-1-16

Exhibit 4

2018

INITIAL/ANNUAL LIST OF MANAGERS OR MANAGING MEMBERS AND STATE BUSINESS LICENSE APPLICATION

NEVADA HEALTH SERVICES LLC

FOR THE YEARS PERIOD OF: AUG. 2018 TO AUG. 2019

USE BLACK INK ONLY - DO NOT HIGHLIGHT

"YOU MAY FILE THIS FORM ONLINE AT www.nvsilverflume.gov"

☐ Return one file stamped copy. If filing not done online by enter instructions, the stamped copy will be sent to registered agent.

IMPORTANT: Read instructions before completing and returning this form.

1. Enter or type names and addresses, either residence or business, for all managers or managing members. A Manager or Trustee of a Managing Member of the LLC must sign the form. Failure will be NOT ACCEPTED or UNSIGNED.
2. If there are additional managers or managing members, check ☐ and list on reverse side.
3. Entities registered here with the Secretary of State, a DBA or assumed name for which is filed by the same business, are exempt but are required every three (3) years before the date shown in Box 1 as provided for by the previous year.
4. Every business license is a renewal. Therefore, a month, a month, or month must be added for failure to file before deadline.
5. Make your check payable to the Secretary of State.
6. Complete legibly. If requested above, mail the stamped copy without enclosed at no additional charge. To receive a certified copy, you have an additional $10.00 per certification. A copy fee of $1.00 per page is required for each additional copy you request when ordering it or when the document or certified copies. Appropriate instructions and addressing your order.
7. Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, Nevada 89701-4201 (775) 684-5708.
8. Filing may be in the jurisdiction of the Secretary of State up to and including the last day of the month in which it is due. If postmarked with a US postmarked as receipt date.) Penalty applies after the date will be assessed for additional fees and penalties. Failure to submit annual list and business license fees will result in rejection or delay.

PENALTY, LATE FEES AND INTEREST: LATE FEES OF $75.00 ($50.00 for Nonprofits) | BUSINESS LICENSE FEE: $200.00 | LATE PENALTY: $100.00 (Nonprofits)

Filed in the office of: Barbara K. Cegavske, Secretary of State, State of Nevada

Document Number: 20180375493-72

Filing Date and Time: 08/20/2018 11:00 AM

Entity Number: E0402202018-4

(This document was filed electronically.) SPACE BELOW IS FOR OFFICE USE ONLY

CHECK ONLY IF APPLICABLE AND ENTER EXEMPTION CODE IN BOX BELOW

☐ Pursuant to NRS Chapter 76, this entity is exempt from the business license fee. Exemption code: ____

NRS 76.060 Exemption Codes:
001 - Governmental Unit
002 - NRS 680A.030 Insurance Co.

NOTE: If claiming an exemption, a completed Declaration of Eligibility form must be attached. Failure to attach the Declaration of Eligibility form will result in rejection, which could result in late fees.

NAME: VIDAY SARAFIA	MANAGER OR MANAGING MEMBER
ADDRESS: [redacted] SILVER LILY AVE	CITY: LAS VEGAS STATE: NV ZIP CODE: [redacted]
NAME:	MANAGER OR MANAGING MEMBER
ADDRESS:	CITY: STATE: ZIP CODE:
NAME:	MANAGER OR MANAGING MEMBER
ADDRESS:	CITY: STATE: ZIP CODE:
NAME:	MANAGER OR MANAGING MEMBER
ADDRESS:	CITY: STATE: ZIP CODE:

Each of the managers or managing members listed on this list of managers and managing members has been provided with the foregoing notice of penalties and fees and the power or authority of a manager or managing member to bind the entity in connection with any collection activity.

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 D felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X VIDAY SARAFIA
Signature of Manager, Managing Member or Other Authorized Signature

Title: MANAGER

Date: 8/15/2018 11:01:01 AM

Revised: Secretary of State Use Only
Revised: 1-1-17

Exhibit 5

2019

INITIAL/ANNUAL LIST OF MANAGERS OR MANAGING MEMBERS AND STATE BUSINESS LICENSE APPLICATION OF:

NEVADA HEALTH SERVICES LLC

NAME OF LIMITED LIABILITY COMPANY

ENTITY NUMBER: E0402212019-4

FOR THE FISCAL PERIOD OF: AUG. 2018 TO: AUG. 2019

USE BLACK INK ONLY - DO NOT HIGHLIGHT

YOU MAY FILE THIS FORM ONLINE AT www.nvsilverflume.gov

☐ Return one file stamped copy. If filing not accompanied by color instructions, the stamped copy will be sent to registered agent.)

IMPORTANT: Read instructions before completing and returning this form.

1. Print or type names and addresses, either residence or business, for all managers or managing members. A Manager, or if none, a Managing Member of the LLC must sign this form. Power of attorney may not be submitted in lieu of signature.
2. If there are additional managers or managing members, attach a list of them to this form.
3. A fiscal year may not be less than 365 days. A late fee penalty must be added for failure to file this form by the deadline. An annual list received more than 90 days before the due date shall be accepted as an amended list for the previous year.
4. State business license fee is $200.00. Initial list or dissolution, $100.00 must be added for failure to file form by deadline.
5. Make your check payable to the Secretary of State.
6. Certified Copies: If requested above, one file stamped copy will be returned at no additional charge. To receive a certified copy, please add an additional $30.00 per certificate. A copy fee of $1.00 per page is required for each additional copy requested when ordering a certified copy. Appropriate instructions and acknowledgment will be returned.
7. Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, Nevada 89701-4201, (775) 684-5708.
8. Form must be in the possession of the Secretary of State on or before the last day of the month in which it is due. If mailed, date is not accepted as proof of filing. Form received after due date will be returned for additional fees and penalties. Failure to submit annual list and business license fees will result in revocation of filing.

ANNUAL LIST FILING FEE $150.00 - LATE PENALTY $75.00 (if applicable)

BUSINESS LICENSE FEE $200.00 - LATE PENALTY $100.00 (if applicable)

Filed in the office of
Barbara K. Cegavske
Secretary of State
State of Nevada

Document Number
20186454390-16
Filing Date and Time
10/18/2018 10:55 AM
Entity Number
E0402212019-4

(This document was filed electronically.)
ABOVE SPACE IS FOR OFFICE USE ONLY

CHECK ONLY IF APPLICABLE AND ENTER EXEMPTION CODE IN BOX BELOW

☐ Pursuant to NRS chapter 76, this entity is exempt from the business license fee. Exemption code: [ ]

NOTE: If claiming an exemption, a notarized Declaration of Eligibility form must be submitted. Failure to attach the Declaration of Eligibility form will result in rejection, which could result in late fees.

NAME: VINAY HARARIA

ADDRESS: [redacted] BRONZE RIVER AVE

CITY: LAS VEGAS

STATE: NV ZIP CODE: 89148

MANAGER OR MANAGING MEMBER

NAME: ABDUL M KHALIL

ADDRESS: [redacted] LAKE EAST DR APT [redacted]

CITY: LAS VEGAS

STATE: NV ZIP CODE: 89117

MANAGER OR MANAGING MEMBER

NAME:

ADDRESS:

CITY:

STATE: ZIP CODE:

MANAGER OR MANAGING MEMBER

NAME:

ADDRESS:

CITY:

STATE: ZIP CODE:

MANAGER OR MANAGING MEMBER

Each of the managers or managing members identified in the list of managers and managing members has been identified with the knowledge, intent and consent of the entity and each person or persons exercising the power or authority of a manager or managing member is authorized to do so on behalf of the entity.

I declare, to the best of my knowledge under penalty of perjury, that this document 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 VINAY HARARIA

Signature of Manager, Managing Member or Other Authorized Signature

Title: MANAGER

Date: 10/18/2018 10:55:43 AM

Nevada Secretary of State LLC Annual/Initial
Revised: 1-1-17

Exhibit 6

NEVADA HEALTH SERVICES LLC

Business Entity Information

Status:	Active	File Date:	3/5/2019
Type:	Domestic Limited Liability Company	Entity Number:	E0155592019-4
Qualifying State:	NV	List of Officers Due:	3/31/2021
Managed By:	Managers	Expiration Date:	
NV Business ID:	NV20191512554	Business License Exp:	3/31/2019

Additional Information

Central Index Key:	

Registered Agent Information

Name:	VINAY NARANA	Address 1:	[redacted] BRONZE RIVER AVE
Address 2:		City:	LAS VEGAS
State:	NV	Zip Code:	89148
Phone:		Fax:	
Mailing Address 1:	[redacted] BRONZE RIVER AVE	Mailing Address 2:	
Mailing City:	LAS VEGAS	Mailing State:	NV
Mailing Zip Code:	89148		
Agent Type:	Noncommercial Registered Agent		

Financial Information

No Par Share Count:	0	Capital Amount:	$ 0

No stock records found for this company

Officers

Include Inactive Officers

Manager - VINAY NARANA

Address 1:	9115 BRONZE RIVER AVE	Address 2:	
City:	LAS VEGAS	State:	NV
Zip Code:	89148	Country:	
Status:	Active	Email:	

Manager - ABDEL MAHLAB

Address 1:	[redacted] LAKE EAST DR APT [redacted]	Address 2:	
City:	LAS VEGAS	State:	NV
Zip Code:	89117	Country:	
Status:	Active	Email:	

Actions/Amendments

Exhibit 7

Action Type:	Articles of Organization		
Document Number:	20180375492-61	# of Pages:	1
File Date:	8/26/2018	Effective Date:	
(No notes for this action)			

Action Type:	Initial List		
Document Number:	20180375493-72	# of Pages:	1
File Date:	8/26/2018	Effective Date:	
(No notes for this action)			

Action Type:	Amended List		
Document Number:	20180454390-16	# of Pages:	1
File Date:	10/18/2018	Effective Date:	
(No notes for this action)			

Business License Detail Information

License Number:	2005111.062-190
MJBL Number:	
Business:	Trimcare Suite 102 Suite 102 5375 S Fort Apache Rd Las Vegas, NV 89148
Business Telephone:	(702) 367-0808
License Category:	Professional Services - Healthcare & Social Assist
Status:	Licensed
Date of License:	11/07/2018
Out of Business Date:	
Business Owner(s)	
Nevada Health Services LLC	

Return to Previous Page
Return to Business License Database Search Options

ADDENDUM TO ASSET PURCHASE AGREEMENT

This is an addendum to the asset agreement between the Ivan Goldsmith on behalf of Goldsmith Health Care, Ltd. DBA Innovative Care Physicians DBA "Trimcare" hereafter known as the "Seller" and Vinay Bararia, MD and Imran S. Chaudhry hereafter known as the "Buyer" for the purchase of the Business Assets of Goldsmith Health Care conducting business on a leased premise located at 5375 S. Fort Apache Rd, Suite 102 Las Vegas NV 89148.

The original agreement stated the buyers were to be the individual Vinay Bararia, MD and Imran S. Chaudhry. The Buyer is now to be a Management Service Organization by the name of Nevada Health Services, LLC.

The sale of business assets has been concluded on 8/31/2018 with payment in full.

8-31-2018

Ivan Goldsmith, MD

On Behalf of

Goldsmith Health Care, Ltd

8/31/18

Vinay Bararia, MD

On behalf of

Nevada Health Services, LLC

Exhibit 8

Agreement

Agreement between Abdel M. Khalek, M.D. and Vinay K Bararia, MD. Regarding the terms and conditions of the Nevada Health Services, LLC/ Trimcare.

Vinay K Bararia, MD will return the sum of $75,000 given by Dr. Khalek towards the purchase of this practice from Goldsmith Healthcare, Ltd. This will be done within a timely manner allowing for Dr. Bararia to arrange the funds.

Abdel M. Khalek, M.D. Dr. Khalek will get $15,000 salary paid to him as per his initial agreement on 12/11/2018. After this he will draw a salary of $10,000 a month for working 6 hours per day 5 days a week. If there is a decrease in hours worked the monthly salary will be adjusted according to hours worked. This contracted rate of $10,000.00 per month is for the period starting December 11, 2018 till June 11, 2019.

The accounts recievable for insurance payments prior to collected prior to 12/11/2018 will be shared equally between Dr. Khalek and Dr. Bararia.

Upon execution of this agreement Dr. Khalek will have no ownership or interest in ownership of Nevada Health Services, LLC/ Trim care.

	11.27.2018		11/27/18
Abdel M. Khalek MD	Date	Vinay K. Bararia, MD	Date

Exhibit 9

ENTITY INFORMATION

ENTITY INFORMATION

Entity Name:	NEVADA HEALTH SERVICES LLC	Entity Number:	E0402202018-4
Entity Type:	Domestic Limited-Liability Company (86)	Entity Status:	Active
Formation Date:	06/26/2018	NV Business ID:	NV20181612084
Termination Date:	Perpetual	Annual Report Due Date:	6/31/2020
Series LLC:	☐	Restricted LLC:	☐

REGISTERED AGENT INFORMATION

Name of Individual or Legal Entity:	BHAVNA BARARIA	Status:	Active
CRA Agent Entity Type:		Registered Agent Type:	Non-Commercial Registered Agent
NV Business ID:		Office or Position:	
Jurisdiction:			
Street Address:	9335 BRONZE RIVER AVE, LAS VEGAS, NV, 89149, USA		
Mailing Address:	9335 BRONZE RIVER AVE, LAS VEGAS, NV, 89149		
Individual with Authority to Act:			
Fictitious Website or Domain Name:			

OFFICER INFORMATION

☑ VIEW HISTORICAL DATA

Title	Name	Address	Last Updated	Status
Manager	VINAY BARARIA	5375 S. Fort Apache Rd Suite 102-103, Las Vegas, NV, 89148, USA	06/20/2019	Active
Manager	ROBERT CHANCELLOR	5375 S. FORT APACHE RD SUITE 102, LAS VEGAS, NV, 89148, USA	03/07/2019	Active
Manager	VINAY BARARIA	9335 BRONZE RIVER AVE, LAS VEGAS, NV, 89149, USA	03/07/2019	InActive
Manager	ABDELM KHALEK	3001 LAKE EAST DR APT 1216, LAS VEGAS, NV, 89117, USA	03/07/2019	InActive
Manager	VINAY BARARIA	9335 BRONZE RIVER AVE, LAS VEGAS, NV, 89149, USA	03/07/2019	InActive

Page 1 of 1, records 1 to 5 of 5

Filing History Name History Mergers/Conversions

Return to Search Return to Results

Exhibit 10

Instrument Number: 201810311171563

Search Results

Record Date:	10/31/2018
Book Type:	FFN - FICTITIOUS FIRM NAMES
Instrument #:	201810311171563
Number of Pages:	1
Doc Type:	FFN - FFN CERTIFICATE
Business Name:	TRIMCARE
Mailing Addr 1:	5375 S. FORT APACHE ROAD
Mailing Addr 2:	SUITE 102
Mailing City:	LAS VEGAS
Mailing State:	NV
Mailing Zip:	89148
Owner Name:	NEVADA HEALTH SERVICES LLC
Expiration Date:	10/31/2023

Exhibit 11

Instrument Number: 202001291001530

Search Results

Record Date:	1/29/2020
Book Type:	FFN - FICTITIOUS FIRM NAMES
Instrument #:	202001291001530
Number of Pages:	1
Doc Type:	FFN - FFN CERTIFICATE
Business Name:	TRIMCARE
Mailing Addr 1:	5375 S. FORT APACHE RD, STE 102
Mailing City:	LAS VEGAS
Mailing State:	NV
Mailing Zip:	89148
Owner Name:	NEVADA HEALTH SERVICES LLC
Expiration Date:	1/29/2025

Clark County / Business License / Services / License Search

Business License: Services

License Search

Business License Detail Information

License Number:	20151119[redacted]-198
MBL Number:	
Business:	Tenoers Suite 102 Suite 102 3375 S Fort Apache Rd Las Vegas, NV 89146
Business Telephone:	(702) 367-0808
License Category:	Professional Services - Healthcare & Social Assist
Status:	Licensed
Date of License:	11/07/2019
Out of Business Date:	
Business Owner(s)	
Nevada Health Services LLC	

Return to Previous Page
Return to Business License Database Search Options

Exhibit 12

Policy and procedures for Ordering, storing and administering products

- **Product ordering**

  Medical director will be provided the list of items needed for the coming weeks patients.

  Manager will provide a complete inventory list of supplies and products currently in stock.

  Inventory will be done bi-weekly

  Review and approval to be ordered. A log will be kept with the orders that were placed and approval signature from the MD. Manager will order product.

- **Process of the order**

  Delivery of the products will be received by the office. MD will be provided the packing slip to confirm and sign off.

- **Storage of product**

  Product will be locked in a separate cabinet accessable only by the MD or his nurse.

- **Admistering products**

  MD will prescribe product to be used on the patient. RN will administer.

  All orders will be maintained and signed off by MD. Files will be stored in a locked file cabinet.

TRANCARE
Building Healthy Communities
(702) 367-0808 | PHONE
(702) 367-3390 | FAX
TRANCARECOM

NUTRITION CONSULT NOTES

PATIENT NAME: J[redacted] S[redacted] DATE: 1/5/19

DATE OF BIRTH: [redacted] WEIGHT: _____ GOAL WEIGHT: 165

CLINICAL NOTES

A: Here for follow up s/p 9/2018 MVA [illegible] Lat meniscus tear, s/p [illegible]. Wasn't had rehabilitation [illegible] by August. Co report-d activities excel.

current nutrition intake

- 60-70 gm carbs
- 50-60 grams protein
- 1500 cal/day

D: poor insulin [illegible]. D with carbs post dinner

I: Reviewed - macro counting - phone app

- 40-50 gm carbs
- >75 gm protein
- <1200 cal/day

5/wk cardio 30-45 min wt lifting 3/wk

M/E:

SIGNATURE:

FORT APACHE TRIMCARE
WEIGHT LOSS PROGRESS NOTE

PATIENT NAME: [redacted] DATE OF VISIT: 11519

DATE OF BIRTH: [redacted] AGE: 52 SEX: M CHART NO: 17613

DRUG ALLERGIES: TOBACCO: 0 LAST LABS:

NKDA ALCOHOL: 0 LMP: 12/2018

VITAL SIGNS:
TIME: 0:51 SPO2: 92

BP: 126/84 TEMP: 97.4

PULSE: 71

HEIGHT: 5 IN 7 CM

REVIEW OF SYMPTOMS (SINCE LAST VISIT): CHECK ANY OF THE BELOW
HUNGER / CRAVINGS / LACK OF CONTROL / NAUSEA / VOMITING / DIARRHEA / CONSTIPATION / INDIGESTION / GAS / CRAMPS / FLUID RETENTION / HEADACHE / DIZZINESS / LOSS OF CONSCIOUSNESS / IRRITABILITY / DEPRESSION / INSOMNIA / CONFUSION / CHEST PAIN / TACHYCARDIA / SHORTNESS OF BREATH / WEAKNESS / NUMBNESS / EXTREMITY COLDNESS / EXTREMITY TINGLING / EXTREMITY ACHE / RASH

WEIGHT LOSS TRACKING
INITIAL WEIGHT: 225.8 lbs GOAL WEIGHT: 165 lbs

CURRENT WEIGHT: lbs STARTING BMI: 30.2

TOTAL WEIGHT LOSS: 60.8 lbs CURRENT BMI: 27.3

lbs WAIST MEAS: in

WEIGHT LOSS MEDICATIONS

INJECTIONS
DIET SHOT: L / R # at

L-CARNITINE: L / R # NO SHOTS at

L / R # at

L / R # at

SERM EVENTS

OTHER MEDICATIONS

PHYSICAL EXAM
GENERAL - WNL / ABNL CV / EKG - WNL / ABNL ABDOMINAL - WNL / ABNL

HEENT - WNL / ABNL EXTREMITIES - WNL / ABNL COMMENTS:

DIET: LO CARB LO CALORIE OTHER:

DIET ADHERENCE: EXCELLENT NOW ADHERENT X WEEK COMMENTS:

EATING MEALS REGULARLY: Y / N EATING SNACKS REGULARLY: Y / N

EXERCISE PLAN: STRENGTH TRAINING X WEEK RESISTANCE CARDIO X WEEK

OTHER:

REVIEWED:
DIETARY X-BODY ANALYSIS LABS FOOD JOURNAL

METABOLIC SYNDROME ANNULAR PROTEIN STAINS HIDDEN CARB SOURCES

EFFECTS OF ALCOHOL RISK/BENEFIT OF TREATMENT WITH ANOREXETIC AGENTS

DISCUSSED TREATMENT ALTERNATIVES INDIVIDUALIZED MENU WRITTEN WITH PATIENT INPUT

MEDICATIONS:
REVIEWED WITH: NO CHANGES RECOMMENDED CHANGES BELOW

Rx PHENTERMINE 37.5 MG # 1 PO Q AM

Rx BONTRIL 30 MG # Q

Rx BONTRIL 105 MG # Q

Rx TENUATE 75 MG # Q

Rx TOPAMAX 25 MG # 1 PO Q HS 30

Rx TOPAMAX 50 MG or 100 MG # Q

Rx SYNTHROID/LEVOTHYROXINE 25 MCG 5 MCG # Q

Rx _____ MG # Q

HCG PROTOCOL (SEE HCG FLOW SHEET)

HCG CONSENT SIGNED

TOPAMAX CONSENT REVIEWED

TOPAMAX CONSENT SIGNED

FITNESS PATIENT (NO MEDS)

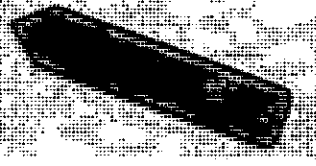
TESTOSTERONE Rx: LABS:

FOLLOW UP: 1. WEEKLY FOR DIET SHOT 2. IN 8 WEEKS FOR FOLLOW UP WITH PROVIDER

Seen by Nutritionist Reviewed by Dr Khalek

& Approved Meds

PROVIDER SIGNATURE: MA INITIALS: DP



CHANCELLOR005

[redacted] WEIGHT LOSS PROGRESS NOTE

PATIENT NAME: [redacted]

DATE OF BIRTH: [redacted] AGE: 51 SEX: M/F

DRUG ALLERGIES: NKDA

HEIGHT: 5'7" WEIGHT: 225.8 BMI: 35.4

DATE OF VISIT: 9/1/21

CHART NO: 1672

LAST LABS:

LNP:

VITAL SIGNS:

BMI: 35.4 SPO2: 99%

BP: 140/92 TEMP: 97.1

PULSE: 83

HEIGHT: 5' IN 7 CM

SIGNS/SYMPTOMS SINCE LAST VISIT: PT DENIES ANY OF THE BELOW

HUNGER / CRAVINGS / LACK OF CONTROL / NAUSEA / VOMITING / DIARRHEA / CONSTIPATION / INDIGESTION / GAS / CRAMPS / FLUID RETENTION / HEADACHE / DIZZINESS / LOSS OF CONSCIOUSNESS / IRRITABILITY / DEPRESSION / INSOMNIA / CONFUSION / CHEST PAIN / TACHYCARDIA / SHORTNESS OF BREATH / WEAKNESS / NUMBNESS / EXTREMITY COLDNESS / EXTREMITY TINGLING / EXTREMITY ACHE / RASH

WEIGHT LOSS TRACKING:

INITIAL WEIGHT: 225.8 lbs GOAL WEIGHT: 209 lbs

CURRENT WEIGHT: lbs STARTING BMI: 34.6

8 WK. RECENT LOSS: 10.2 lbs CURRENT BMI:

TOTAL WEIGHT LOSS: 16 lbs WEIGHT AREA: lbs

WEIGHT LOSS MEDICATIONS

INJECTIONS

DIET SHOT: L / R

L-CARNITINE: L / R

L / R

L / R

SUPPLEMENTS

OTHER MEDICATIONS

PERSONAL EXAM

HEART - WNL / ABNL

GENERAL - WNL / ABNL

CVP PULSE - WNL / ABNL

ABDOMINAL - WNL / ABNL

EXTREMITIES - WNL / ABNL

COMMENTS:

DIET: LO CARB LO CALORIE

DIET ADHERENCE: EXCELLENT OTHER:

EATING MEALS REGULARLY: Y / N SEEING SNACKS REGULARLY: Y / N

EXERCISE PLAN: STRENGTH TRAINING X/WEEK AEROBIC/CARDIO X/WEEK

OTHER:

REVIEWED:

DIETARY ANALYSIS LABS FOOD JOURNAL

METABOLIC SYNDROME REGULAR PROTEIN INTAKE HIGHER CARB SOURCES

EFFECTS OF ALCOHOL REINFORCEMENT OF TREATMENT NEW ANOREXETIC AGENTS

DISCUSSED TREATMENT ALTERNATIVES INDIVIDUALIZED MENU WRITTEN WITH PATIENT INPUT

MEDICATIONS:

REVIEWED WITH: NO CHANGES RECOMMENDED CHANGES BELOW

Rx: PHENTERMINE 37.5 MG # 60 Q

Rx: BONTRIL 30 MG # Q

Rx: BONTRIL 105 MG # Q

Rx: TENUATE 25 MG # Q

Rx: TOPAMAX 25 MG # Q

Rx: TOPAMAX 50 MG # Q

Rx: SYMPATHOMIMETIC 25 MG # Q

Rx: 50 MG # Q

Rx: 50 MG # Q

HCG PROTOCOL (SEE HCG FLOW SHEET)

HCG CONSENT SIGNED

TOPAMAX CONSENT REVIEWED

TOPAMAX CONSENT SIGNED

PIONEER PATIENT (NO MEDS)

TESTOSTERONE Rx:

LABS:

FOLLOW UP: 1 WEEKLY FOR DIET SHOT 2 IN 8 WEEKS FOR FOLLOW UP WITH PROVIDER

PROVIDER SIGNATURE:

NA INITIALS:

CHANCELLOR009

FORT APACHE TRIBECARE
WEIGHT LOSS PROGRESS NOTE

PATIENT NAME: D[redacted] G[redacted] xFlu? DATE OF VISIT: 3/4/19
DATE OF BIRTH: [redacted] AGE: 62 SEX: M F COURT NO: 27715
DRUG ALLERGIES: PCN, Juice TOBACCO: D LAST LABS:
ALCOHOL: Occasionally LMP:

VITAL SIGNS:
TIME: 11:10 SPO2: 96%
BP: 127/72 TEMP: 98.1
PULSE: 77
HEIGHT: 5 IN 157 CM

WEIGHT LOSS TRACKER
INITIAL WEIGHT: lbs GOAL WEIGHT: lbs
CURRENT WEIGHT: 164.6 lbs STARTING BMI:
lbs WEIGHT LOST: lbs CURRENT BMI: 29.4
TOTAL WEIGHT LOSS: lbs WAIST SIZE: in

SYMPTOMS (SINCE LAST VISIT) ENTER ANY OF THE BELOW
HUNGER / CRAVINGS / LACK OF CONTROL / NAUSEA / VOMITING / DIARRHEA / CONSTIPATION / INDIGESTION / GAS / CRAMPS / FLUID RETENTION / HEADACHE / DIZZINESS / LOSS OF CONSCIOUSNESS / IRRITABILITY / DEPRESSION / INSOMNIA / CONFUSION / CHEST PAIN / TACHYCARDIA / SHORTNESS OF BREATH / WEAKNESS / NUMBNESS / EXTREMITY COLDNESS / EXTREMITY TINGLING / EXTREMITY ACHE / RASH

WEIGHT LOSS MEDICATIONS

SUPPLEMENTS

OTHER MEDICATIONS
Tylenol PRN
Lorazepam
1 a night-if PRN

INJECTIONS
DIET SHOT: L(R) # 20 # 20
L-CARNITINE: L / R # # L / R # # L / R # #

PHYSICAL EXAM GENERAL - WNL / ABNL CW PULM - WNL / ABNL ABDOMEN - WNL / ABNL
HEENT - WNL / ABNL EXTREMITIES - WNL / ABNL COMMENTS:

DIET: LO CARB LO CALORIE OTHER:
DIET ADHERENCE: EXCELLENT NON ADHERENT XWEEK COMMENTS:
EATING MEALS REGULARLY: Y / N EATING SNACKS REGULARLY: Y / N
EXERCISE PLAN: STRENGTH TRAINING XWEEK AEROBIC/CARDIO XWEEK
OTHER:

REVIEWED:
DIET/MENU IN-BODY ANALYSIS LABS FOOD JOURNAL
METABOLIC SYNDROME REGULAR PROTEIN INTAKE HIDDEN CARB SOURCES
EFFECTS OF ALCOHOL RISK/BENEFIT OF TREATMENT WITH ANOREXETIC AGENTS
DISCUSSED TREATMENT ALTERNATIVES INDIVIDUALIZED MENU WRITTEN WITH PATIENT INPUT

MEDICATIONS: REVIEWED WITH: NO CHANGES RECOMMENDED CHANGES BELOW

Rx PHENTERMINE	37.5 MG	# 30	1/2	Q AM & 1/2 QNOON	
Rx QSYMIA	23 MG	#		Q	
Rx BONTRIL	105 MG	#		Q	
Rx TENUATE	25 MG	#		Q	
Rx TOPAMAX	25 MG	#		Q	
Rx TOPAMAX	23 MG in 500 ML	#		Q	
Rx SYMPATHOMIMETIC	20 MG/5 MG	#		Q	
Rx	MG	#		Q	

HCG PROTOCOL (SEE HCG FLOW SHEET)
HCG CONSENT SIGNED
TOPAMAX CONSENT REVIEWED
TOPAMAX CONSENT SIGNED
FITNESS PATIENT (NO MEDS)
TESTOSTERONE Rx:
LABS:

FOLLOW UP: 1 WEEKLY FOR DIET SHOT 2 IN 6 WEEKS FOR FOLLOW UP WITH PROVIDER
Pt's PCP to manage?

PROVIDER SIGNATURE: MA INITIALS:

CHANCELLOR011

TRACARE
5375 SOUTH FORT APACHE RD
LAS VEGAS, NV 89148
(702) 367-0808 | PHONE
(702) 367-1539 | FAX
TRACARE.COM

NUTRITION CONSULT NOTES

PATIENT NAME: D[redacted] G[redacted] DATE: 12/13/12

DATE OF BIRTH: [redacted] WEIGHT: 165 GOAL WEIGHT: 150-155

CLINICAL NOTES

S: Coming to restart medweight loss after stopping 6 months
was 179 Has lost 15 lbs since then
Dx: Dm type 1 insulin dependent
Exercise (cardio)

Current intake per 24 recall:
2 meals
O: >150 gm carbs. <50 gm protein
>85 gm fat

Recommend 50-60 gm carbs
75-100 gm protein
<1200 cal/day
3 meals per day

A/P: 5/wk cardio 30 min. Lift weights
for tone 3/wk

VB

SIGNATURE: [redacted]

FORT APACHE TRIBECARE
WEIGHT LOSS PROGRESS NOTE

PATIENT NAME: [redacted] G [redacted] * Re- Spelt
DATE OF BIRTH: [redacted] AGE: 59 SEX: M F DATE OF VISIT: 12/13/12
DRUG ALLERGIES: SULFA, PCN TOBACCO: 0 CHART NO: 27713
ALCOHOL: Social LAST LABS:
LMP:

VITAL SIGNS:
TIME: SPO2: 100
BP: 122/62 TEMP: 95.6
PULSE: 65
HEIGHT: ____ IN ____ CM

SIDE EFFECTS (SINCE LAST VISIT) ____ CHECK ANY OF THE BELOW
HUNGER / CRAVINGS / LACK OF CONTROL / NAUSEA / VOMITING / DIARRHEA / CONSTIPATION / INDIGESTION / GAS / CRAMPS / FLUID RETENTION / HEADACHE / DIZZINESS / LOSS OF CONSCIOUSNESS / IRRITABILITY / DEPRESSION / INSOMNIA / CONFUSION / CHEST PAIN / TACHYCARDIA / SHORTNESS OF BREATH / WEAKNESS / NUMBNESS / EXTREMITY COLDNESS / EXTREMITY TINGLING / EXTREMITY ACHE / RASH

WEIGHT LOSS TRACKER:
INITIAL WEIGHT: ____ lbs GOAL WEIGHT: ____ lbs
CURRENT WEIGHT: 125 lbs STARTING BMI: ____
WK WEIGHT LOSS: ____ lbs CURRENT BMI: 20.9
TOTAL WEIGHT LOSS: ____ lbs WAIST MEAS: ____ in

WEIGHT LOSS MEDICATIONS

INJECTIONS
DIET SHOT: L/R/B # 19 @ 20
L-CARNITINE: L/R/B # ____ @ ____
____: L/R/B # ____ @ ____
____: L/R/B # ____ @ ____

SUPPLEMENTS

OTHER MEDICATIONS

PHYSICAL EXAM GENERAL - WNL / ABNL CW PULM - WNL / ABNL ABDOMEN - WNL / ABNL
HEENT - WNL / ABNL EXTREMITIES - WNL / ABNL COMMENTS:
OTHER:

DIET: ____ LO CARB ____ LO CALORIE
DIET ADHERENCE: ____ EXCELLENT ____ NON ADHERENT ____ SWEET COMMENTS:
EATING MEALS REGULARLY: Y / N SAYING SNACKS REGULARLY: Y / N

EXERCISE PLAN: ____ STRENGTH TRAINING ____ X/WEEK ____ AEROBIC/CARDIO ____ X/WEEK
OTHER:

REVIEWED:
____ DIETMINX ____ IN BODY ANALYSIS ____ LABS ____ FOOD JOURNAL
____ METABOLIC SYNDROME ____ REGULAR PROTEIN INTAKE ____ HIDDEN CARB SOURCES
____ EFFECTS OF ALCOHOL ____ RISK/BENEFIT OF TREATMENT W/H ANOREXIC AGENTS
____ DISCUSSED TREATMENT ALTERNATIVES ____ INDIVIDUALIZED MEAL PLAN WRITTEN WITH PATIENT INPUT

MEDICATIONS: REVIEWED WITH ____ NO CHANGES ____ RECOMMENDED CHANGES BELOW
Rx PHENTERMINE 37.5 MG # 30 1/2 a AM & 1/2 a NOON PROTOCOL (SEE HCG FLOW SHEET)
Rx SONATA 10 MG # ____ @ ____ Lab 3 AM on Labs
Rx BUSPAR 15 MG # ____ @ ____ ____ HCG CONSENT SIGNED
Rx TENUATE 25 MG # ____ @ ____ TOPAMAX CONSENT REVIEWED
Rx TOPAMAX 25 MG # 30 1 a PM - 2 weeks TOPAMAX CONSENT SIGNED
Rx TOPAMAX 50 MG/ 100 MG # ____ @ ____ FITNESS PATIENT (NO MEDS)
Rx BITHYCARBODOPA 25 MG/ 100 MG # ____ @ ____ TESTOSTERONE Rx: ____
Rx ____ MG # ____ @ ____ LABS: ____

FOLLOW UP: 1. WEEKLY FOR DIET SHOT 2. IN 8 WEEKS FOR FOLLOW UP WITH PROVIDER
Seen by Nutritionist. Reviewed by Dr Kinsler
& approved Meds. —DT

PROVIDER SIGNATURE: ____ MA INITIALS: ____

FORT APACHE TRIMCARE
WEIGHT LOSS PROGRESS NOTE

PATIENT NAME: J [redacted] (C [redacted]) DATE OF VISIT: 5/6/19

DATE OF BIRTH: [redacted] AGE: 21 SEX: M CHART NO: 30962

DRUG ALLERGIES: NKDA TOBACCO: NO LAST LABS:

ALCOHOL: OCCAS LMP: NONE

VITAL SIGNS:

TIME: SPO2:

BP: 110/70 TEMP: 97.6 F

PULSE: 105

HEIGHT: 5 IN 9 CM

SIGNS/SYMPTOMS (SINCE LAST VISIT) DENIES ANY OF THE BELOW

HUNGER / CRAVINGS / LACK OF CONTROL / NAUSEA / VOMITING/ DIARRHEA / CONSTIPATION / INDIGESTION / GAS / CRAMPS / FLUID RETENTION / HEADACHES / DIZZINESS / LOSS OF CONSCIOUSNESS / IRRITABILITY / DEPRESSION / INSOMNIA / CONFUSION / CHEST PAIN / TACHYCARDIA / SHORTNESS OF BREATH / WEAKNESS / NUMBNESS / EXTREMITY COLDNESS / EXTREMITY TINGLING / EXTREMITY ACHE / RASH

WEIGHT LOSS TRACKER

INITIAL WEIGHT: 331.4 lbs GOAL WEIGHT: 265 lbs

CURRENT WEIGHT: lbs STARTING BMI:

WK WEIGHT LOSS: 5.2-0 lbs CURRENT BMI: 39.2

TOTAL WEIGHT LOSS: lbs WAIST SIZE: in

WEIGHT LOSS MEDICATIONS

INJECTIONS

DIET SHOT: L 10 @ 12

L-CARNATINE: R # 10 @ 12

L I R #

L I R #

SUPPLEMENTS

OTHER MEDICATIONS

PHYSICAL EXAM HEENT - WNL / ABNL CV/ PULM - WNL / ABNL ABDOMEN - WNL / ABNL

EXTREMITIES - WNL / ABNL COMMENTS:

DIET: LO CARB LO CALORIE OTHER:

DIET ADHERENCE: EXCELLENT NON ADHERENT X/WEEK COMMENTS:

EATING MEALS REGULARLY: Y / N EATING SNACKS REGULARLY: Y / N

EXERCISE PLAN: STRENGTH TRAINING X/WEEK AEROBIC/CARDIO X/WEEK

OTHER:

REVIEWED: GLYCEMIA IN BODY ANALYSIS LABS FOOD JOURNAL

METABOLIC SYNDROME REGULAR PROTEIN INTAKE HIDDEN CARB SOURCES

EFFECTS OF ALCOHOL RISK/BENEFIT OF TREATMENT W/H ANOREXIC AGENTS

DISCUSSED TREATMENT ALTERNATIVES INDIVIDUALIZED MEALS WRITTEN WITH PATIENT INPUT

MEDICATIONS: REVIEWED WITH: NO CHANGES RECOMMENDED CHANGES BELOW

Rx PHENTERMINE	37.5 MG	# 60	Q 1 QD		HCG PROTOCOL (SEE HCG FLOW SHEET)
Rx BENEFIBER	30 MG	#	Q		
Rx BENEFIBER	120 MG	#	Q		HCG CONSENT SIGNED
Rx TENLIA/TE	30 MG	#	Q		TOPAMAX CONSENT REVIEWED
Rx TOPAMAX	25 MG	#	Q		TOPAMAX CONSENT SIGNED
Rx TOPAMAX	50 MG (100 MG)	# 30	Q 1 QPM		FITNESS PATIENT (NO MEDS)
Rx BUPROPION/NALTREXONE	90 MG/8 MG	#	Q		TRT OUTCOME Kg:
Rx	MG		Q		LABS:

FOLLOW UP: 1. WEEKLY FOR DIET SHOT 2. IN 8 WEEKS FOR FOLLOW UP WITH PROVIDER

Telemedicine Visit

Verbal order by Kayla NP

R Provost 5/9/19

PROVIDER SIGNATURE: MA INITIALS:

CHANCELLOR016

LAS VEGAS, NV 89145
(702) 367-0908 | PHONE
(702) 367-0339 | FAX
TRAMCARE.COM

NUTRITION CONSULT NOTES

PATIENT NAME: [redacted] DATE: 5/6/19

DATE OF BIRTH: [redacted] WEIGHT: 516. GOAL WEIGHT: 22

CLINICAL NOTES

A: patient here after 4 months. states had fallen off wagon diet 2° to family issues. now back to TV dinners / chow chips. Put back lbs. gain 4 months could not manage diet. helper also on shift working consultant we were expecting a lot more weight gain Hemoglobin.

Did not calculate due to lack

P: recommend also same (as last

< 2000 cal / day

I: < 200 gm carb

> 100 gm protein)

also if walking. advise shift additional to cardiac Macros

M/E:

SIGNATURE: [redacted] D.O. Dr. Chancellor

3379 SOUTH FORT APACHE #60
LAS VEGAS, NV 89148
(702) 367-0808 | PHONE
(702) 367-0339 | FAX
TRIMCARECOM

NUTRITION CONSULT NOTES

PATIENT NAME: [redacted] DATE: 4/28/19

DATE OF BIRTH: [redacted] WEIGHT: 530 GOAL WEIGHT: ?

CLINICAL NOTES

A: patient here for gastric sleeve 17 pounds lost (517-530). Pt has switched from TV dinners, canned soda & water. Drinks 1 L/day. Pt has not yet had clear liquids. Pt has protein in her diet & started baseline exercise.

C: recommended 2000-2250 cal/day
< 200 grams carbs
< 60 gm fat
> 100 gm protein

I: Recommend - 1750-2000 cal/day
< 200 grams carbs
< 60 gm fat
> 100 gm protein
Continue walking & increase distance & time.

MVE: VB

SIGNATURE:

FORT APACHE TRIBCARE
WEIGHT LOSS PROGRESS NOTE

PATIENT NAME: [redacted] DATE OF VISIT: 1/23/19
DATE OF BIRTH: [redacted] AGE: 24 SEX: F CHART NO: 30492
DRUG ALLERGIES: NKDA TOBACCO: 0 LAST LABS:
ALCOHOL: 0/24/4 LMP: MALE

VITAL SIGNS:
TIME: 0955 SPO2: 100
BP: 122/76 TEMP: 96.3
PULSE: 82
HEIGHT: 5 FT 1 IN CM

SIGNS/SYMPTOMS (SINCE LAST VISIT) ____ DENIES ANY OF THE BELOW
HUNGER / CRAVINGS / LACK OF CONTROL / NAUSEA / VOMITING / DIARRHEA / CONSTIPATION / INDIGESTION / GAS / CRAMPS / FLUID RETENTION / HEADACHE / DIZZINESS / LOSS OF CONSCIOUSNESS / IRRITABILITY / DEPRESSION / INSOMNIA / CONFUSION / CHEST PAIN / TACHYCARDIA / SHORTNESS OF BREATH / WEAKNESS / NUMBNESS / EXTREMITY COLDNESS / EXTREMITY TINGLING / EXTREMITY ACHE / RASH

WEIGHT LOSS TRACKING
INITIAL WEIGHT: 521.4 lbs GOAL WEIGHT: 126.9 lbs
CURRENT WEIGHT: ____ lbs STARTING BMI: ____
8 WK. WEIGHT LOSS: ____ lbs CURRENT BMI: 92.3
TOTAL WEIGHT LOSS: 526.4 lbs RANGE MEAL: ____ M

WEIGHT LOSS MEDICATIONS
____
____
____

INJECTIONS
DIET SHOT: (R) L / R # 1 at 12
L-CARNITINE: (L) R # 1 at 12
____ L / R # ____ at 2
____ L / R # ____ at ____

SUPPLEMENTS
____
____
____
____

OTHER MEDICATIONS
____
____
____
____

PHYSICAL EXAM
GENERAL - WNL / ABNL
CV PALP - WNL / ABNL
ABDOMINAL - WNL / ABNL
HEENT - WNL / ABNL
EXTREMITIES - WNL / ABNL
COMMENTS: ____

DIET: ____ LO CARB ____ LO CAL DIET OTHER: ____
DIET ADHERENCE: ____ EXCELLENT ____ NON ADHERENT ____ X/WEEK COMMENTS: ____
EATING MEALS REGULARLY: Y / N EATING SNACKS REGULARLY: Y / N
EXERCISE PLAN: ____ STRENGTH TRAINING ____ X/WEEK ____ AEROBIC/CARDIO ____ X/WEEK
OTHER: ____

REVIEWED: ____ DIETARY ____ BLOOD ANALYSIS ____ LABS ____ FOOD JOURNAL
____ METABOLIC SYNDROME ____ REGULAR PROTEIN INTAKE ____ HIDDEN CARB SOURCES
____ EFFECTS OF ALCOHOL ____ RISK/BENEFIT OF TREATMENT WITH ANOREXIC AGENTS
____ DISCUSSED TREATMENT ALTERNATIVES ____ INDIVIDUALIZED MENU WRITTEN WITH PATIENT INPUT

MEDICATIONS: REVIEWED WITH: ____ NO CHANGES ____ RECOMMENDED CHANGES BELOW
Rx PHENTERMINE 37.5 MG # 1 PO Q DAY
Rx BUPROPION 75 MG # ____ Q ____
Rx BONTRIL 105 MG # ____ Q ____
Rx TOPAMAX 25 MG # ____ Q ____
Rx TOPAMAX 50 MG # ____ Q ____
Rx TOPAMAX 100 MG # 1 PO Q AM
Rx SAXENDA 3.0 MG # ____ Q ____
Rx ____ ____ MG # ____ Q ____

10 HCG PROTOCOL (SEE HCG FLOW SHEET)
____ HCG CONSENT SIGNED
____ TOPAMAX CONSENT REVIEWED
____ TOPAMAX CONSENT SIGNED
20 FITNESS PATIENT (NO MEDS)
TESTOSTERONE Rx: ____
LABS: ____

FOLLOW UP: 1. WEEKLY FOR DIET SHOT 2. IN 6 WEEKS FOR FOLLOW UP WITH PROVIDER
seen by nutritionist. Reviewed by Dr Khalek.
V Approved meds

PROVIDER SIGNATURE: [redacted] MA INITIALS: LOS

CHANCELLOR(2)

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3575 SOUTH PORT APACHE #[redacted]
LAS VEGAS, NV 89148
(702) 367-0908 | PHONE
(702) 367-0939 | FAX
TRAMCARE.COM

NUTRITION CONSULT NOTES

PATIENT NAME: J[redacted] C[redacted] DATE: 11/1/2018

DATE OF BIRTH: [redacted] WEIGHT: 217.6 GOAL WEIGHT: ?

CLINICAL NOTES

A: Patient is 24 year old male. Been struggling with weight since childhood. Says when he first started comfort eating and when weight became an issue he developed bulimia/purging behaviors since then. Just kept eating. Started vegan 6 wks ago and has gone upwards down since starting. Lives with brother alone since mom passed away. Works at Apple doing tech calls. TV drinks milk with lots of sugar and just fast.

B: No exercise at all

- Educated pt on importance of 3 SOLID meals with no eating after last meal like water.
- Stop grazing and eating processed foods and switch to eating whole foods. Advised pt to drink eight water/ Advised pt to make meals ahead of time and bring to work.
- Advised pt on how to read labels.

I: - 1500 cal/day ? Reviewed: [redacted] cal/day
- > 70 g protein ? < 2000 cal/day if not losing
- < 1500 g carb < 200 g carbs/day
- 2100 g protein

MIE:

SIGNATURE: [redacted]

FORT APACHE TRINCARE
WEIGHT LOSS PROGRESS NOTE

PATIENT NAME: [redacted] DATE OF VISIT: 11/6/18
DATE OF BIRTH: [redacted] AGE: 60 yr CHART NO: 30912
DRUG ALLERGIES: NKDA TOBACCO: 0 LAST LABS:
ALCOHOL: Socially LMP: May

VITAL SIGNS:
TIME: 2:55 BPM: 95
BP: 124/78 TEMP: 97.0
PULSE: 114
HEIGHT: 5 IN 9 CM

ASSESSING COMPLIANCE LAST VISIT: _____ **INDICATES ANY OF THE BELOW**
HUNGER / CRAVINGS / LACK OF CONTROL / NAUSEA / VOMITING / DIARRHEA / CONSTIPATION / INDIGESTION / GAS / CRAMPS / FLUID RETENTION / HEADACHE / DIZZINESS / LOSS OF CONSCIOUSNESS / IRRITABILITY / DEPRESSION / INSOMNIA / CONFUSION / CHEST PAIN / TACHYCARDIA / SHORTNESS OF BREATH / WEAKNESS / NUMBNESS / EXTREMITY COLDNESS / EXTREMITY TINGLING / EXTREMITY ACHE / RASH

WEIGHT LOSS TRACKING 10/30/17

INITIAL WEIGHT:	331.4 lbs	GOAL WEIGHT:	lbs
CURRENT WEIGHT:		STARTING BMI:	37.4
8 WK. WEIGHT LOSS:		CURRENT BMI:	60
TOTAL WEIGHT LOSS:		WAIST MEAS:	in

WEIGHT LOSS MEDICATIONS

INJECTIONS
DIET SHOT: L 2 cc 12
L-CARNITINE: L 2 cc 12
R 2 cc
R cc

SUPPLEMENTS

OTHER MEDICATIONS

PHYSICAL EXAM GENERAL - WNL / ABNL CVT PULM - WNL / ABNL ABDOMINAL - WNL / ABNL
HEENT - WNL / ABNL EXTREMITIES - WNL / ABNL COMMENTS:

DIET: ____LO CARB ____LO CALORIE OTHER:
DIET ADHERENCE: ____EXCELLENT ____NON ADHERENT ____/WEEK COMMENTS:
EATING MEALS REGULARLY: Y / N EATING SNACKS REGULARLY: Y / N
EXERCISE PLAN: ____STRENGTH TRAINING ____/WEEK ____AEROBIC/CARDIO ____/WEEK
OTHER:

REVIEWED: ____DIETITIAN ____BLOOD ANALYSIS ____LABS ____FOOD JOURNAL
____METABOLIC SYNDROME ____FAMILIAL HYPERTENSION ____HIDDEN CARB SOURCES
____EFFECTS OF ALCOHOL ____REINFORCEMENT OF TREATMENT WITH ANORECTIC AGENTS
____DISCUSSED TREATMENT ALTERNATIVES ____RECEIVED DIET MENU WRITTEN WITH PATIENT INPUT

MEDICATIONS: REVIEWED WITH: ____NO CHANGES ____RECOMMENDED CHANGES BELOW

Rx: PHENTERMINE	37.5 MG	# 100	☐ bid	30	HCG PROTOCOL (SEE HCG FLOW SHEET)
Rx: BONTRIL	45 MG	#	☐		
Rx: BONTRIL	105 MG	#	☐		HCG CONSENT SIGNED
Rx: TENUATE	75 MG	#	☐		TOPAMAX CONSENT REVISED
Rx: TOPAMAX	25 MG	#	☐		TOPAMAX CONSENT SIGNED
Rx: TOPAMAX	50 MG x 100 MG	# 100	☐ hs	30	FITNESS PATIENT (NO MEDS)
Rx: PHENTERMINE/K	15 MG/ 5 MG	#	☐		TESTOSTERONE Rx:
Rx:	____MG	#	☐		LABS:

FOLLOW UP: 1: WEEKLY FOR DIET SHOT. 2: IN 8 WEEKS FOR FOLLOW UP WITH PROVIDER

seen by nutritionist. Reviewed by Dr. khalik.
@ approved meds.

PROVIDER SIGNATURE: [redacted] MA INITIALS: CR

FORT APACHE TRIBECARE
WEIGHT LOSS PROGRESS NOTE

PATIENT NAME: S[redacted] R[redacted] DATE OF VISIT: 5/31/19

DATE OF BIRTH: [redacted] AGE: 29 SEX: M / F CHART NO: 26241

DRUG ALLERGIES: NKDA TOBACCO: LAST LABS:

ALCOHOL: LMP:

VITAL SIGNS

TEMP: SPO2: BP: 119/70 TEMP: 98.1

PULSE: 76 HEIGHT: 64 IN 11 CM

SYMPTOMS (SINCE LAST VISIT) DENIES ANY OF THE BELOW

HUNGER / CRAVINGS / LACK OF CONTROL / NAUSEA / VOMITING / DIARRHEA / CONSTIPATION / INDIGESTION / GAS / CRAMPS / FLUID RETENTION / HEADACHE / DIZZINESS / LOSS OF CONSCIOUSNESS / IRRITABILITY / DEPRESSION / INSOMNIA / CONFUSION / CHEST PAIN / TACHYCARDIA / SHORTNESS OF BREATH / WEAKNESS / NUMBNESS / EXTREMITY COLDNESS / EXTREMITY TINGLING / EXTREMITY ACHE / RASH

WEIGHT LOSS TRACKING

INITIAL WEIGHT: lbs GOAL WEIGHT: 120 lbs 130#

CURRENT WEIGHT: 123 lbs STARTING BMI: 37.4

1 WK WEIGHT LOSS: lbs CURRENT BMI: 37.4

TOTAL WEIGHT LOSS: 12.1 lbs WAIST MEAS. in

WEIGHT LOSS MEDICATIONS

INJECTIONS

DIET SHOT: L / R # @

L-CARNITINE: L / R # @ NO SHOTS

L / R # @

L / R # @

SUPPLEMENTS

OTHER MEDICATIONS

PHYSICAL EXAM

GENERAL - WNL / ABNL CV / PULM - WNL / ABNL ABDOMEN - WNL / ABNL

HEENT - WNL / ABNL EXTREMETIES - WNL / ABNL COMMENTS:

DIET: LO CARB LO CALORIE OTHER:

DIET ADHERENCE: EXCELLENT NON ADHERENT XWEEK COMMENTS:

EATING MEALS REGULARLY: Y / N EATING SNACKS REGULARLY: Y / N

EXERCISE PLAN: STRENGTH TRAINING XWEEK AEROBIC/CARDIO XWEEK

OTHER:

REVIEWED: DIET/MENU IN-BODY ANALYSIS LABS FOOD JOURNAL

METABOLIC SYNDROME REGULAR PROTEIN INTAKE HIDDEN CARB SOURCES

EFFECTS OF ALCOHOL RISK/BENEFIT OF TREATMENT WEIGHT ANOREXIC AGENTS

DISCUSSED TREATMENT ALTERNATIVES INDIVIDUALIZED MENU WRITTEN WITH PATIENT INPUT

MEDICATIONS:

REVIEWED WITH: NO CHANGES RECOMMENDED CHANGES BELOW

Rx PHENTERMINE: (7.5MG) # 15 Q

Rx BUPROPION: 75 MG # Q

Rx PHENTERMINE: 105 MG # Q

Rx TENUATE: 75 MG # Q

Rx TOPAMAX: 50 MG # Q

Rx TOPAMAX: 50 MG & 100 MG # Q

Rx BUPROPION/NALTREXONE: 90 MG & 8 MG # Q

Rx: MG # Q

4 Step PROTOCOL (SEE HCG FLOW SHEET)

12

HCG CONSENT SIGNED

TOPAMAX CONSENT REVIEWED

TOPAMAX CONSENT SIGNED

FITNESS PATIENT (NO MEDS)

TESTOSTERONE Rx:

LABS:

FOLLOW UP: 1. WEEKLY FOR DIET SHOT 2. IN 8 WEEKS FOR FOLLOW UP WITH PROVIDER

Wt 2 months Wt + 30% of Starting Wt 3 wks - Bmi 37

No Endocrine issues - Needs Lifestyle Not Pharm Intv

Discussed HCG + Success

PROVIDER SIGNATURE: RDM MA INITIALS:

CHANCELLOR DIT

Fort Apache TrimCare

ALLERGIES: NKDA

Diet Shot Flow Sheet

PATIENT NAME: [redacted] K [redacted] Hall DOB: [redacted]

Date: 4/22/15	Date:	Date:	Date:	Date:	Date:	Date:
Time: 9:10	Time:	Time:	Time:	Time:	Time:	Time:
BP: 111/76	BP: /	BP: /	BP: /	BP: /	BP: /	BP: /
Pulse: 106	Pulse:	Pulse:	Pulse:	Pulse:	Pulse:	Pulse:
Resp: 17	Resp:	Resp:	Resp:	Resp:	Resp:	Resp:
Temp: 97.5	Temp:	Temp:	Temp:	Temp:	Temp:	Temp:
Weight:	Weight:	Weight:	Weight:	Weight:	Weight:	Weight:
Change:	Change:	Change:	Change:	Change:	Change:	Change:
Diet Shot: L / R Glute	Diet Shot: L / R Glute	Diet Shot: L / R Glute	Diet Shot: L / R Glute	Diet Shot: L / R Glute	Diet Shot: L / R Glute	Diet Shot: L / R Glute
L-Carnitine: L / R Glute	L-Carnitine: L / R Glute	L-Carnitine: L / R Glute	L-Carnitine: L / R Glute	L-Carnitine: L / R Glute	L-Carnitine: L / R Glute	L-Carnitine: L / R Glute
Vitamin D: L / R Glute	Vitamin D: L / R Glute	Vitamin D: L / R Glute	Vitamin D: L / R Glute	Vitamin D: L / R Glute	Vitamin D: L / R Glute	Vitamin D: L / R Glute
Testosterone: L / R Glute	Testosterone: L / R Glute	Testosterone: L / R Glute	Testosterone: L / R Glute	Testosterone: L / R Glute	Testosterone: L / R Glute	Testosterone: L / R Glute
Other: RF shot	Other:	Other:	Other:	Other:	Other:	Other:
Meds:	Meds:	Meds:	Meds:	Meds:	Meds:	Meds:
Last Refill:	Last Refill:	Last Refill:	Last Refill:	Last Refill:	Last Refill:	Last Refill:
MA:	MA:	MA:	MA:	MA:	MA:	MA:

Notes: 4/23/19 - OK to continue current Diet
Rx phen 37.5mg #45 1 PO q a.m. x 1 refill
per Dr. Chancellor

FORT APACHE TRIM CARE
WEIGHT LOSS PROGRESS NOTE

PATIENT NAME: [redacted] * F/U #5 DATE OF VISIT: 3/20/19

DATE OF BIRTH: [redacted] AGE: 72 SEX: M CHART NO: 21734

DRUG ALLERGIES: NKA TOBACCO: 0 LAST LABS:

ALCOHOL: 0 LMP:

VITAL SIGNS:

TIME: SPN: 97

BP: 122/76 TEMP: 97.6

PULSE: 74

HEIGHT: IN CM

SIGNS/SYMPTOMS (SINCE LAST VISIT) ____ CHECK ANY OF THE BELOW

HUNGER / CRAVINGS / LACK OF CONTROL / NAUSEA / VOMITING/ DIARRHEA / CONSTIPATION / INDIGESTION / GAS / CRAMPS / FLUID RETENTION / HEADACHE / DIZZINESS / LOSS OF CONSCIOUSNESS / IRRITABILITY / DEPRESSION / INSOMNIA / CONFUSION / CHEST PAIN / TACHYCARDIA / SHORTNESS OF BREATH / WEAKNESS / NUMBNESS / EXTREMITY COLDNESS / EXTREMITY TINGLING / EXTREMITY ACHE / RASH

WEIGHT LOSS TRACKER

INITIAL WEIGHT: ____ lbs GOAL WEIGHT: 215 lbs

CURRENT WEIGHT: ____ lbs STARTING BMI: 31

WK WEIGHT LOSS: 14 lbs CURRENT BMI: ____

TOTAL WEIGHT LOSS: 14 lbs NEXT MEAS: ____ in

WEIGHT LOSS MEDICATIONS

INJECTIONS

DIET SHOT: L / R # ____ cc

L-CARNITINE: L / R # ____ cc

L / R # ____ cc

L / R # ____ cc

SUPPLEMENTS

NO STIMS

OTHER MEDICATIONS

NONE

PHYSICAL EXAM

GENERAL - WNL / ABNL CV/ PULM - WNL / ABNL ABDOMINAL - WNL / ABNL

HEENT - WNL / ABNL EXTREMITIES - WNL / ABNL COMMENTS: ____

DIET: ____ LO CARB ____ LO CAL/FAT ____ OTHER:

DIET ADHERENCE: ____ EXCELLENT ____ NON ADHERENT ____ XINDEX COMMENTS: ____

EATING MEALS REGULARLY: Y / N EATING SNACKS REGULARLY: Y / N

EXERCISE PLAN: ____ STRENGTH TRAINING ____ X/WEEK ____ AEROBIC/CARDIO ____ X/WEEK

OTHER:

REVIEWED: ____ DIETNERD ____ # SOFT DRK/DAY ____ LABS ____ FOOD JOURNAL

____ METABOLIC SYNDROME ____ REGULAR PROTEIN INTAKE ____ HIDDEN CARB SOURCES

____ EFFECTS OF ALCOHOL ____ RISK/BENEFIT OF TREATMENT W/H ANORECTIC AGENTS

____ DISCUSSED TREATMENT ALTERNATIVES ____ INDIVIDUALIZED MENU WRITTEN WITH PATIENT INPUT

MEDICATIONS: REVIEWED WITH: ____ NO CHANGES ____ RECOMMENDED CHANGES BELOW

Rx PHENTERMINE	37.5 MG	# 1/2 PO	Q 1 PM	45	HCG PROTOCOL (SEE HCG FLOW SHEET)
Rx BENTYL	20 MG	# ____	Q ____	____	
Rx BONTRIL	105 MG	# ____	Q ____	____	HCG CONSENT SIGNED
Rx TENUATE	25 MG	# ____	Q ____	____	TOPAMAX CONSENT REVIEWED
Rx TOPAMAX	25 MG	# 1 PO	Q ____	30	TOPAMAX CONSENT SIGNED
Rx TOPAMAX	50 MG or 100 MG	# ____	Q ____	____	FITNESS PATIENT (NO MEDS)
Rx B-PHENDIMETRAZINE	35 MG or 3 MG	# ____	Q ____	____	TESTOSTERONE Rx:
Rx CITRACAL/MAG	BID	____	Q ____	TRACE	LABS: ____

FOLLOW UP: 1. WEEKLY FOR DIET SHOT 2. 2\|3 WEEKS FOR FOLLOW UP WITH PROVIDER

Contact 215 Bank

Phentermine 37.5

RSO

PROVIDER SIGNATURE: ____ MA INITIALS: ____

FORT APACHE TRIBCARE
WEIGHT LOSS PROGRESS NOTE

PATIENT NAME: [redacted] R [redacted] DATE OF VISIT: 1/22/19
DATE OF BIRTH: [redacted] AGE 47 SEX: M F CHART NO: 2 to 24
DRUG ALLERGIES: NKA TOBACCO: LAST LABS:
ALCOHOL: LMP:

VITAL SIGNS:
TIME: 9:45 SPO2: 96
BP: 124/82 TEMP: 97
PULSE: 100
HEIGHT: 5 IN ____ CM

REVIEW SYSTEMS (SINCE LAST VISIT) ____ CHECK ANY OF THE BELOW IF
HUNGER / CRAVINGS / LACK OF CONTROL / NAUSEA / VOMITING / DIARRHEA / CONSTIPATION / INDIGESTION / GAS / CRAMPS / FLUID RETENTION / HEADACHE / DIZZINESS / LOSS OF CONSCIOUSNESS / IRRITABILITY / DEPRESSION / INSOMNIA / CONFUSION / CHEST PAIN / TACHYCARDIA / SHORTNESS OF BREATH / WEAKNESS / NUMBNESS / EXTREMITY COLDNESS / EXTREMITY TINGLING / EXTREMITY ACHE / RASH

WEIGHT LOSS TRACKING
% TOTAL WEIGHT: 160.1 lbs GOAL WEIGHT: 140 lbs
CURRENT WEIGHT: lbs STARTING BMI:
% WK WEIGHT LOSS: 1536 lbs CURRENT BMI: 20.1
TOTAL WEIGHT LOSS: 1552 lbs WAIST MEAS: IN

WEIGHT LOSS MEDICATIONS
Wegovy 2.4 mg 1 mo

INJECTIONS
DIET SHOT: L / R # ____ @ ____
L-CARNITINE: L / R # ____ @ ____
L / R # ____ @ ____
B12: L / R # ____ @ ____

SUPPLEMENTS
NV Shots

OTHER MEDICATIONS
Nurtec
Tylenol

PHYSICAL EXAM: GENERAL - WNL / ABNL HEENT - WNL / ABNL CVS / PULM - WNL / ABNL EXTREMITIES - WNL / ABNL ABDOMINAL - WNL / ABNL COMMENTS:

DIET: 2 LO CARB ____ LO CALORIE OTHER:
FOOD ADMISSION: ____ EXCELLENT ____ NOT ACHIEVING ____ JUNKIES CONCERNS:
EATING MEALS REGULARLY: Y / N EATING SNACKS REGULARLY: Y / N
EXERCISE PLAN: ____ STRENGTH TRAINING ____ X/WEEK ____ AEROBIC/CARDIO ____ X/WEEK
OTHER:

REVIEWED: ____ DIETITIAN ____ BLOOD ANALYSIS ____ LABS ____ FOOD JOURNAL
____ METABOLIC SYNDROME ____ REGULAR PROTEIN INTAKE ____ REDUCE CARB SOURCES
____ EFFECTS OF ALCOHOL ____ BENEFIT OF TREATMENT VIA APPROPRIATE AGENTS
____ DISCUSSED TREATMENT ALTERNATIVES ____ INDIVIDUALIZED MENU SHEET GIVEN WITH PATIENT INPUT

MEDICATIONS: REVIEWED WITH: ____ NO CHANGES: ____ RECOMMENDED CHANGES BELOW: OK
Rx PHENTERMINE 37.5 MG # 1 BID ____ 30 HCG PROTOCOL (SEE HCG FLOW SHEET)
Rx BONTRIL 30 MG # ____ ____ ____
Rx BONTRIL 150 MG # ____ ____ ____ HCG CONSENT SIGNED
Rx TENUATE 25 MG # ____ ____ ____ TOPAMAX CONSENT REVIEWED
Rx TOPAMAX 25 MG # 1/2 ____ ____ 30 TOPAMAX CONSENT SIGNED
Rx TOPAMAX 50 MG or 100 MG # ____ ____ ____ FITNESS PATIENT (HO MEDS)
Rx MYPOCARDOPA 30 MG/5 ML # ____ ____ ____ REFERRED BACK TO:
Rx ____ ____ ____ ____ LABS: ____

FOLLOW UP: 1. WEEKLY FOR DIET SHOT 2. IN 6 WEEKS FOR FOLLOW UP WITH PROVIDER
Needs follow up diet - will do at Tribadmin
Knows what needs to do

PROVIDER SIGNATURE: MA INITIALS: ____

CHANCELLOR004

Fort Apache TrimCare

[ ] NKDA

ALLERGIES:

Diet Shot Flow Sheet

PATIENT NAME: [redacted] DOB: [redacted]

Date: 12/4/18	Date:	Date:	Date:	Date:	Date:	Date:
Time: 0950	Time:	Time:	Time:	Time:	Time:	Time:
BP: 151/82	BP: /	BP: /	BP: /	BP: /	BP: /	BP: /
Pulse: 104	Pulse:	Pulse:	Pulse:	Pulse:	Pulse:	Pulse:
Resp: 18	Resp:	Resp:	Resp:	Resp:	Resp:	Resp:
Temp: 98.1	Temp:	Temp:	Temp:	Temp:	Temp:	Temp:
Weight: 165.8	Weight:	Weight:	Weight:	Weight:	Weight:	Weight:
Change:	Change:	Change:	Change:	Change:	Change:	Change:
Diet Shot: L / R Glute	Diet Shot: L / R Glute	Diet Shot: L / R Glute	Diet Shot: L / R Glute	Diet Shot: L / R Glute	Diet Shot: L / R Glute	Diet Shot: L / R Glute
L-Carnitine: L / R Glute	L-Carnitine: L / R Glute	L-Carnitine: L / R Glute	L-Carnitine: L / R Glute	L-Carnitine: L / R Glute	L-Carnitine: L / R Glute	L-Carnitine: L / R Glute
Vitamin D: L / R Glute	Vitamin D: L / R Glute	Vitamin D: L / R Glute	Vitamin D: L / R Glute	Vitamin D: L / R Glute	Vitamin D: L / R Glute	Vitamin D: L / R Glute
Testosterone: L / R Glute	Testosterone: L / R Glute	Testosterone: L / R Glute	Testosterone: L / R Glute	Testosterone: L / R Glute	Testosterone: L / R Glute	Testosterone: L / R Glute
Other: Rx	Other:	Other:	Other:	Other:	Other:	Other:
Meds:	Meds:	Meds:	Meds:	Meds:	Meds:	Meds:
Last Refill:	Last Refill:	Last Refill:	Last Refill:	Last Refill:	Last Refill:	Last Refill:
MA: SDC	MA:	MA:	MA:	MA:	MA:	MA:

Notes: 12/22/18 → OK TO continue Rx per Dr. Khaleel

CHANCELLOR036

TRIMCARE
5375 SOUTH FORT APACHE #103
LAS VEGAS, NV 89148
(702) 367-0606 PHONE
(702) 367-0399 FAX
TRIMCARECOM

NUTRITION CONSULT NOTES

PATIENT NAME: S[redacted] R[redacted] DATE: 11/29/18

DATE OF BIRTH: [redacted] WEIGHT: 153.3 GOAL WEIGHT: 130

CLINICAL NOTES

A: Here for requested nutrition assessment

No dietary Rx's given

O: Gained 2# pounds since last visit 9/28/18

Currently PO intake poor at 0

current 2000 cal/day

Request not to advance any further

just waste RC.

P:

Discontinue < 1000 cal/day

< 40g protein/day

< 50 grams fat

> 72 oz fluid

Cardiac - < 6g/day Na - 4g fat low saturated

Lyte - 2-4/L fortisip bid with meals

Continue daily

M/E:

VB

SIGNATURE:

FORT APACHE TRIMCARE

WEIGHT LOSS PROGRESS NOTE

*Flu Pix

PATIENT NAME: [redacted] DATE OF VISIT: 11/29/18

DATE OF BIRTH: [redacted] AGE: ___ SEX: M CHART NO: 20241

DRUG ALLERGIES: NKDA TOBACCO: 0 LAST LABS: ___

ALCOHOL: 2 LMP: ___

VITAL SIGNS:

TIME: ___ SPO2: ___

BP: ___ TEMP: ___

PULSE: ___

HEIGHT: 5' IN 0 CM

SYMPTOMS SINCE LAST VISIT: ___ CIRCLE ANY OF THE BELOW

HUNGER / CRAVINGS / LACK OF CONTROL / NAUSEA / VOMITING / DIARRHEA / CONSTIPATION / INDIGESTION / GAS / CRAMPS / FLUID RETENTION / HEADACHE / DIZZINESS / LOSS OF CONSCIOUSNESS / IRRITABILITY / DEPRESSION / INSOMNIA / CONFUSION / CHEST PAIN / TACHYCARDIA / SHORTNESS OF BREATH / WEAKNESS / NUMBNESS / EXTREMITY COLDNESS / EXTREMITY SWELLING / EXTREMITY ACHE / RASH

WEIGHT LOSS TRACKING

INITIAL WEIGHT: 152.2 lbs 11/14 GOAL WEIGHT: 130 lbs

CURRENT WEIGHT: 153.5 lbs STARTING BMI: 22.0

8 WK. WEIGHT LOSS: ___ lbs CURRENT BMI: 25.9

TOTAL WEIGHT LOSS: ___ lbs WAIST SIZE: ___ in

WEIGHT LOSS MEDICATIONS

___

___

___

INJECTIONS

B12 SHOT	L / R	#	@
L-CARNITINE	L / R	#	@
___	L / R	#	@
___	L / R	#	@

SUPPLEMENTS

___

___

___

___

OTHER MEDICATIONS

___

___

___

___

PHYSICAL EXAM GENERAL - WNL / ABNL CV/RESP - WNL / ABNL ABDOMEN AL - WNL / ABNL

NEURO - WNL / ABNL EXTREMITIES - WNL / ABNL COMMENTS: ___

DIET: ✓ LO CARB ✓ LO CALORIE OTHER: 1200 cal/day

DIET ADHERENCE: ___ EXCELLENT ___ NON ADHERENT ___ X/WEEK CONSULT: ___

EATING MEALS REGULARLY: Y / N EATING SNACKS REGULARLY: Y / N

EXERCISE PLAN: ✓ STRENGTH TRAINING 3 X/WEEK ✓ AEROBIC/CARDIO ___ X/WEEK

OTHER: ___

REVIEWED:

✓ DIET/MENU ___ X-RAY/ MRI/ TSA ___ LABS ___ FOOD JOURNAL

✓ METABOLIC SYNDROME ✓ SKELETAL MUSCLE PROTEIN STORES ___ HIDDEN CARB SOURCES

✓ EFFECTS OF ALCOHOL ✓ RISK/BENEFIT OF TREATMENT W/ PHARMACEUTIC AGENTS

✓ DISCUSSED TREATMENT ALTERNATIVES ___ INDIVIDUALIZED MENU WRITTEN WITH PATIENT INPUT

MEDICATIONS: REVIEWED WITH: ___ NO CHANGES ___ RECOMMENDED CHANGES BELOW

Rx PHENTERMINE	37.5 MG	# 30	Q AM	# 12	REFILLS	PROTOCOL (SEE HCG FLOW SHEET)
Rx BOMTRIL	25 MG	# ___	Q ___	___		
Rx PROVIGIL	200 MG	# ___	Q ___	___		HCG CONSENT SIGNED
Rx TENUATE	75 MG	# ___	Q ___	___		TOPAMAX CONSENT REVIEWED
Rx TOPAMAX	25 MG	# ___	Q ___	___		TOPAMAX CONSENT SIGNED
Rx TOPAMAX	50 MG or 100 MG	# ___	Q ___	___		FITNESS PATIENT (NO MEDS)
Rx SYMLINPEN/CYMBALTA	60 MG/ 5 MG	# ___	Q ___		TESTOSTERONE Rx: ___	
Rx ___	___ MG	___	Q ___		LABS: ___	

FOLLOW UP: 1. WEEKLY FOR DIET SHOT 2. IN 8 WEEKS FOR FOLLOW UP WITH PROVIDER

Seen by Nutritionist

Reviewed by Dr Kravitz

Approved

PROVIDER SIGNATURE: ___ MA INITIALS: ___

CHANCELLOR038

FORT APACHE TRIBECARE
WEIGHT LOSS PROGRESS NOTE

PATIENT NAME: [redacted] M [redacted] — Kris Stanley
DATE OF BIRTH: [redacted] AGE 71 SEX M — DATE OF VISIT: 5/9/19
DRUG ALLERGIES: PCN — TOBACCO: N — CHART NO: 27252
ALCOHOL: occ — LAST LABS:
LMP: [illegible]

VITAL SIGNS
TIME 12:03 — SPO2 94
BP 139/78 — TEMP 97.6
PULSE 72
HEIGHT 62 IN — 157 CM

SIDE EFFECTS/METOXS (SINCE LAST VISIT): ____ DENIES ANY OF THE BELOW
HUNGER / CRAVINGS / LACK OF CONTROL / NAUSEA / VOMITING / DIARRHEA / CONSTIPATION / INDIGESTION / GAS / CRAMPS / FLUID RETENTION / HEADACHE / DIZZINESS / LOSS OF CONSCIOUSNESS / IRITABILITY / DEPRESSION / INSOMNIA / CONFUSION / CHEST PAIN / TACHYCARDIA / SHORTNESS OF BREATH / WEAKNESS / NUMBNESS / EXTREMITY COLDNESS / EXTREMITY TINGLING / EXTREMITY ACHE / RASH

WEIGHT LOSS TRACKING
INITIAL WEIGHT: 323.2 lbs — 5/10/19 WEIGHT: ____ lbs
CURRENT WEIGHT: 320.0 lbs — STARTING BMI: 58.6
BMI: [illegible] — CURRENT BMI: ____
TOTAL WEIGHT LOSS: ____ lbs — WAIST MEAS: ____ in

WEIGHT LOSS MEDICATIONS
[illegible]

INJECTIONS
DIET SHOT: L/R # 5 — 5/10/19
COMPARATIVE: L/R # 10 — 5/10/19
L/R # ____
L/R # ____

SUPPLEMENTS
[illegible]

OTHER MEDICATIONS
[illegible]

PHYSICAL EXAM — GENERAL - WNL / ABNL — CV / PULM - WNL / ABNL — ABDOMINAL - WNL / ABNL
HEENT - WNL / ABNL — EXTREMITIES - WNL / ABNL — COMMENTS: ____

DIET: ____ LO CARB ____ LO CALORIE — OTHER:
DIET ADHERENCE: ____ EXCELLENT ____ NON ADHERENT ____ X/WEEK — COMMENTS: ____
EATING MEALS REGULARLY: Y / N — EATING SNACKS REGULARLY: Y / N
EXERCISE PLAN: ____ STRENGTH TRAINING ____ X/WEEK — ____ AEROBIC/CARDIO ____ X/WEEK
OTHER: ____

REVIEWED: ____ DIET HX/RX — ____ LABS — ____ FOOD JOURNAL
____ METABOLIC SYNDROME — ____ REGULAR PROTEIN INTAKE — ____ HIDDEN CARB SOURCES
____ EFFECTS OF ALCOHOL — ____ RISK/BENEFIT OF TREATMENT W/ ANORECTIC AGENTS
____ DISCUSSED TREATMENT ALTERNATIVES — ____ INDIVIDUALIZED MENU WRITTEN WITH PATIENT INPUT

MEDICATIONS: REVIEWED WITH: ____ NO CHANGES ____ RECOMMENDED CHANGES BELOW

Rx PHENTERMINE	37.5 MG	# ____	Q ____		HCG PROTOCOL (SEE HCG FLOW SHEET)
Rx BUMITRIL	25 MG	# 3	Q 1 x d	5/6	
Rx BONTRIL	105 MG	# ____	Q ____		HCG CONSENT SIGNED
Rx TENUATE	75 MG	# ____	Q ____		TOPAMAX CONSENT REVIEWED
Rx TOPAMAX	25 MG	# 3	Q 1 x d	5/6	TOPAMAX CONSENT SIGNED
Rx TOPAMAX	50 MG or 100 MG	# ____	Q ____		FITNESS PATIENT (NO MEDS)
Rx SYNTHROID/OTHER	25 MCG 5 MG	# ____	Q ____		TESTOSTERONE Rx: ____
Rx ____	____ MG	# ____	Q ____		LABS: ____

FOLLOW UP: 1 WEEKLY FOR DIET SHOT — 2 IN 2 WEEKS FOR FOLLOW UP WITH PROVIDER

[illegible]

PROVIDER SIGNATURE: ____ — MA INITIALS: ____

Fort Apache TrimCare

Medication Flow Sheet

- [x] TrimCare Monthly with OV: New ~~$375~~ Existing ~~$225~~ 349
- [ ] TrimCare Monthly Existing $175
- [x] TrimCare 3 Month Prepay: New $575 Existing $525
- [ ] HCG 23 Day $499
- [ ] HCG 40 Day $599
- [ ] HCG Extension $200
- [ ] Testosterone HRT
- [ ] HRT HCG

8 Week Follow Up Paid On: 5 / 09 / 2019

Shot Type: D-S Paid On: 5 / 9 / 19 OV $349

Shot #1/4	Shot #2/4	Shot #3/4	Shot #4/4

- [x] Month #1/3
- [ ] Month #2/3
- [ ] Month #3/3

Shot Type: L-C Paid On: 5 / 9 / 19

Shot #1/4	Shot #2/4	Shot #3/4	Shot #4/4

Shot Type: Testosterone Paid On: / /

Shot #1/10	Shot #2/10	Shot #3/10	Shot #4/10	Shot #5/10	Shot #6/10	Shot #7/10	Shot #8/10	Shot #9/10	Shot #10/10

Date:	Medication	Patient Signature
	- [ ] Sermorelin Bottle # - [x] CortiTrim - [ ] HCG Bottle #	

134023.10702-0077-10 5/9/19 1:11 PM
ENDIMETRAZINE TARTRATE 38MG TAB #60 Lot:14B91A-
2020
[redacted] NORDGREN DOB:5/22/1947
you require additional counseling for this medication? YES
Signature:

9 #1/3 Vicetin

134024.47335-0707-88 5/9/19 1:11 PM
PIRAMATE 25MG TAB #30 Lot:GKT12B1B-5/3/2020
[redacted]
you require additional counseling for this medication? YES
Signature:

8 Week Follow Up Paid On: / /

Shot Type: Paid On: / /

Shot #1/4	Shot #2/4	Shot #3/4	Shot #4/4

- [ ] Month #1/3
- [ ] Month #2/3
- [ ] Month #3/3

Shot Type: Paid On: / /

Shot #1/4	Shot #2/4	Shot #3/4	Shot #4/4

Shot Type: Testosterone Paid On: / /

Shot #1/10	Shot #2/10	Shot #3/10	Shot #4/10	Shot #5/10	Shot #6/10	Shot #7/10	Shot #8/10	Shot #9/10	Shot #10/10

Date:	Medication	Patient Signature
	- [ ] Sermorelin Bottle # - [ ] CortiTrim - [ ] HCG Bottle #	

Fort Apache TrimCare

ALLERGIES: NKDA

Diet Shot Flow Sheet

PATIENT NAME: [redacted] DOB: [redacted]

Date:	Date:	Date:	Date:	Date:	Date:	Date:
Time: 17:40	Time:	Time:	Time: 11:45	Time: 10:50	Time:	Time:
BP: 112/65	BP: 92, 54	BP: 120/75	BP: 116/67	BP: 160/72	BP:	BP:
Pulse: 64	Pulse: 70	Pulse: 114	Pulse: 71	Pulse: 72	Pulse:	Pulse:
Resp: 16	Resp: 17	Resp: 18	Resp: 16	Resp: 17	Resp:	Resp:
Temp: 97	Temp: 97.0	Temp: 97.4	Temp: 97.0	Temp: 97.1	Temp:	Temp:
Weight: 252.0	Weight: 252	Weight: 250	Weight: 245	Weight: 244	Weight:	Weight:
Change: 9-10	Change: 2-12	Change:	Change:	Change: (2-6)	Change:	Change:
Diet Shot: 12 L/R Glute 12	Diet Shot: 12 L/R Glute 12	Diet Shot: 12 L/R Glute 12	Diet Shot: 11 L/R Glute 11	Diet Shot: 24 L/R Glute	Diet Shot: 24 L/R Glute	Diet Shot: L / R Glute
L-Carnitine: 12 L/R Glute 12	L-Carnitine: 11 L/R Glute 12	L-Carnitine: 12 L/R Glute 12	L-Carnitine: 11 L/R Glute 11	L-Carnitine: 24 L/R Glute	L-Carnitine: L/R Glute	L-Carnitine: L / R Glute
Vitamin D: L / R Glute	Vitamin D: L / R Glute	Vitamin D: L / R Glute	Vitamin D: L / R Glute	Vitamin D: L / R Glute	Vitamin D: L / R Glute	Vitamin D: L / R Glute
Testosterone: L / R Glute	Testosterone: L / R Glute	Testosterone: L / R Glute	Testosterone: L / R Glute	Testosterone: L / R Glute	Testosterone: L / R Glute	Testosterone: L / R Glute
Other:	Other:	Other:	Other:	Other: RF	Other:	Other:
Meds:	Meds:	Meds:	Meds:	Meds: 2nd IM Quad	Meds:	Meds:
Last Refill:	Last Refill:	Last Refill:	Last Refill:	Last Refill:	Last Refill:	Last Refill:
MA:	MA:	MA:	MA:	MA:	MA:	MA:

Notes:

[redacted]

NEVADA HEALTH SERVICES/TRIMCARE

Nurse: [redacted] Date: 2/4/19 Time: 1:05

Patient Name: [redacted]

Age: 35 Sex: F DOB: [redacted]

Insurance: Cash Copay/%

ALLERGIES: NKDA SMOKER: Y (N)

LMP:

CURRENT MEDS: Suboxone Hd C:

W: 137.4

H:

VITALS

Time	Temp	Resp	Pulse	Blood Pressure
X	97.8	98	88	109/69

PHYSICAL EXAM

NI	Abnl		NI	Abnl	
		HEENT			ABDOMEN
☐	☐	PERRLA	☐	☐	Normoactive BS
☐	☐	EOMI	☐	☐	NT/ND
☐	☐	TMs MMM	☐	☐	No HSM
☐	☐	O/P clear	☐	☐	EXTREMITIES No C/C/E
		NECK			NEURO
☐	☐	Supple	☐	☐	CN II-VII intact
☐	☐	Carotids 2+ Bilat	☐	☐	Strength 5/5 Bilat
☐	☐	No Cervial LAD	☐	☐	Sensation intact Bilat
☐	☐	Thyroid	☐	☐	DTRs 2+ Bilat
		RESPIRATORY	☐	☐	GU
☐	☐	Normal Resp Effort	☐	☐	BREASTS
☐	☐	CTA/P Bilat	☐	☐	LYMPH NODES
		CARDIOVASCULAR			
☐	☐	RRR nl S1S2	☐	☐	SKIN
☐	☐	No M/R/G			
☐	☐	Rad Pulses 2+ Bilat	☐	☐	RECTAL
☐	☐	DP/PT 2+ Bilat			

S: Rx Refills (Resend to Pharmacy)

Need to treat with Topa

off Suboxone.

O: Pleasant Pt.

Will give the lowest Dose

and hopefully Taper

to not Treat with Opi

A: Suboxone Last Visit

Wgt Time 2 before will

Be Pregnant and

Taper off by Dept

PLAN

Hopefully last visit for Suboxone

with this End point

DX/RX/LABS/X-RAY

16 wks Rx 1/3

1 tab/p

(Walgreens 702 657 6508) (Fax) Suboxone

SATISFACTION

☐ SATISFIED WITH VISIT

☐ NOT SATISFIED WITH VISIT

REASON:

FOLLOW UP:

Referral or Admit to:

CLINICIAN SIGNATURE:

NEVADA HEALTH SERVICES/TRIMCARE

Nurse: KB	Date: 12/20/18	Time: 4:28	Patient Name: D [redacted] T [redacted]
Age: 35	Sex: F	DOB: [redacted]	Insurance: CASH PAY $125.00 Copay/%
ALLERGIES: NKDA	SMOKER: Y N		
	LMP:		
CURRENT MEDS:	Hd C:		
	W: 133.4		
	H:		

VITALS

Time	Temp	Resp	Pulse	Blood Pressure
X	97.3	96	94	105/67

S: Rx refills Suboxone

O:

A: Currently on Subox

What is This →

PHYSICAL EXAM

Nl	Abnl		Nl	Abnl	
		HEENT			**ABDOMEN**
☐	☐	PERRLA	☐	☐	Normoactive BS
☐	☐	EOMI	☐	☐	NT/ND
☐	☐	TMs MMM	☐	☐	No HSM
☐	☐	O/P clear			**EXTREMITIES**
		NECK	☐	☐	No C/C/E
☐	☐	Supple			**NEURO**
☐	☐	Carotids 2+ Bilat	☐	☐	CN II-VII Intact
☐	☐	No Cervial LAD	☐	☐	Strength 5/5 Bilat
☐	☐	Thyroid	☐	☐	Sensation Intact Bilat
		RESPIRATORY	☐	☐	DTRs 2+ Bilat
☐	☐	Normal Resp Effort	☐	☐	GU
☐	☐	CTA/P Bilat	☐	☐	BREASTS
		CARDIOVASCULAR	☐	☐	LYMPH NODES
☐	☐	RRR nl S1S2	☐	☐	SKIN
☐	☐	No M/R/G			
☐	☐	Rad Pulses 2+ Bilat			
☐	☐	DP/PT 2+ Bilat	☐	☐	RECTAL

PLAN

Suboxone
4 mg sublingual BID
#60
2 refills
WG # Aliante
(702) 657-6508

TX/RX/LAB/XRAY	UNIT

SATISFACTION

☐ SATISFIED WITH VISIT

☐ NOT SATISFIED WITH VISIT

REASON:

FOLLOW UP:

Referral or Admit to:

CLINICIAN SIGNATURE:

NURSE'S COPY

CLINICIAN COPY

Calvin Scott & Co Inc
DEA #PC0106989
209 Eubank NE
Albuquerque, NM 87123-2745

Voice: 505-294-8825
Fax: 505-294-8826

CalvinScott Inc
Repackaging Bariatric Pharmaceuticals

INVOICE

Invoice Number: 1810062
Invoice Date: Oct 4, 2018
Sales Order: 1810062
Page: 1

6899 - 6/30/2019

Bill To:
Abdel M. Khalek
5375 S Fort Apache Rd, Ste 103
Las Vegas, NV 89148

Ship to:
Lindsay M. Hoffman, PA
5375 S Fort Apache Rd, 102-103
[redacted] 10/20 2,2N,3,3N,4,5,
Las Vegas, NV 89148

Customer ID	Customer PO	Payment Terms	
Goldsmith, Ivan MD	Connie/Kurt	Credit Card	
Sales Rep ID	Shipping Method	Ship Date	Due Date
	UPS Ground	10/4/18	10/4/18

Quantity	Lot #	Description	Unit Price	Amount
1.000	643K-CS18299-06/21	Phentermine HCL White/Blue Speck Tabs - 37.5 mg NDC # 10702-0025-10 1 X 1 M BULK 1000	115.00	115.00
1.000		— GROUND SHIPPING — Shipped on. 10/04/2018 Tracking#: 1ZE88280A851115836 Service: Ground Total Weight: 0.9 Number of Packages: 1 Billing Option: Prepaid		
1.000		End Shipment(s)		
		3-8400		

ALL CLAIMS FOR DAMAGED OR INCOMPLETE ITEMS MUST BE REPORTED WITHIN 48 HOURS.

Check/Credit Memo No:

Subtotal	115.00
Sales Tax	
Freight	19.91
Total Invoice Amount	134.91
Payment/Credit Applied	
TOTAL	134.91

Overdue invoices are subject to late charges.

Exhibit 15

Calvin Scott & Co Inc
DEA #PC0106989
209 Eubank NE
Albuquerque, NM 87123-2745

Voice: 505-294-8825
Fax: 505-294-8826

CalvinScott Repackaging Bariatric Pharmaceuticals

INVOICE

Invoice Number: 1810062
Invoice Date: Oct 4, 2018
Sales Order: 1810062
Page: 1

6899 - 6/30/2019

Bill To:
Abdel M. Khalek
5375 S Fort Apache Rd. Ste 103
Las Vegas, NV 89148

Ship to:
Lindsay M. Hoffman, PA
5375 S Fort Apache Rd. 102-103
[redacted] 10/20 2,2N,3,3N,4,5,
Las Vegas, NV 89148

Customer ID	Customer PO	Payment Terms	
Goldsmith, Ivan MD	Connie/Kurt	Credit Card	
Sales Rep ID	**Shipping Method**	**Ship Date**	**Due Date**
	UPS Ground	10/4/18	10/4/18

Quantity	Lot #	Description	Unit Price	Amount
1.000	643K-CS18299-08/21	Phentermine HCL White/Blue Speck Tabs - 37.5 mg	115.00	115.00
		NDC # 10702-0025-10		
1.000		1 X 1 M BULK		
1.000				
		— GROUND SHIPPING —		
		Shipped on: 10/04/2018		
		Tracking#: 1ZE88280A851115836		
		Service: Ground		
		Total Weight: 0.9		
		Number of Packages: 1		
		Billing Option: Prepaid		
		End Shipment(s)		

ALL CLAIMS FOR DAMAGED OR INCOMPLETE ITEMS MUST BE REPORTED WITHIN 48 HOURS.

Check/Credit Memo No:

Subtotal	115.00
Sales Tax	
Freight	19.91
Total Invoice Amount	134.91
Payment/Credit Applied	
TOTAL	134.91

Overdue invoices are subject to late charges.

Calvin Scott & Co Inc
DEA #PC0106989
209 Eubank NE
Albuquerque, NM 87123-2745

Voice: 505-294-8825
Fax: 505-294-8826

CalvinScott Inc
Repackaging Bariatric Pharmaceuticals

INVOICE

Invoice Number: 1809169
Invoice Date: Sep 17, 2018
Sales Order: 1809169
Page: 1

6116 - 6/30/2019

Bill To:
Ivan L. Goldsmith, M.D.
5375 S Fort Apache Rd. Ste 103
Las Vegas, NV 89148

Ship to:
Ivan L. Goldsmith, MD
5375 S Fort Apache Rd. 102-103
[redacted] 9/20 2,2N,3,3N,4,5
Las Vegas, NV 89148

Customer ID	Customer PO	Payment Terms	
Goldsmith, Ivan MD	Connie/Kurt	Credit Card	
Sales Rep ID	Shipping Method	Ship Date	Due Date
	Red Label Overnight	9/17/18	9/17/18

Quantity	Lot #	Description	Unit Price	Amount
10.000	CRC/L30	Child Resistant Container w/Label 30 Ct.	19.85	198.50
0.300	641V-CS18261-04/21	Phendimetrazine Time-Release Brn/Clr Caps - 105 mg..NDC # 69543-0409-10		
1.000		1 X 10 X 30 CRC/L		
4.000	643K-CS18299-06/21	Phentermine HCL White/Blue Speck Tabs - 37.5 mg	115.00	460.00
		NDC # 10702-0025-10		
1.000		4 X 1 M BULK		
2.000	601K-CS18294-12/20	Phendimetrazine Yellow Tabs - 35 mg NDC #	115.00	230.00
		10702-0077-10		
1.000		2 X 1 M BULK		
1.000				
		— OVERNIGHT SHIPPING —		
		Shipped on: 09/17/2018		
		Tracking#: 1ZE88280A250432041		
		Service: Next Day Air		
		Total Weight: 4.5		
		Number of Packages: 1		
		Billing Option: Prepaid		
		End Shipment(s)		

ALL CLAIMS FOR DAMAGED OR INCOMPLETE ITEMS MUST BE REPORTED WITHIN 48 HOURS.

Check/Credit Memo No:

Subtotal	886.50
Sales Tax	
Freight	58.55
Total Invoice Amount	945.05
Payment/Credit Applied	
TOTAL	945.05

Overdue invoices are subject to late charges.

CalvinScott™

Precision Botanic Pharmaceuticals

New Account Profile

Physician or Clinic Director to Complete

Physician's Name: Abdel Wahab Specialty: Internal Medicine

Clinic Name: Trivcare

Clinic Address: 5375 S. Fort Apache Rd. #102, Las Vegas, NV 89148

Ship-To Address: Same

Phone Number: 702-877-1877 Fax Number: 702-367-1339

Email Address: [illegible]@trivcare.com Website: www.trivcare.com

Licenses

(Please provide a copy of all applicable licenses listed below)

Medical License # (must include a copy): _____

State Board of Pharmacy License # (must include a copy): _____

*DEA License # (must include a copy): _____

(Please note: The address on the DEA License must match the clinic's shipping/dispensing address – If you have multiple dispensing sites/addresses, you must have a separate DEA License for each location.)

Clinic Details

Does the Physician stated above currently dispense Controlled Medications? Yes ✓ No _____

If yes, how many years has he/she been dispensing? 1 year

If available, please indicate which Schedule Controlled Medications are dispensed:

II _____ Non-II _____ III _____ Non-III _____ IV ✓ V ✓

Please describe how you are currently storing and securing your Controlled Medications:

Keys & combination safes

Who has access to this area of interest? _____

How often does your practice conduct a physical inventory of your medications? Every computer refresh

What is your average number of patients seen in a day? 20

Exhibit 16

CalvinScott Inc
Repackaging Generic Pharmaceuticals

What is your average number of prescriptions per day? 8-10 / day

What is your average monthly total of dispensed Controlled Medications? ~250-300

Does the Physician stated above currently dispense supplements? Yes ✓ No _____

If yes, what supplements are currently being dispensed? proteins powder, vitamins

If applicable, what is your average monthly total of dispensed supplements products? Unsure

What other medications (controlled and/or supplements) are you interested in dispensing at your clinic, if any? Phentermine, Phendimetrazine, Tramadol, Soma, testosterone, Viagra

Packaging

Are you currently utilizing Custom or Stock labels? (Please circle your answer)

Which is your preferred form of packaging?

Amber Vials (CRC) _____ White Bottle (WBTL) _____ Heat Seal (HS/S) _____ BULK ✓

What is your preferred count per bottle/package? 7 14 21 28 30 56 OTHER: ✓

Is there more than one Physician dispensing at this location? Yes ✓ No one doctor & one PA

Do you have more than one clinic location? Yes _____ No ✓

If yes, please list them as well as their addresses and whether or not they dispense medications:

Have there been any disciplinary actions taken against the facility, owners, Physicians, stockholders or employees? Yes _____ No ✓

If yes, please explain: _____

CalvinScott Inc
Repackaging Botanic Pharmaceuticals

Are background checks performed on your employees? Yes ✓ No ____

Please include the personnel who will have authorization to place orders, request account information, make payments, request product information and any additional use of the account:

Vicente Ramos, Consuelo Sanchez

Vivian Barraza
(Signature and Title)

9/25/18
(Date)

209 Eubank Blvd. Albuquerque, NM 87123
info@calvinscottinc.com | (P) (800) 545-6545 | (F) (866) 580-4041
www.calvinscottinc.com

CalvinScott

Repackaging Generic Pharmaceuticals

Dispensing Software Set Up Form

PRACTICE INFORMATION

Practice Name: NEVADA HEALTH SERVICES LLC

Trade Name (DBA): TRIM CARE

Site DEA #: FK2904793

Ship to Address: 5315 S. FORT APACHE RD. STE 103
LAS VEGAS, NV 89148

Bill to Address: Same as Above.

Telephone: 702-678-8888 Fax: 702-367-1339

Email: info@trimcare.com

Medical Director: Abdel Khalek MD.

Facility Administrator: VINNY BARBERA Email: vinny@trimcare.com

Send Product to the Attention of: Vinny Barbera Invoice To:

How did you hear about Calvin Scott: Previous Account

Date You Wish to Have Your Site Live: ASAP

PROVIDERS LIST

Please fill out the form below with all providers that will be dispensing from your site. Please submit a copy of their DEA licenses and State licenses with attached form. Fax (866) 583-4041
Providers can be added by a Manager User.

First Name	Last Name	MI	Degree	DEA License #	State License #	NPI #
Abdel	Khalek		MD	[redacted]	6899	[redacted]
Lindsey	Kellyman		PA	[redacted]	PA1154	[redacted]

Exhibit 17

USERS LIST

Please fill out the form below with the Users that will be dispensing from your site. Users can be added and deleted by the Staff Manager at any time.

First Name	Last Name	Manager (M) / Assistant (A)	Can Adjust Inventory?	Financial Reports?	Email Address
Abdel	Khalele	(M) / A	(Yes) No	Yes / No	
Lindsay	Hellman	(M) / A	(Yes) / No	Yes / No	
		M / A	Yes / No	Yes / No	
		M / A	Yes / No	Yes / No	

Barcode Scanner: Barcode scanners are available for $50. Please check yes or no if you would like a scanner. Scanner is not required to use the system. The difference can be discussed during a demo or with your sales rep.

☐ Yes ☑ No

Label Printing Options: Patient specific labels can be printed. Please choose either standard label sheets which use a normal printer, or Dymo label option. Dymo prints out small label and does not use ink. Let us know if you have questions.

_____ Label Sheets $20 per 300 labels _____ Dymo Labels $10 per 1,000 labels

SOFTWARE AGREEMENT

These States currently require submitted reports: Alabama, Alaska, Arizona, California, Delaware, Florida, Illinois, Indiana, Idaho, Kansas, Kentucky, Louisiana, Michigan, Minnesota, Mississippi, New York, New Mexico, Nevada, Oklahoma, Ohio, Pennsylvania, South Carolina, Tennessee, Virginia, Washington, West Virginia, New York

Calvin Scott has a right to cancel the client's site with a 30 day given notice.

The undersigned agrees to adhere to all applicable federal, state, and regulatory commissions and laws governing physician dispensing. The undersigned further agrees to assume complete responsibility of medications delivered to his/her own patients, and will take responsible care in the delivery of such medications. Calvin Scott Inc. is not responsible for improper dispensing/delivery of medications and assumes no liability for such action. The undersigned states that the information provided is true and correct to the best of his/her knowledge.

Name: Vivian Bevone Title: manager/admin. Date: 9/25/18

Signature: _____

Calvin Scott Inc.
209 Eubank Blvd. Albuquerque NM. 87123
(800) 545-6545 | Fx: (866) 580-4041
www.calvinscottinc.com | sales@calvinscottinc.com

CALVIN SCOTT

AUTHORIZATION FOR CREDIT CARD PAYMENT

Account Information:

Clinic or Company Name: Nevada Health Services, LLC

Doctor's Name: Dr. Abdelkewafe

Contact Name: Vivian Berrera Phone: (702) 878-3825

How did you hear about Calvin Scott?: previous customer

Credit Card Information:

We accept Visa, Mastercard and American Express. Sorry no debit transactions.

☑ Continuing Authorization for Calvin Scott Inc. to keep on file and automatically pay invoices as orders are shipped.

Credit Card Type (circle one): VISA MASTERCARD (AMEX)

Please list the following billing information exactly as it appears on your credit card statement.

Credit Card Number: [redacted] EXP: [redacted]

Verification Code: (3 digits on the back, or 4 digits on front for AMEX) [redacted]

Name as it appears on card: Vivian Berrera

Billing Address: 5375 S. Fort Apache Rd. Suite Number: 102

City: Las Vegas State: NV ZIP: 89148

The undersigned agrees to have his/her credit card charged as authorized above.

Signature of Cardholder: [signature] Date: 9/25/18

Calvin Scott Inc. Credit Terms:

Full amount of invoice is due immediately upon shipment of each order, regardless of the account credit limit. Past-due invoices will be assessed a 2% Finance Charge per month and will be placed on a "HOLD" status if any unpaid invoice reaches 15 days past due. A $25.00 "Declined Transaction Fee" will be added to the account if not paid in full within 30 days.

Signature to accept credit terms: [signature]

Please mail or fax completed form to: (866) 580-4041

299 Eubank Blvd. Albuquerque, New Mexico, 87123

Payment Type	Transaction Date	Customer Name	Order Number	Transaction Type	Transaction Status	Approval Code	Total Amount
American Express	2/12/2019 4:15:04 PM	Vinay Bararia	1902040	Prior Auth	Open Batch	140200	$693.86
American Express	1/31/2019 1:33:30 PM	Vinay Bararia	1901386	Prior Auth	Settled	122763	$370.61
VirtualCheck	1/29/2019 3:12:36 PM	Vinay Bararia	1901386	Prior Auth	Settled		$370.61
Visa	1/11/2019 5:27:33 PM	Vinay Bararia	1901201	Prior Auth	Settled	022717	$338.55
American Express	1/11/2019 5:25:45 PM	Vinay Bararia	1901201	Auth Only	Error/Declined	000005	$338.55
American Express	1/7/2019 3:31:58 PM	Vinay Bararia	1901009	Prior Auth	Settled	115223	$412.28
American Express	1/3/2019 5:18:07 PM	Vinay Bararia	1901009	Auth Only	Error/Declined	000005	$412.28
American Express	12/4/2018 3:17:31 PM	Vinay Bararia	1811319	Prior Auth	Settled	147278	$938.12
American Express	12/4/2018 1:13:12 PM	Vinay Bararia	1811319	Auth Only	Error/Declined	000005	$938.12
American Express	12/3/2018 3:58:35 PM	Vinay Bararia	1811319	Auth Only	Error/Declined	000005	$938.12
American Express	11/30/2018 3:17:28 PM	Vinay Bararia	1811319	Auth Only	Error/Declined	000005	$938.12
American Express	11/26/2018 11:47:18 AM	Vinay Bararia	1811150	Prior Auth	Settled	156594	$552.22
American Express	11/19/2018 11:40:02 AM	Vinay Bararia	1811150	Auth Only	Error/Declined	000005	$552.22
American Express	11/16/2018 12:52:40 PM	Vinay Bararia	1811150	Auth Only	Error/Declined	000005	$552.22

American Express	11/15/2018 12:28:17 PM	Vinay Bararia	1811150	Auth Only	Error/Declined	000005	$552.22
American Express	11/14/2018 12:44:17 PM	Vinay Bararia	1811150	Auth Only	Error/Declined	000005	$552.22
American Express	10/30/2018 12:04:48 PM	Vinay Bararia	1810349	Prior Auth	Settled	113550	$436.23
American Express	10/5/2018 12:31:16 PM	Vinay Bararia	1810063/65/62	Prior Auth	Settled	148860	$745.13
American Express	9/21/2018 2:22:15 PM	Vinay Bararia	1809169	Prior Auth	Settled	103304	$945.05

Payment Type	Transaction Date	Customer Name	Order Number	Transaction Type	Transaction Status	Approval Code	Total Amount
VirtualCheck	1/31/2019 1:08:01 PM	Ivan Goldsmith	SEVT131201910801	Credit	Settled		$370.61
MasterCard	1/18/2018 12:03:23 PM	Mona Goldsmith	1801194/93	Prior Auth	Settled	09678Z	$721.86
MasterCard	1/31/2018 11:24:22 AM	Mona Goldsmith	1801363	Prior Auth	Settled	02661Z	$522.11
MasterCard	2/13/2018 12:06:26 PM	Mona Goldsmith	1802134/35/36	Prior Auth	Settled	08777Z	$649.72
MasterCard	3/2/2018 12:05:46 PM	Mona Goldsmith	1803013	Prior Auth	Settled	06363Z	$592.45
MasterCard	3/19/2018 1:54:25 PM	Mona Goldsmith	1803240/41/42	Prior Auth	Settled	02758Z	$581.95
MasterCard	4/3/2018 1:24:47 PM	Mona Goldsmith	1804013/4014/4015	Prior Auth	Settled	03388Z	$534.38
MasterCard	4/19/2018 11:45:39 AM	Mona Goldsmith	1804252	Auth Only	Error/Declined	000005	$887.70
MasterCard	4/20/2018 11:51:05 AM	Mona Goldsmith	1804252	Auth Only	Error/Declined	000005	$887.70
MasterCard	4/23/2018 10:09:43 AM	Mona Goldsmith	1804252	Prior Auth	Settled	08323Z	$887.70
MasterCard	5/7/2018 12:17:59 PM	Mona Goldsmith	1805088/89/90	Prior Auth	Settled	02764Z	$596.06
MasterCard	5/17/2018 11:09:11 AM	Mona Goldsmith	1805251	Prior Auth	Settled	07330Z	$539.69
MasterCard	6/4/2018 1:20:22 PM	Mona Goldsmith	1806006	Prior Auth	Settled	00684Z	$361.53
MasterCard	6/20/2018 12:19:31 PM	Mona Goldsmith	1806222	Prior Auth	Settled	07930Z	$738.01
MasterCard	7/3/2018 11:48:11 AM	Mona Goldsmith	1807010/1807004	Prior Auth	Settled	04318Z	$253.57

MasterCard	7/6/2018 10:53:57 AM	Mona Goldsmith	1807041	Prior Auth	Settled	007022	$252.06
MasterCard	8/14/2018 11:48:01 AM	Mona Goldsmith	1808182	Prior Auth	Settled	04972Z	$291.96
MasterCard	9/19/2018 1:27:38 PM	Mona Goldsmith	1809169	Prior Auth	Settled	02123Z	$945.05

Dena M. McClish

From: Laura Phillips <lphillips@calvinscottinc.com>
Sent: Thursday, February 21, 2019 8:22 AM
To: Dena M. McClish
Subject: RE: Case #19-003

Dear Inspector McClish,

I wanted to respond to let you know that this hasn't come up with any governing entity in the twelve years I have been a Designated Rep. for Calvin Scott. We are currently researching this and although we are not required to have a DEA Power of Atty. (we only carry C IIIN and CIV) we realize that further due diligence on this issue is necessary. I am in the process of writing a new policy and procedure for this and creating a form for our clinics/physicians to sign off on. I will forward these to you when completed.

Best regards,

Laura Phillips
Director of Operations

CalvinScott CS

209 Eubank Blvd. NE
Albuquerque, NM 87123
T: (505) 294-8825
F: (505) 294-8826
lphillips@calvinscottinc.com
www.calvinscottinc.com

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From: Dena M. McClish [mailto:dmcclish@pharmacy.nv.gov]
Sent: Tuesday, February 12, 2019 4:52 PM
To: Laura Phillips <lphillips@calvinscottinc.com>
Subject: RE: Case #19-003

Thank you ma'am. In response to #1, I would ask per what regulation/law, etc is the clinic/practice manager granted access to a physician's license simply by employing them? Please don't get me wrong, I am simply trying to understand this. Anyone can print a copy of a physician's license off the applicable State Board's website so how are you assured that the physician has actually given permission/authorization or even works at that particular clinic? (especially as in this case everything is paid for by an unlicensed individual).

Exhibit 18

Dana M McClish, Investigator

Nevada State Board of Pharmacy
6980 S Flamingo Rd Ste B-217
Las Vegas, NV. 89119

Office: 702.486.6420 ext. 154
Cell: 702.494.5672
Fax: 702.486.7405
E-mail: dmcclish@pharmacy.nv.gov
Web Page: www.bop.nv.gov

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From: Laura Phillips [mailto:lphillips@calvinscottinc.com]
Sent: Tuesday, February 12, 2019 3:41 PM
To: Dana M. McClish <dmcclish@pharmacy.nv.gov>
Subject: RE: Case #19-003

Hello Inspector McClish,

I will try to best answer your questions here:

1. The software set up and dispensing forms are commonly signed by the practice manager or clinic owner. They employ the physician and are granted access to their license(s). I do not have a document signed by Dr. Khalek but he has authorized the clinic to use his name and DEA license by providing the licenses to him. The clinic and/or licensed physician are required to let us know of any changes, as we wouldn't be able to know otherwise.
2. Connie is Consuelo Sanchez.
3. The dispensing software is hosted by MD Scripts and specific to Calvin Scott however this clinic has the majority of their medication provided by vendors other than us. We provider them with the medications on the invoices, which is like a total. The clinic would be able to provide you with the print out of dispenses for the past 6 months on their end. Much of that information is protected under HIPPA and I wouldn't be able to provide it.

Best regards,

Laura Phillips
Director of Operations

CalvinScott (CS)

209 Eubank Blvd. NE
Albuquerque, NM 87123
T: (505) 294-8825
F: (505) 294-8828

lphillips@calvinscottinc.com
www.calvinscottinc.com

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From: Dena M. McClish [mailto:dmcclish@pharmacy.nv.gov]
Sent: Tuesday, February 12, 2019 4:14 PM
To: Laura Phillips <lphillips@calvinscottinc.com>
Subject: RE: Case #19-003

Thank you Ms. Phillips. In looking at this briefly, I do have a few additional questions.

1) It appears that the authorization for Dr. Khalek's 'new account profile'and 'software setup' – which I assume also stands as the authorization to order drugs in his name, was signed by a person other than Dr. Khalek (it was signed by Vinay Berarial). Is this common practice and allowable per your policy? I don't see Dr. Khalek's signature on any of the paperwork you sent me so please provide an explanation or other documentation showing how your company received authorization from him to order drugs and other items under his name. If applicable, provide me a copy of your company policy and/or procedure that would outline this.

2) I see the name of "Connie" in the PO box for many orders. Is this Consuelo Sanchez? – As I don't see a Connie listed anywhere.

3) Do you provide the dispensing software for this practice as well? If so, please provide me a report of all medications dispensed in the last 6 months.

Again, thank you for your continued cooperation in this matter.

Dena M McClish, Investigator
Nevada State Board of Pharmacy
1950 E Flamingo Rd Ste E-217
Las Vegas, NV 89119
Office: 702.486.6420 ext 154
Cell: 702.494.8972
Fax: 702.486.7909
E-mail: dmcclish@pharmacy.nv.gov
Web Page: www.bop.nv.gov

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From: Laura Phillips [mailto:lphillips@calvinscottinc.com]
Sent: Tuesday, February 12, 2019 2:47 PM
To: Dena M. McClish <dmcclish@pharmacy.nv.gov>
Subject: Case #19-003
Importance: High

Dear Investigator McClish,

I received your record request for the clinic located at 5375 S. Fort Apache Rd. 102-103, Las Vegas, NV. I have included all of the invoices, licenses, account set up due diligence forms and method of payment used for this address for 2018-2019. On each invoice in the PO box you can see the name of the person who placed the order into the reporting software on the clinic's site at Calvinscottrx.com. That person has been set up as an authorized user on their end. We also list the name of Calvin Scott employee who did the data entry on our end. Kurt, Rachel, Robert and I are the employees here.

Last week was the first we have heard from Dr. Khalek regarding a change in prescriber for this location. The location did send over information for their new provider, Dr. Chancellor. His licensing information provided checks out.

Please let me know if I can clarify anything or if you need further assistance.

Best regards,

Laura Phillips
Director of Operations

CalvinScott CS

209 Eubank Blvd. NE
Albuquerque, NM 87123
T: (505) 294-8825
F: (505) 294-8826
lphillips@calvinscottinc.com
www.calvinscottinc.com

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From: Laura Phillips
Sent: Tuesday, February 12, 2019 3:32 PM
To: Laura Phillips <lphillips@calvinscottinc.com>
Subject: Message from KMBT_C552

Allergan

DELIVERY NOTE

Allergan USA, Inc.
5 Giralda Farms
Madison, NJ 07940

Please do not send payment with this delivery

Allergan Customer Service
(800) 433-7737

Sold To No: 181268
REVENICA Derry BN
9344 KIEL AVE DR
LAS VEGAS NV 89109-1966

Ship To No: 65715
ROBERT CHANCELLOR MD
2345 FORT APACHE RD STE 108
LAS VEGAS NV 89145-7524

Shipped From:
Allergan USA, Inc.
1600 Tysons Blvd Suite 100
Lewisville, Texas 75067

Quantity	Material Number	Description	Lot/Batch	Expiry
1	94640	JUVEDERM VOLUMA XC 2/0 1/2 X 1ml	EA VB20A20023 (1) 11/1/2020	5
		JUVEDERM VOLUMA XC 2/0 1/2 X 1ml	EA VB20A20033 (1) 11/1/2020	1
		**** Item above is complimentary free goods ****		

Any claims for shortages or wrongful must be received by Allergan within 72 hours after receipt of shipment.
Refer Tysons complaint form each breakage or damage. Call 1-800-433-7737 Option 4 for Customer Service.
Allergan accepts returns only with prior authorization. Enter your Sales Rep and PO# from this document.

Exhibit 19



DELIVERY NOTE

0000515088A
Allergan Customer Service
(800) 377-7790

Allergan USA, Inc.
5 Giralda Farms
Madison, NJ 07940
Please do not send payments to this address

		125732439	08/02/2019	581003	1 of 1
Ship Via	Service Level	Delivery No.	Ship Date	Cust PO No.	Request Date
FEDEX	P1	630379012	08/02/2019	VLMA-BELLA1880 - SA	08/02/2019

Sold To No: 581003
REVEKKA FREY RN
3044 BEL AIR DR
LAS VEGAS NV 89109-1586

Ship To No: 633715
ROBERT S CHANCELLOR MD
5375 S FORT APACHE RD STE 103
LAS VEGAS NV 89148-7624

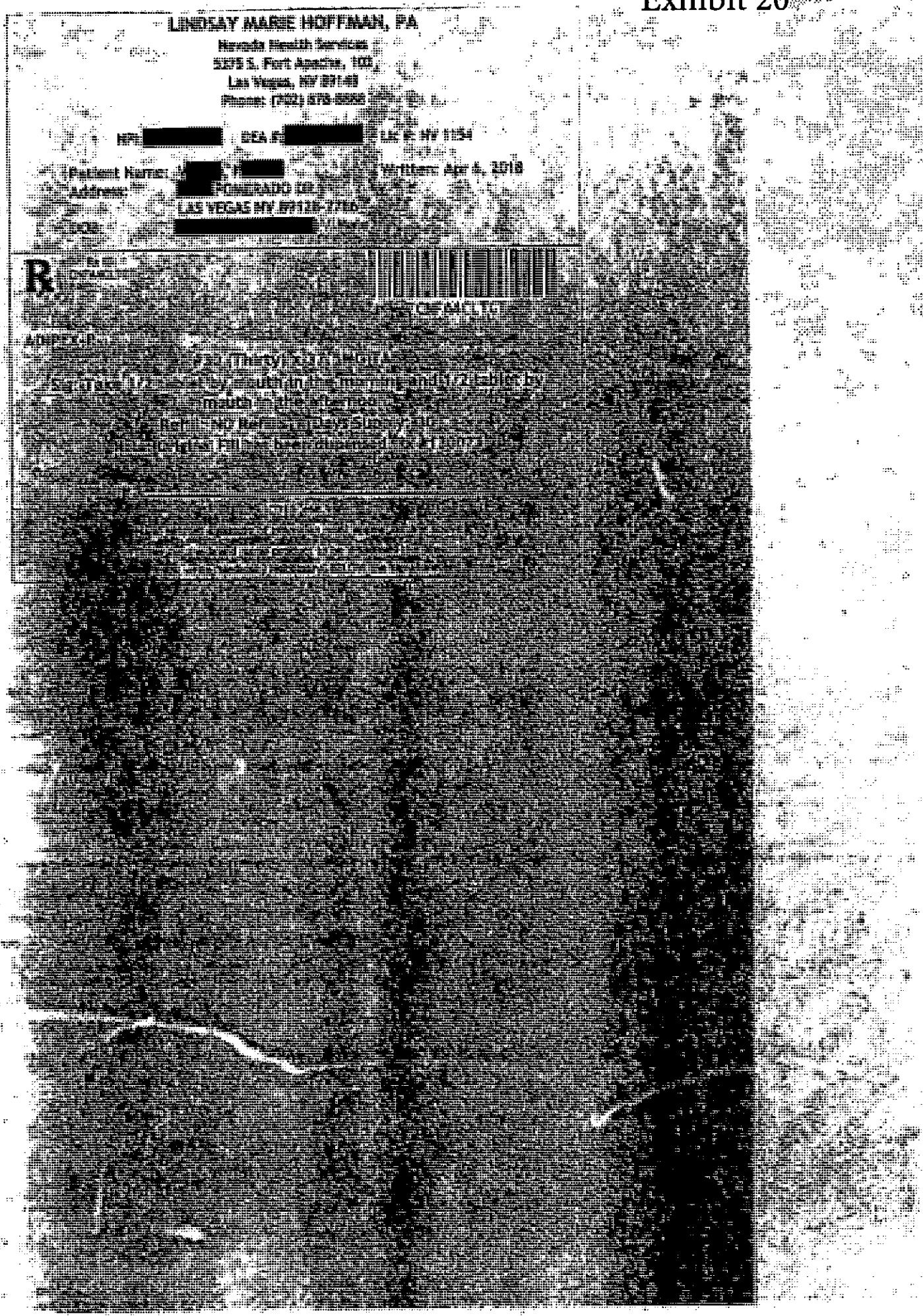
Shipped From:
Allergan USA, Inc.
C/O UPS SCS
11811 Landon Dr
Mira Loma CA 91752

Ordered	Material Number	Description	UM	Batch/Serial No.	Expiration Date	Picked
5	96181	JUVEDERM VOLBELLA XC 2 x 1mL 32G	EA	V151A80739	09/23/2020	5

R Pharmacy

Any claims for damages or shortages must be reported to Allergan within 72 hours after receipt of shipment. Seller has complied with each applicable subsection of FDCA Sec. 581(27)(A)-(G). Electronic format at https://supplynexus.tradelink.com/vh. Enter your delivery# and PO# from this document.

Exhibit 20



LINDSAY MARIE HOFFMAN, PA
Nevada Health Services
5275 S. Fort Apache, 100,
Las Vegas, NV 89148
Phone: (702) 579-8000

NPI: [redacted] DEA #: [redacted] LIC #: NV 11134

Patient Name: [redacted] Written: Apr 4, 2018
Address: [redacted] COLORADO DR
LAS VEGAS NV 89128-7760
DOB: [redacted]

Rx

[redacted]

DISPENSE AS WRITTEN

Address:

Sig: [illegible] by mouth in the morning and [illegible] by mouth [illegible]

Refills: [illegible]

[illegible] Tablet [illegible] dispensed [illegible]

Exhibit 21

LINDSAY MARIE HOFFMAN, PA
Nevada Health Services
5375 S. Fort Apache, 103
Las Vegas, NV 89148
Phone: (702) 878-5888
NPI: [redacted] DEA #: [redacted] Lic #: NV 1154
Patient Name: [redacted] Written: Mar 23, 2018
Address: [redacted] POLYNESIA CIR
HENDERSON NV 89074-1813
DOB: [redacted] / Female
Home: [redacted]

Rx
Insurance
ADNPEX-P

#90 (Ninety) x 37.5MG TAB

Sig: Take 1 tablet by mouth 1/2 hour before breakfast and 1/2 tablet by mouth before lunch.

Refill: NO Refills Days Supply: 30

Note: Original Fill has been dispensed; Rx #129920

Signature:

DEA/ 6868

*Hand written signature of physician must appear on this above.
In order for the brand name product to be dispensed the prescriber must write "Medically Necessary" BELOW the signature.

FMAN, PA
rvices
e, 103
148
8888

209 Lic #: NV 1154

Written: Mar 9, 2018

1
emale

5MG TAB
s before breakfast and 1/2
s before lunch.
Supply: 30
ensed; Rx #129764

ppear on this above
ispensed the prescriber
ow the signature.

Send Result Report

KYOCERA

MFP

TASKalfa 400ci

05/28/2019 14:43

Firmware Version 2H7_2F00.016.003 2016.08.18 [2H7_1000.024.001] [2H7_1100.002.003] [2H7_7000.015.004]

Job No.: 210445 Total Time: 0°00'23" Page: 001

Complete

Document: doc20190528144234

INTERNAL OFFICE USE ORDER FORM

ACCOUNT #: 118352	DATE: 5/28/19
SHIP TO: 5375 S FORT APACHE RD LAS VEGAS, NV 89148	SHIP TYPE: Circle One Priority O/N Standard O/N 2nd Day Ground/Express Saver
DUE DATE REQUESTED:	
SPECIAL INSTRUCTIONS:	
DR NAME: [redacted]	DR PHONE: 702-367-0808 DR DEA: [redacted]

Robert Chancellor (Circle one)

FOR IN OFFICE ADMINISTRATION ONLY. NOT FOR RESALE OR DISPENSING TO AN INDIVIDUAL PATIENT.

SIG FOR PLAQUEX:

MIX VIAL CONTENTS @ ROOM TEMP WITH 250 ML OF DEXTROSE AND ADMINISTER PER IV OVER 90 MINUTES

DRUG & STRENGTH	SIZE	QUANTITY
Cyanocobalamin 1,000 mcg/ml	30 ML	____ vials
Edetate Disodium (PF) 150 mg/ml	10 ML	____ vials

No.	Date and Time	Destination	Times	Type	Result	Resolution/ECM
001	05/28/19 14:42	7028736845	0°00'23"	FAX	OK	200x100 Normal/On

Exhibit 22

[QHY9100495]

Exhibit 23

INTERNAL OFFICE USE ORDER FORM

ACCOUNT #: 118352	DATE: 5/08/19
SHIP TO: 5375 S FORT APACHE RD LAS VEGAS, NV 89148	SHIP TYPE: Circle One Priority O/N Standard O/N 2nd Day Ground / Express Saver
DUE DATE REQUESTED:	
SPECIAL INSTRUCTIONS:	
DR NAME: [redacted]	DR PHONE: 702-367-0808 / DR DEA: [redacted]

Robert Chancellor (Circle one)

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SIG FOR PLAQUEX:

MIX VIAL CONTENTS @ ROOM TEMP WITH 250 ML OF DEXTROSE AND ADMINISTER PER IV OVER 90 MINUTES

DRUG & STRENGTH	SIZE	QUANTITY
Cyanocobalamin 1,000 mcg/ml	30 ML	____ vials
Edetate Disodium (PF) 150 mg/ml	10 ML	____ vials
Gluthathione (PF) 200 mg/ml	10 ML	____ vials
Methionine-Inositol-Choline 25/50/50 mg/ml	30 ML	____ vials
Testosterone Cyp GSO 200 mg/ml	10 ML	____ vials
L-Carnitine 500 mg/ml	30 ML	10 vials
Testosterone Cyp GSO 200 mg/ml	30 ML	____ vials
MIC with Cyanocobalamin 25/50/50/1 mg/ml	30 ML	____ vials
Thiamine 20 mg/ml/Pyridoxine 100 mg/ml	30 ML	____ vials
Methylcobalamin 10,000 mcg/ml	10 ML	____ vials
Plaquex 50 mg/ml	50 ML	____ vials
Nandrolone Decanoate 200 mg/ml	10 ML	____ vials
Pyridoxine 100 mg/ml	30 ML	____ vials
Methylcobalamin 5,000 mcg/ml	10 ML	____ vials
AminoProtect™ (L-Lysine HCl/L-Arginine HCl) 2.5%/2.5%		____ 1L IV Bag(s)

REQUESTED BY: **VICETH** TECHNICIAN/PHARMACIST: Ashley D. Galvan

FAX# (702) 873-6845

Send Result Report

KYOCERA

MFP

TASKalfa 400ci

Firmware Version 2H7_2F00.016.003 :

05/04/2019 13:38
] [2H7_7000.015.004]

Job No.: 209327 Total T1

Complete

Document: doc20190504133738



Do Not Send Pt Bill. Please bill the OFFICE!

PLEASE FAX RX TO: (805) 675-3360

Date: 5,4,19

Client Name: M [redacted] D [redacted] Sex: M (F) DOB: [redacted]

Address: [redacted] S. Fort Apache Rd Suite: [redacted]

City: Las Vegas State: NV Zip: 89148

Phone: [redacted]

ALLERGIES: NKDA

SHIP: ☒ STD OVERNIGHT $30.00 ☒ 2ND DAY $20.00 ☐ GROUND $12.00 ☐ SATURDAY DELIVERY $45.00

SHIP TO: ☐ PATIENT ☒ CLINIC BILL TO: ☐ PATIENT ☒ CLINIC

Please be advised that all orders are shipped with signature request. If you wish to decline, by checking box you will assume all responsibility for the package in the event package gets lost, stolen or damaged.

	MEDICATION	QUANTITY	DIRECTIONS
☐	SERMORELIN/GHRP-2 6MG		Inject .15 for 5 days a week on an empty stomach. (2 hrs after last meal.

No.	Date and Time	Destination	Times	Type	Result	Resolution/ECM
001	05/04/19 13:37	3056753360	0°00'25"	FAX	OK	200x100 Normal/On

5/8/19

NO CHARGE per Vinay

exchange service (PRP)

Hallandale

TrimCare Order Form ****Do Not Send Pt Bill. Please bill the OFFICE!****

Date: 5/4/19

PLEASE FAX RX TO: (305) 675-3360

Patient Name: M[redacted] D[redacted] Sex: M (F) DOB: [redacted]

Address: [redacted] S. Fort Apache Rd Suite [redacted]

City: Las Vegas State: NV Zip: 89148

Phone: [redacted]

ALLERGIES: NKDA

SHIP: ☐ STD OVERNIGHT $30.00 ☒ 2ND DAY $20.00 ☐ GROUND $12.00 ☐ SATURDAY DELIVERY $45.00

SHIP TO: ☐ PATIENT ☒ CLINIC BILL TO: ☐ PATIENT ☒ CLINIC

Please be advised that all orders are shipped with signature request. If you wish to decline, by checking box you will assume all responsibility for the package in the event package gets lost, stolen or damaged.

	MEDICATION	QUANTITY	DIRECTIONS
☐	SERMORELIN/GHRP-2 6MG		Inject .15 for 5 days a week on an empty stomach. (2 hrs after last meal).
☒	HCG 6,000 UNITS	1	Inject .30 for 20 [illegible] Days
☐	BPC-157		
☐	SIGNATURE REQUIRED		

PRESCRIBER NAME: DR. ROBERT CHANCELLOR

LICENSE: 15518 DEA: FC4878875

CLINIC ADDRESS: 5375 S. FORT APACHE #103

CITY: LAS VEGAS STATE: NV ZIP: 89148

X PHYSICIAN SIGNATURE: R. Chancellor

PHONE: (702) 367-0808

FAX: (702) 367-1339

THIS FORM DOES NOT PREVENT PATIENTS FROM FREELY CHOOSING ANY PHARMACY FOR THEIR COMPOUNDING NEEDS. PRESCRIBER HEREBY ACKNOWLEDGES THAT HE HAS GIVEN THE PATIENT THE OPTION TO USE HIS/HER PHARMACY OF CHOICE. THIS FORM HAS BEEN PUT TOGETHER AT THE PRESCRIBER'S REQUEST FOR EASE OF PRESCRIBING.

Tracking # email: vraneses@ihnv.com

Exhibit 25

Send Result Report

MFP

TASKalfa 400ci

Firmware Version 2H7_2F00.016.003 2016.08.18 04/23/2019 10:02

[2H7_1000.024.001] [2H7_1100.002.003] [2H7_7000.015.004]

Job No.: 208794 Total Time: 0°00'24" Page: 001

Complete

Document: doc20190423100143

INTERNAL OFFICE USE ORDER FORM

ACCOUNT #: 118352

DATE: 4/23/19

SHIP TO: 6375 S FORT APACHE RD
LAS VEGAS, NV 89148

SHIP TYPE: Circle One
Priority O/N
Standard O/N
2nd Day
Ground/Express Saver

DUE DATE REQUESTED:

SPECIAL INSTRUCTIONS:

DR NAME: [redacted] DR PHONE: 702-367-0808 DR DEA: [redacted]

Robert Chancellor (Circle one)

FOR IN OFFICE ADMINISTRATION ONLY. NOT FOR RESALE OR DISPENSING TO AN INDIVIDUAL PATIENT.

SIG FOR PLAQUEX:

MIX VIAL CONTENTS @ ROOM TEMP WITH 250 ML OF DEXTROSE AND ADMINISTER PER IV OVER 90 MINUTES

DRUG & STRENGTH	SIZE	QUANTITY
Cyanocobalamin 1,000 mcg/ml	30 ML	____ vials
Edetate Disodium (PF) 150 mg/ml	10 ML	____ vials

No.	Date and Time	Destination	Times	Type	Result	Resolution/ECM
001	04/23/19 10:02	7028736845	0°00'24"	FAX	OK	200x100 Normal/On

Exhibit 27

INTERNAL OFFICE USE ORDER FORM

ACCOUNT #: 118352	DATE: 4/23/19
SHIP TO: 5375 S FORT APACHE RD LAS VEGAS, NV 89148	SHIP TYPE: Circle One Priority O/N Standard O/N 2nd Day Ground/Express Saver
DUE DATE REQUESTED:	
SPECIAL INSTRUCTIONS:	
DR NAME: [redacted]	DR PHONE: 702-367-0808 DR DEA: [redacted]

ROBERT Chancellor (Circle one)

FOR IN OFFICE ADMINISTRATION ONLY. NOT FOR RESALE OR DISPENSING TO AN INDIVIDUAL PATIENT.

SIG FOR PLAQUEX:

MIX VIAL CONTENTS @ ROOM TEMP WITH 250 ML OF DEXTROSE AND ADMINISTER PER IV OVER 90 MINUTES.

DRUG & STRENGTH	SIZE	QUANTITY
Cyanocobalamin 1,000 mcg/ml	30 ML	____ vials
Edetate Disodium (PF) 150 mg/ml	10 ML	____ vials
Gluthathione (PF) 200 mg/ml	10 ML	____ vials
Methionine-Inositol-Choline 25/50/50 mg/ml	30 ML	____ vials
Testosterone Cyp GSO 200 mg/ml	10 ML	____ vials
L-Carnitine 500 mg/ml	30 ML	10 vials
Testosterone Cyp GSO 200 mg/ml	30 ML	____ vials
MIC with Cyanocobalamin 25/50/50/1 mg/ml	30 ML	____ vials
Thiamine 20 mg/ml/Pyridoxine 100 mg/ml	30 ML	____ vials
Methylcobalamin 10,000 mcg/ml	10 ML	____ vials
Plaquex 50 mg/ml	50 ML	____ vials
Nandrolone Decanoate 200 mg/ml	10 ML	____ vials
Pyridoxine 100 mg/ml	30 ML	____ vials
Methylcobalamin 5,000 mcg/ml	10 ML	____ vials
AminoProtect™ (L-Lysine HCl/L-Arginine HCl) 2.5%/2.5%		____ 1L IV Bag(s)

REQUESTED BY: VICETH TECHNICIAN/PHARMACIST: Ashley D. Galvan

Send Result Report

KYOCERA

MFP

TASKalfa 400ci

Firmware Version 2H7_2F00.016.003 2016.08.18 03/29/2019 09:11

[2H7_1000.024.001] [2H7_1100.002.003] [2H7_7000.015.004]

Job No.: 207752 Total Time: 0°00'32" Page: 001

Complete

Document: doc20190329090613

INTERNAL OFFICE USE ORDER FORM

ACCOUNT #: 118352

DATE: 3/29/19

SHIP TO: 5375 S FORT APACHE RD
LAS VEGAS, NV 89148

SHIP TYPE: Circle One
Priority O/N
Standard O/N
2nd Day
Ground/Express Saver

DUE DATE REQUESTED: 3/29/19

SPECIAL INSTRUCTIONS:

DR NAME: A. Chancellor, MD | DR PHONE: 702-367-0808 | DR DEA: [redacted]

(Circle one)

FOR IN OFFICE ADMINISTRATION ONLY NOT FOR RESALE OR DISPENSING TO AN INDIVIDUAL PATIENT.

SIG FOR PLAQUEX:

MIX VIAL CONTENTS @ ROOM TEMP WITH 250 ML OF DEXTROSE AND ADMINISTER PER IV OVER 90 MINUTES

DRUG & STRENGTH	SIZE	QUANTITY
Cyanocobalamin 1,000 mcg/ml	30 ML	____ vials
Edetate Disodium (PF) 150 mg/ml	10 ML	____ vials

No.	Date and Time	Destination	Times	Type	Result	Resolution/ECM
001	03/29/19 09:07	7028736845	0°00'32"	FAX	OK	200x100 Normal/On

Exhibit 28

[QHY9100495]

Exhibit 29

INTERNAL OFFICE USE ORDER FORM

ACCOUNT #: 118352	DATE: 3/29/19
SHIP TO: 5375 S FORT APACHE RD LAS VEGAS, NV 89148	SHIP TYPE: Circle One Priority O/N Standard O/N 2nd Day Ground/Express Saver

DUE DATE REQUESTED: 3/29/19

SPECIAL INSTRUCTIONS:

DR NAME: R. Chancellor, MD | DR PHONE: 702-367-0808 | DR DEA: [redacted]

(Circle one)

FOR IN OFFICE ADMINISTRATION ONLY. NOT FOR RESALE OR DISPENSING TO AN INDIVIDUAL PATIENT.

SIG FOR PLAQUEX:

MIX VIAL CONTENTS @ ROOM TEMP WITH 250 ML OF DEXTROSE AND ADMINISTER PER IV OVER 90 MINUTES

DRUG & STRENGTH	SIZE	QUANTITY
Cyanocobalamin 1,000 mcg/ml	30 ML	____ vials
Edetate Disodium (PF) 150 mg/ml	10 ML	____ vials
Gluthathione (PF) 200 mg/ml	10 ML	____ vials
Methionine-Inositol-Choline 25/50/50 mg/ml	30 ML	____ vials
Testosterone Cyp GSO 200 mg/ml	10 ML	____ vials
L-Carnitine 500 mg/ml	30 ML	10 vials
Testosterone Cyp GSO 200 mg/ml	30 ML	____ vials
MIC with Cyanocobalamin 25/50/50/1 mg/ml	30 ML	____ vials
Thiamine 20 mg/ml/Pyridoxine 100 mg/ml	30 ML	____ vials
Methylcobalamin 10,000 mcg/ml	10 ML	____ vials
Plaquex 50 mg/ml	50 ML	____ vials
Nandrolone Decanoate 200 mg/ml	10 ML	____ vials
Pyridoxine 100 mg/ml	30 ML	____ vials
Methylcobalamin 5,000 mcg/ml	10 ML	____ vials
AminoProtect™ (L-Lysine HCl/L-Arginine HCl) 2.5%/2.5%		____ 1L IV Bag(s)

REQUESTED BY: VICETH TECHNICIAN/PHARMACIST: Ashley D. Galvan

Exhibit 30

Hallandale

TrimCare Order Form ****Do Not Send Pt Bill. Please bill the OFFICE!****

Date: 3/29/19

PLEASE FAX RX TO: (305) 675-3360

Patient Name: J [redacted] H [redacted] Sex: M (F) DOB: [redacted]

Address: [redacted] Country Flats

City: Las Vegas State: NV Zip: 89135

Phone: [redacted]

ALLERGIES: NKDA

SHIP: ☐ STD OVERNIGHT $30.00 ☐ 2ND DAY $20.00 ☒ GROUND $12.00 ☐ SATURDAY DELIVERY $45.00

SHIP TO: ☐ PATIENT ☒ CLINIC BILL TO: ☐ PATIENT ☒ CLINIC

Please be advised that all orders are shipped with signature request. If you wish to decline, by checking box you will assume all responsibility for the package in the event package gets lost, stolen or damaged.

	MEDICATION	QUANTITY	DIRECTIONS
☒	SERMORELIN/GHRP-2 6MG	(1) one	Inject .15 for 5 days a week on an empty stomach. (2 hrs after last meal).
☐	HCG 6,000 UNITS		Inject .30 for 20 or 40 Days
☐	BPC-157		
☐	SIGNATURE REQUIRED		

PRESCRIBER NAME: DR. ROBERT CHANCELLOR

PHYSICIAN SIGNATURE: X R. Chancellor MD

LICENSE: 15518 DEA: FC4878875

CLINIC ADDRESS: 5375 S. FORT APACHE #103 PHONE: (702) 367-0808

CITY: LAS VEGAS STATE: NV ZIP: 89148 FAX: (702) 367-1339

THIS FORM DOES NOT PREVENT PATIENTS FROM FREELY CHOOSING ANY PHARMACY FOR THEIR COMPOUNDING NEEDS. PRESCRIBER HEREBY ACKNOWLEDGES THAT HE HAS GIVEN THE PATIENT THE OPTION TO USE HIS/HER PHARMACY OF CHOICE. THIS FORM HAS BEEN PUT TOGETHER AT THE PRESCRIBER'S REQUEST FOR EASE OF PRESCRIBING.

Exhibit 31

DO NOT Bill Pt
Bill Office

✓ Fort Apache TrimCare
5375 S. Fort Apache
Las Vegas, NV 89148
Ph: 702-367-0808
Fax: 702-367-1339

Acct# 118352

Date: 3-9-19

PD DNP

Patient Information:

Name: (L) [redacted] (F) [redacted]

DOB: [redacted] Phone: [redacted]

Address: [redacted] S Fort Apache Rd Suite [redacted]

City: Henderson/Las Vegas State: NV Zip Code: 89148

Allergies: X NKDA ☐

I understand this prescription is compounded specifically for me and can NOT be returned or refunded.

X _____
Patient Signature (Delivery Only)

Shipping Method:

☐ Ship to Office

☐ Customer Pick-Up at Anazao

Anazao Health
Ph: 702-873-8455
Fax: 702-873-8845

X Home Delivery $25

☐ 5-HTP20mg/Carbidopa5mg
☐ Anastrazole 0.2mg - 0.5mg
☐ Betahistine 40mg
☐ Biest 2.5mg
☐ Phentermine 8mg
☐ Phentermine 40mg
☐ Progesterone 50mg
☐ Spironalactone 25mg/Doxycycline 100mg
☐ T3 ____mcg
☐ Topirimate25mg/Bontril 105mg/B-12 1mg
☐ Topirimate25mg/Phentermine 40mg/B-12 1mg
☐ Triest 1.25 mg
☐ Super Hormone (Bi-Est 1.25mg/DHEA 25mg/ Progesterone 25mg/Testosterone 10mg)

☐ #15
☐ #30
☐ #60
☐ #45
☐ #90
☐ #120
☐ #____

☐ 1 cap po ½ h Before Breakfast
☐ 1 cap po qam
☐ 1 cap po at 2pm
☐ 1 cap po 4 h Before Bedtime
☐ 2 caps po 4 h Before Bedtime
☐ 1 cap po at 2pm and 1 cap 4 h before bed.

X Super Hormone Crème X3 ClickStick

Bi-Est 1.25mg/g
Progesterone 25 mg/g
Testosterone 10 mg/g
DHEA 25 mg/g

X Apply 1 gram topically daily for 90 days. #90 grams

DX N95.1

☐ Progesterone Topical _____mg/gram
☐ Estriol .3% Crème #_____grams
☐ Age Spot Treamtment Crème
Hydroquinone _____mg
Dexamethasone _____mg
Retinoic Acid _____mg
☐ Testosterone Crème 200mg/g #____grams

HGH 5.8mg - Dispense _____ Bottle(s)
Sig: _____ 0.20cc Sub-Q
_____ 0.10cc Sub-Q
5 Days on 2 Days off
Reconstitute with 2.3ml bacteriostatic water.
___ Supplies-28g 1/2in syringes #30/bottle and alcohol swabs.

HCG 10,000U - Dispense _____ Bottle(s)
Sig: _____ 0.4cc IM
4 Days on 3 Days off
___ Supplies-25g 1in needles #30/bottle and alcohol swabs.

Testosterone Cyp. 200mg/ml - Disp. _____ Bottle(s)
Sig: _____ 1cc IM
1 x week
___ Supplies - 22g 1.5in needles #10/bottle and alcohol swabs.

Sig: Apply 1 gram transdermally QD to shoulder or abdomen.

X R Chandalsmo

Provider Signature:

✓ Robert Chandler MD ___ Adam Luckette PA-C ___ Lindsay Hoffman PA-C

DEA: [redacted]

Date Meds Picked Up: / /

Site: 24407 - Nevada Health Services (Las Vegas, NV)
Date: Tue 4/30/19 2:02:18 PM PDT

NDC/UPC	Name	Generic	C	Description	Lot	Exp	On Hand	Containers
10702-0025-10	ADIPEX-P	PHENTERMINE HCL	C-IV	37.5MG TAB #7	15158A	12/31/2021	2	
10702-0025-10	ADIPEX-P	PHENTERMINE HCL	C-IV	37.5MG TAB #30	15158A	12/31/2021	4	
10702-0025-10	ADIPEX-P	PHENTERMINE HCL	C-IV	37.5MG TAB #30	15354A	2/28/2022	16	
10702-0025-10	ADIPEX-P	PHENTERMINE HCL	C-IV	37.5MG TAB #45	15354A	2/28/2022	6	
10702-0025-10	ADIPEX-P	PHENTERMINE HCL	C-IV	37.5MG TAB #60	15354A	2/28/2022	2	
10702-0025-10	ADIPEX-P	PHENTERMINE HCL	C-IV	37.5MG TAB (Bulk)	15354A	2/28/2022	900	
00143-9726-01	DEPO-TESTOSTERONE	TESTOSTERONE CYPIONATE	C-III	200MG/ML VIAL 10 ML	1805233.1	10/31/2020	6	
00527-1475-01	DIETHYLPROPION HCL	DIETHYLPROPION HCL	C-IV	25MG TAB #60	222325p1	10/31/2019	3	
00527-1475-01	DIETHYLPROPION HCL	DIETHYLPROPION HCL	C-IV	25MG TAB (Bulk)	222325P1	10/31/2019	170	
69543-0409-11	PHENDIMETRAZINE TARTRATE	PHENDIMETRAZINE TARTRATE	C-III	105MG CAP #30	CS18381	11/30/2020	1	
69543-0409-11	PHENDIMETRAZINE TARTRATE	PHENDIMETRAZINE TARTRATE	C-III	105MG CAP #30	CS19026	11/30/2020	7	
10702-0077-10	PHENDIMETRAZINE TARTRATE	PHENDIMETRAZINE TARTRATE	C-III	35MG TAB #30	14991A	9/30/2021	11	
10702-0077-10	PHENDIMETRAZINE TARTRATE	PHENDIMETRAZINE TARTRATE	C-III	35MG TAB #60	14991A	9/30/2021	15	
10702-0077-10	PHENDIMETRAZINE TARTRATE	PHENDIMETRAZINE TARTRATE	C-III	35MG TAB (Bulk)	14991A	9/30/2021	40	
16729-0225-17	ALDACTONE	SPIRONOLACTONE		25MG TAB #30	PX01809	3/31/2020	12	
16729-0225-17	ALDACTONE	SPIRONOLACTONE		25MG TAB (Bulk)	PX01809	3/31/2020	5	
00904-5852-41	ALLER-TEC	CETIRIZINE HCL		10MG TAB #14	L-04702	8/31/2019	6	
16729-0035-10	ANASTROZOLE	ANASTROZOLE		1MG TAB #10	X10864	6/30/2021	3	
16729-0035-10	ANASTROZOLE	ANASTROZOLE		1MG TAB #10	X15330	7/31/2021	9	
16729-0035-10	ANASTROZOLE	ANASTROZOLE		1MG TAB #20	X10864	6/30/2021	2	
16729-0035-10	ANASTROZOLE	ANASTROZOLE		1MG TAB #20	X15330	7/31/2021	6	
16103-0357-08	ECPIRIN	ASPIRIN		325MG TAB #100	P17L492	12/30/2019	4	
00093-7620-56	FEMARA	LETROZOLE		2.5MG TAB #10	L74148	8/31/2020	12	
00093-7620-56	FEMARA	LETROZOLE		2.5MG TAB #20	L74148	8/31/2020	9	
23155-0102-10	GLUCOPHAGE	METFORMIN HCL		500MG TAB #30	4500531A	2/29/2020	1	
23155-0102-10	GLUCOPHAGE	METFORMIN HCL		500MG TAB #30	4500531A	2/29/2020	3	
23155-0102-10	GLUCOPHAGE	METFORMIN HCL		500MG TAB (Bulk)	4500531A	2/29/2020	15	
33342-0121-10	REVATIO	SILDENAFIL CITRATE		20MG TAB (Bulk)	BSM848A	9/30/2021	3	
33342-0121-10	REVATIO	SILDENAFIL CITRATE		20MG TAB (Bulk)	BSM854A	10/31/2021	370	
68382-0140-14	TOPAMAX	TOPIRAMATE		100MG TAB #30	M712080	9/30/2019	3	
68382-0140-14	TOPAMAX	TOPIRAMATE		100MG TAB (Bulk)	M712080	9/30/2019	60	
47335-0707-86	TOPAMAX	TOPIRAMATE		25MG TAB #30	GKT1251B	9/30/2021	21	
47335-0707-86	TOPAMAX	TOPIRAMATE		25MG TAB (Bulk)	GKT1251B	9/30/2021	900	
29300-0116-10	TOPAMAX	TOPIRAMATE		50MG TAB #30	ZTPM18009	8/31/2020	4	
29300-0116-10	TOPAMAX	TOPIRAMATE		50MG TAB #30	ZTPM18009	8/31/2020	25	
29300-0116-10	TOPAMAX	TOPIRAMATE		50MG TAB (Bulk)	ZTPM18007	8/31/2020	20	
29300-0116-10	TOPAMAX	TOPIRAMATE		50MG TAB (Bulk)	ZTPM18009	8/31/2020	530	
65862-0188-30	ZOFRAN	ONDANSETRON HCL		8MG TAB (Bulk)	ON0818005-B	12/31/2021	120	

NDC	Name	Generic	Class	Description	Quantity
10702-0025-10	ADIPEX-P	PHENTERMINE	C-IV	37.5MG TAB	Bulk
10702-0025-10	ADIPEX-P	PHENTERMINE	C-IV	37.5MG TAB	Bulk
10702-0025-10	ADIPEX-P	PHENTERMINE	C-IV	37.5MG TAB	Bulk
10702-0025-10	ADIPEX-P	PHENTERMINE	C-IV	37.5MG TAB	Bulk
10702-0025-10	ADIPEX-P	PHENTERMINE	C-IV	37.5MG TAB	Bulk
00143-9726-01	DEPO-TESTOST	TESTOSTERON	C-III	200MG/ML VIAL	10
00527-1475-01	DIETHYLPROPI	DIETHYLPROPI	C-IV	25MG TAB	Bulk
00527-1475-01	DIETHYLPROPI	DIETHYLPROPI	C-IV	25MG TAB	Bulk
10702-0077-10	PHENDIMETRA	PHENDIMETRA	C-III	35MG TAB	Bulk
10702-0077-10	PHENDIMETRA	PHENDIMETRA	C-III	35MG TAB	Bulk
10702-0077-10	PHENDIMETRA	PHENDIMETRA	C-III	35MG TAB	Bulk
10702-0077-10	PHENDIMETRA	PHENDIMETRA	C-III	35MG TAB	Bulk
10702-0077-10	PHENDIMETRA	PHENDIMETRA	C-III	35MG TAB	Bulk
69543-0409-11	PHENDIMETRA	PHENDIMETRA	C-III	105MG CAP	30
69543-0409-11	PHENDIMETRA	PHENDIMETRA	C-III	105MG CAP	30
16729-0225-17	ALDACTONE	SPIRONOLACTONE		25MG TAB	Bulk
16729-0225-17	ALDACTONE	SPIRONOLACTONE		25MG TAB	Bulk
53489-0143-10	ALDACTONE	SPIRONOLACTONE		25MG TAB	1000
53489-0143-10	ALDACTONE	SPIRONOLACTONE		25MG TAB	1000
00904-5852-41	ALLER-TEC	CETIRIZINE HCL		10MG TAB	14
16729-0035-10	ANASTROZOLE	ANASTROZOLE		1MG TAB	10
16729-0035-10	ANASTROZOLE	ANASTROZOLE		1MG TAB	10
16729-0035-10	ANASTROZOLE	ANASTROZOLE		1MG TAB	20
16729-0035-10	ANASTROZOLE	ANASTROZOLE		1MG TAB	20
16729-0035-10	ANASTROZOLE	ANASTROZOLE		1MG TAB	30
16729-0035-16	ANASTROZOLE	ANASTROZOLE		1MG TAB	500
16103-0357-08	ECPIRIN	ASPIRIN		325MG TAB	100
46672-0053-50	ESGIC	BUTALB/ACETAMINOPHEN/CAF		50-325-40 TAB	500
00093-7620-56	FEMARA	LETROZOLE		2.5MG TAB	Bulk
00093-7620-56	FEMARA	LETROZOLE		2.5MG TAB	Bulk
00093-7620-56	FEMARA	LETROZOLE		2.5MG TAB	Bulk
00093-7620-56	FEMARA	LETROZOLE		2.5MG TAB	Bulk
23155-0102-10	GLUCOPHAGE	METFORMIN HCL		500MG TAB	Bulk
23155-0102-10	GLUCOPHAGE	METFORMIN HCL		500MG TAB	Bulk
23155-0102-10	GLUCOPHAGE	METFORMIN HCL		500MG TAB	Bulk
23155-0102-10	GLUCOPHAGE	METFORMIN HCL		500MG TAB	Bulk
23155-0102-10	GLUCOPHAGE	METFORMIN HCL		500MG TAB	Bulk
13668-0045-01	LAMICTAL	LAMOTRIGINE		25MG TAB	100
13668-0047-01	LAMICTAL	LAMOTRIGINE		100MG TAB	100
00904-5728-89	LORATADINE	LORATADINE		10MG TAB	90
55111-0684-01	MOTRIN	IBUPROFEN		800MG TAB	100
33342-0121-10	REVATIO	SILDENAFIL CITRATE		20MG TAB	Bulk
33342-0121-10	REVATIO	SILDENAFIL CITRATE		20MG TAB	Bulk
29300-0116-10	TOPAMAX	TOPIRAMATE		50MG TAB	Bulk
29300-0116-10	TOPAMAX	TOPIRAMATE		50MG TAB	Bulk

Lot	Expiration Date	Containers	Counted Contain	Net
15158A	12/31/2021	2392	2392	
15158A	12/31/2021	3	3	
15158A	12/31/2021	18	18	
15158A	12/31/2021	18	18	
15158A	12/31/2021	1	1	
1805189.1	9/30/2020	9	9	
222325P1	10/31/2019	200	200	
222325p1	10/31/2019	4	4	
14991A	9/30/2021	1000	1000	
14357A	12/31/2020	55	0	-55
14991A	9/30/2021	11	11	
14991A	9/30/2021	7	7	
14991A	9/30/2021	4	4	
CS18381	11/30/2020	1	1	
CS19026	11/30/2020	8	8	
PX01809	3/31/2020	275	275	
PX01809	3/31/2020	6	6	
6822901	10/31/2019	10	0	-10
6825201	12/31/2019	10	0	-10
L-04702	8/31/2019	9	6	-3
X15330	7/31/2021	10	10	
X10864	6/30/2021	5	5	
X15330	7/31/2021	10	10	
X10864	6/30/2021	3	3	
X02649	10/31/2020	6	0	-6
W13760	8/31/2020	6	0	-6
P17L492	12/30/2019	5	4	-1
J150723a	11/30/2018	386	0	-386
L741148	8/31/2020	6	6	
L741148	8/31/2020	1	0	-1
L74116	7/31/2019	3	2	-1
L74148	8/31/2020	300	300	
4500483A	9/30/2019	10	0	-10
4500531A	2/29/2020	15	0	-15
4500442A	5/31/2019	10	0	-10
4500531A	2/29/2020	1	1	
4500531A	2/29/2020	7	7	
BR91C001	1/31/2019	200	0	-200
4T36C015	3/31/2019	100	0	-100
7FE1385	3/2/2019	4	0	-4
HC07117A	3/31/2019	200	0	-200
BSM848A	9/30/2021	132	93	-39
BSM854A	10/31/2021	438	450	+12
ZTPM18007	8/31/2020	20	0	-20
ZTPM18009	8/31/2020	1550	1550	

Schedule Standard view - Thursday, June 06, 2019

practicefusion

status	patient	time	provider	type	chief complaint
No show	[redacted]	9:20 AM	Robert Chancellor	EST PT	
Seen	[redacted]	9:40 AM	Robert Chancellor	EST PT	
Seen	[redacted]	10:00 AM	Robert Chancellor	EST PT	LAB REVIEW AND MED REFILLS_CR
Seen	[redacted]	10:20 AM	Robert Chancellor	LAB REVIEW	
Seen	[redacted]	11:00 AM	Robert Chancellor	NEW PT	MEDICARE & NCHL_CR
Seen	[redacted]	11:02 AM	Robert Chancellor	EST PT	refill modafinil_vr
No show	[redacted]	11:30 AM	Robert Chancellor	EST PT	
Seen	[redacted]	12:00 PM	Robert Chancellor	NEW PT	ADDERALL RX AWARE OF TONA & UTOX_CR
Seen	[redacted]	12:20 PM	Robert Chancellor	EST PT	REFILL MEDS_VR
Seen	[redacted]	12:40 PM	Robert Chancellor	EST PT	med refills_vr
Seen	[redacted]	1:00 PM	Robert Chancellor	NEW PT	
Seen	[redacted]	1:20 PM	Robert Chancellor	NEW PT	NEW MEDICAL PATIENT, PAIN ON LOWER ABD X1 WEEK. (COGNA INSL_VR
Seen	[redacted]	1:40 PM	Robert Chancellor	EST PT	MED REFILLS_CR
No show	[redacted]	2:00 PM	Robert Chancellor	EST PT	DMV FORM FOR LICENSE_CR
Seen	[redacted]	2:00 PM	Robert Chancellor	EST PT	refill adderall_vr
Seen	[redacted]	2:20 PM	Robert Chancellor	EST PT	
Seen	[redacted]	2:40 PM	Robert Chancellor	EST PT	check up

Exhibit 32

Schedule Standard view - Friday, June 07, 2019

practicefusion

STATUS	PATIENT	TIME	PROVIDER	TYPE	CHIEF COMPLAINT
Seen	M D	9:00 AM	Robert Chancellor	EST DIET	F/UP DIET..VR
Seen	M D	9:20 AM	Robert Chancellor	EST PT	REFILL VYVANSE..VR
Seen	C L H	9:40 AM	Robert Chancellor	LAB REVIEW	
Seen	B A	10:00 AM	Robert Chancellor	EST DIET	F/UP DIET..VR
Seen	P B	10:00 AM	Robert Chancellor	EST PT	REFILL ADDERALL..VR
Seen	T K R	10:20 AM	Robert Chancellor	EST DIET	
Seen	B M H	10:40 AM	Lindsay M Hoffman	EST DIET	F/UP DIET ..
Cancelled : will call next week to R/S...vr	C G	10:40 AM	Robert Chancellor	EST PT	
Seen	R P	10:40 AM	Robert Chancellor	NEW HRT	NEW HRT..VR
Seen	A B F	11:00 AM	Lindsay M Hoffman	EST DIET	3RD MONTH F/U
No show	A M	11:20 AM	Lindsay M Hoffman	NEW DIET	NEW DIET PATIENT
Seen	S Q	11:20 AM	Robert Chancellor	EST PT	
Seen	L Q	11:40 AM	Robert Chancellor	EST PT	
Seen	B T B	12:00 PM	Robert Chancellor	EST PT	MD REFILLS..CR
No show	G R	12:00 PM	Lindsay M Hoffman	NEW DIET	NEW DIET PATIENT (CONSULT)...VR
Seen	H A G	12:20 PM	Robert Chancellor	EST PT	STEM-CELL IV...CR
Seen	S G	1:00 PM	Robert Chancellor	NEW PT	MEDICARE HAS A COUGH THAT HASN'T GONE AWAY..CR
Seen	L M	1:20 PM	Robert Chancellor	EST PT	
Seen	G B	1:40 PM	Robert Chancellor	NEW PT	NEW MEDICAL PATIENT.
Seen	R H B	2:00 PM	Lindsay M Hoffman	EST PT	
Seen	S R M	2:00 PM	Robert Chancellor	EST PT	
Seen	H K	2:20 PM	Robert Chancellor	EST PT	REFILL XANAX (O.V $100)..VR

Seen	W[redacted] H[redacted] [redacted]	2:20 PM	Lindsay M Hoffman	EST DIET	
Seen	D[redacted] J B[redacted] [redacted]	2:40 PM	Robert Chancellor	EST PT	REFILL ADDERALL AND NEED TOVA TEST DONE TODAY..VR
Seen	M[redacted] R[redacted] [redacted]	2:40 PM	Lindsay M Hoffman	EST PT	Sick -LH
Seen	A[redacted] R N[redacted] [redacted]	3:00 PM	Lindsay M Hoffman	EST DIET	F/UP DIET..VR
Seen	A[redacted] P[redacted] [redacted]	3:00 PM	Robert Chancellor	EST PT	
No show	J[redacted] D[redacted] [redacted]	3:20 PM	Lindsay M Hoffman	BOTOX	LH
Seen	L[redacted] D[redacted] [redacted]	3:20 PM	Robert Chancellor	NEW DIET	
Seen	M[redacted] K[redacted] [redacted]	3:20 PM	Robert Chancellor	EST PT	
Seen	J[redacted] R H[redacted] [redacted]	4:00 PM	Robert Chancellor	NEW DIET	
Seen	R[redacted] R[redacted] [redacted]	4:40 PM	Robert Chancellor	EST DIET	F/UP DIET ..VR

Schedule Standard view - Saturday, June 08, 2019

practicefusion

STATUS	PATIENT	TIME	PROVIDER	TYPE	CHIEF COMPLAINT
Seen	[redacted]	9:00 AM	Robert Chancellor	EST PT	clonopin...cr
Seen	[redacted]	9:00 AM	Robert Chancellor	LAB REVIEW,	
Seen	[redacted]	9:20 AM	Robert Chancellor	NEW HRT	NEW HRT (DIET CHART ON FILE)
Seen	[redacted]	9:20 AM	Robert Chancellor	EST PT	refill
Seen	[redacted]	9:40 AM	Robert Chancellor	EST PT	UTI...CR
Seen	[redacted]	10:00 AM	Robert Chancellor	EST DIET	F/UP DIET..VR
Seen	[redacted]	10:20 AM	Robert Chancellor	LAB REVIEW	reviewing labs and imaging results...CR
Seen	[redacted]	10:40 AM	Robert Chancellor	EST PT	REFILL RX..VR
Seen	[redacted]	11:00 AM	Robert Chancellor	EST DIET	f/up diet...vr
Seen	[redacted]	11:20 AM	Robert Chancellor	EST DIET	f/up diet...vr
Seen	[redacted]	11:40 AM	Robert Chancellor	EST DIET	
Seen	[redacted]	12:00 PM	Robert Chancellor	EST PT	xanax..cr
Seen	[redacted]	12:20 PM	Robert Chancellor	EST DIET	

Schedule Standard view - Monday, June 10, 2019

practicefusion

STATUS	PATIENT	TIME	PROVIDER	TYPE	CHIEF COMPLAINT
Seen	K M G	9:20 AM	Robert Chancellor	EST DIET	F/UP DIET (2ND MONTH)
Seen	H C	9:40 AM	Robert Chancellor	EST PT	
No show	E	10:00 AM	Robert Chancellor	EST DIET	
Seen	K A	10:20 AM	Robert Chancellor	NEW DIET	
Seen	R A R	10:40 AM	Robert Chancellor	EST PT	feeling sick..CR
Seen	C K D	11:00 AM	Robert Chancellor	EST HRT	go over labs..vr
Seen	M	11:20 AM	Robert Chancellor	EST PT	hurt groin,
No show	J M M	11:20 AM	Robert Chancellor	NEW PT	NEW MEDICAL PATIENT, BLOOD WORK FOR HORMONE IMBALANCE AND BIPOLAR?? VR
Seen	C M	12:00 PM	Robert Chancellor	EST DIET	f/up diet..vr
Seen	G G	12:00 PM	Robert Chancellor	RESTART DIET	BEEN YEARS..CR
Seen	M	12:40 PM	Robert Chancellor	EST PT	med refills..CR
Seen	W	1:00 PM	Robert Chancellor	NEW DIET	NEW DIET PATIENT (3 MONTHS $449)...VR
No show	S R	1:00 PM	Robert Chancellor	EST PT	adderall...CR
Seen	S M	1:20 PM	Robert Chancellor	EST PT	SORE THROAT..CR
No show	T S	1:40 PM	Robert Chancellor	RESTART DIET	
Seen	G W S	2:00 PM	Robert Chancellor	EST PT	adderall...cr
No show	B G B	2:20 PM	Robert Chancellor	EST PT	

Schedule Standard view - Tuesday, June 11, 2019

practicefusion

STATUS	PATIENT	TIME	PROVIDER	TYPE	CHIEF COMPLAINT
Seen	[redacted]	9:40 AM	Robert Chancellor	EST PT	
Seen	[redacted]	10:00 AM	Robert Chancellor	EST DIET	
Seen	[redacted]	10:20 AM	Robert Chancellor	EST PT	refill
Seen	[redacted]	10:40 AM	Robert Chancellor	EST PT	REFILL MEDS , GO OVER MRI RESULT..VR
Cancelled : call back to reschedule	[redacted]	10:40 AM	Lindsay M Hoffman	EST HRT	BLOOD WORK FOR SERMORELIN/HRT...VR (USE DIET CHART)
No show	[redacted]	11:00 AM	Robert Chancellor	NEW DIET	
Seen	[redacted]	11:00 AM	Lindsay M Hoffman	EST DIET	F/UP DIET...VR
Seen	[redacted]	11:20 AM	Robert Chancellor	EST PT	1 MONTH F/UP. REFILL SUBOXONE..VR
Seen	[redacted]	11:20 AM	Lindsay M Hoffman	EST PT	CASHPT...CR
Seen	[redacted]	11:40 AM	Robert Chancellor	EST PT	
Seen	[redacted]	12:20 PM	Lindsay M Hoffman	EST DIET	RE-START DIET (LAST OV LAST YEAR)...VR
Seen	[redacted]	12:20 PM	Robert Chancellor	NEW PT	ADD eval
Seen	[redacted]	1:00 PM	Robert Chancellor	EST PT	refill adderall..vr
Seen	[redacted]	1:20 PM	Robert Chancellor	EST HRT	
Seen	[redacted]	1:30 PM	Robert Chancellor	RESTART DIET	
Seen	[redacted]	1:40 PM	Robert Chancellor	EST PT	
Seen	[redacted]	2:00 PM	Lindsay M Hoffman	EST DIET	3RD MO F/U ..CR
Seen	[redacted]	2:20 PM	Robert Chancellor	EST PT	med refills..cr
Seen	[redacted]	3:00 PM	Lindsay M Hoffman	EST PT	HYPER PIGMENTATION/ACNE CREAM ...CR
Seen	[redacted]	3:20 PM	Robert Chancellor	EST PT	med refills...cr
Seen	[redacted]	3:20 PM	Lindsay M Hoffman	NEW DIET	My neighbor -LH
Seen	[redacted]	4:00 PM	Robert Chancellor	EST PT	

Seen	[redacted]	4:20 PM	Robert Chancellor	EST PT	REFILL ADDERALL..VR

ROBERT S CHANCELLOR, MD
Nevada Health Services
5375 S. Fort Apache, 103
Las Vegas, NV 89148
Phone: (702) 878-8888

NPI: [redacted] DEA #: [redacted] Lic #: NV 15518

Patient Name: [redacted] Written: Jun 11, 2019
Address: [redacted] MARENGO PL
LAS VEGAS NV 89147-5084
DOB: [redacted] / Female

Rx ID: 3U7CDR9BAS

3U7CDR9BAS

ADIPEX-P

#60 (Sixty) x 37.5MG TAB

Sig: Take 1 tablet by mouth 1/2 hour before breakfast and 1 tablet by mouth in the afternoon.

Refill: NO Refills Days Supply: 30

Note: Original Fill has been dispensed. Rx #134387

Signature: _____

ICD10: E66.9

Hand written signature of physician must appear on line above

In Order for the brand name product to be dispensed the prescriber must write "Medically Necessary" BELOW the signature.

Exhibit 33

Instructions: Place an "X" in the box that corresponds with the temperature. *The shaded zones represent unacceptable temperature ranges.* If the temperature recorded is in the shaded zone, 1. Store the vaccine under proper conditions as quickly as possible, 2. Call the vaccine manufacturer(s) to determine whether the potency of the vaccine(s) has been affected, 3. Call the immunization program at your local health department for further assistance, and 4. Document the action taken on the Vaccine Storage Troubleshooting Record form.

2096

PIN #: Provider Name: ROBERT CHANCELLOR, MD Month/Year Reported: APRIL 2015

	Day of Month	1		2		3		4		5		6		7		8		9		10		11		12		13		14		15	
1st – 15th	Time	4/1		4/2		4/3		4/4		4/5		4/6		4/7		4/8		4/9		4/10		4/11		4/12		4/13		4/14		4/15	
Temp F°	Temp C°	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
≥ 49	≥ 9.5																														
48	9.0																														
47	8.0																														
46	7.5																														
45	7.0																														
44	6.5																														
43	6.0																														
42	5.5	X	X	X	X	X	X	X	X	X	X	X				X	X	X	X	X	X	X	X	X	X	X	X			X	X
41	5.0																														
40	4.5																														
39	4.0																														
38	3.5																														
37	3.0																														
36	2.0																														
35	1.5																														
34	1.0																														
33	0.5																														
32	0.0																														
31	-0.5																														
30	-1.0																														
29	-1.5																														
≤ 28	≤ -2.0																														

Take Immediate action if temperature falls in the shaded area

Freezer Temp

≥ 8	≥ -13																														
7	-14.0																														
6	-14.5																														
5	-15.0																														
4	-15.5	X	X	X	X	X	X	X	X	X	X	X	X			X	X	X	X	X	X	X	X	X	X	X	X			X	X
≤ 3	≤ -16																														
	Room Temp																														
	Staff Initials	VM		VM		VM		VM		VM		VM				VM		VM		VM		VM		VM		VM				VM	

Take Immediate action if temperature falls in the shaded area

Temperature Log - Nevada Immunization Program 03/20/2007

Exhibit 34

Maximum/minimum thermometer must be read and recorded with the temperature. The shaded zones represent unacceptable temperature ranges. If the temperature recorded is in the shaded zone, 1. Store the vaccine under proper conditions as quickly as possible, 2. Call the vaccine manufacturer(s) to determine whether the potency of the vaccine(s) has been affected, 3. Call the immunization program at your local health department for further assistance, and 4. Document the action taken on the Vaccine Storage Troubleshooting Record form.

2097

Pin #: **Provider Name:** ROBERT CHANDLER, MD **Month/Year Reported:** APRIL 2019

	Day of Month	16		17		18		19		20		21		22		23		24		25		26		27		28		29		30		31	
16th-31st	Time	4	16	4	17	4	18	4	19	4	20	4	21	4	22	4	23	4	24	4	25	4	26	4	27	4	28	4	29	4	30		
Temp F°	Temp C°	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
≥ 49	≥ 9.5																																
48	9.0																																
47	8.0																																
46	7.5																																
45	7.0																																
44	6.5																																
43	6.0																																
42	4.5	X	X	X	X	X	X	X	X	X	X			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
41	5.0																																
40	4.5																																
39	4.0																																
38	3.5																																
37	3.0																																
36	2.0																																
35	1.5																																
34	1.0																																
33	0.5																																
32	0.0																																
31	-0.5																																
30	-1.0																																
29	-1.5																																
≤ 28	≤ -2.0																																
≥ 8	≥ -13																																
7	-14.0																																
6	-14.5																																
5	-15.0																																
4	-15.5	X	X	X	X	X	X	X	X	X	X			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
≤ 3	≤ -16																																
	Room Temp																																
	Staff Initials	VR		VR		VR		VR		VR				VR		VR		VR		VR		VR		VR				VR		VR			

Temperature Log - Nevada Immunization Program 03/20/2007

2098

Instructions: Place an "X" in the box that corresponds with the temperature. *The shaded zones represent unacceptable temperature ranges.* If the temperature recorded is in the shaded zone: 1. Store the vaccine under proper conditions as quickly as possible, 2. Call the vaccine manufacturer(s) to determine whether the potency of the vaccine(s) has been affected, 3. Call the immunization program at your local health department for further assistance, and 4. Document the action taken on the Vaccine Storage Troubleshooting Record form.

Pin #: **Provider Name:** ROBERT CHANCELLOR MD **Month/Year Reported:** MAY 2019

	Day of Month	1		2		3		4		5		6		7		8		9		10		11		12		13		14		15	
1st & 16th	Time	5	1	5	7		3		4		5		6		7		8		9		10		11		12		13		14		15
Temp F°	Temp C°	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
≥ 49	≥ 9.5																														
48	9.0																														
47	8.0																														
46	7.5																														
45	7.0																														
44	6.5																														
43	6.0																														
42	5.5	X																													
41	5.0																														
40	4.5																														
39	4.0																														
38	3.5																														
37	3.0																														
36	2.0																														
35	1.5																														
34	1.0																														
33	0.5																														
32	0.0																														
31	-0.5																														
30	-1.0																														
29	-1.5																														
≤ 28	≤ -2.0																														

Freezer Temp

≥ 8	≥ -13																														
7	-14.0																														
6	-14.5																														
5	-15.0	X																													
4	-15.5																														
≤ 3	≤ -16																														
	Room Temp																														
	Staff Initials																														

Take immediate action if temperature falls in the shaded area

Instructions: Place an "X" in the box that corresponds with the temperature. *The shaded zones represent unacceptable temperature ranges.* If the temperature recorded is in the shaded zone: 1. Store the vaccine under proper conditions as quickly as possible, 2. Call the vaccine manufacturer(s) to determine whether the potency of the vaccine(s) has been affected, 3. Call the immunization program at your local health department for further assistance, and 4. Document the action taken on the Vaccine Storage Troubleshooting Record form.

2099

Pin #: **Provider Name:** ROBERT CHANCELLOR, MD **Month/Year Reported:** May 2019

	Day of Month	16		17		18		19		20		21		22		23		24		25		26		27		28		29		30		31	
16th-31st	Time		16		17		18		19		20		21		22		23		24		25		26		27		28		29		30		31	
Temp F°	Temp C°	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
249	≥ 9.5																																
48	9.0																																
47	8.0																																
46	7.5																																
45	7.0																																
44	6.5																																
43	6.0																																
42	5.5																																
41	5.0																																
40	4.5																																
39	4.0																																
38	3.5																																
37	3.0																																
36	2.0																																
35	1.5																																
34	1.0																																
33	0.5																																
32	0.0																																
31	-0.5																																
30	-1.0																																
29	-1.5																																
≤ 28	≤ -2.0																																

Take immediate action if temperature falls into the shaded area

Freezer Temp

≥ 9	≥ -12.5																																
7	-14.0																																
6	-14.5																																

Take immediate action if temperature falls into the shaded area

5	-15.0																																
4	-15.5																																
≤ 3	≤ -16																																
	Room Temp																																
	Staff Initials																																

Instructions: Place an "X" in the box that corresponds with the temperature. The shaded areas indicate temperatures outside the acceptable range. If the temperature recorded is in the shaded area: 1. Store the vaccine under proper conditions as quickly as possible. 2. Call the vaccine manufacturer(s) to determine whether the potency of the vaccine(s) has been affected. 3. Call the immunization program at your local health department for further assistance, and 4. Document the action taken on the Vaccine Storage Troubleshooting Record form.

2100

Pin #: **Provider Name:** ROBERT CHANCELLOR MD **Month/Year Reported:** JUNE 2014

Day of Month	1		2		3		4		5		6		7		8		9		10		11		12		13		14		15	
Time																														
Temp F°	Temp C°	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
46	7.8																													
45	7.2																													
44	6.7																													
43	6.1																													
42	5.6																													
41	5.0																													
40	4.4																													
39	3.9																													
38	3.3																													
37	2.8																													
36	2.2																													
35	1.7																													

Take immediate action if temperature is/was in this shaded area

34	1.1																													
33	0.6																													
32	0.0																													
31	-0.6																													
30	-1.1																													
29	-1.7																													
28	-2.2																													
27	-2.8																													
26	-3.3																													

Freezer Temp

5	-15																													
4	-14																													
3	-13																													

Take immediate action if temperature is/was in this shaded area

2	-12																													
1	-11																													
0	-10																													
	Room Temp																													
	Shelf Number																													

Temperature Log - Vaccine Management Program Guidelines

Provider Name: Rapid Community Mental Health Center, Inc.

Provider Number: 23-1624

Fiscal Year Ending: 12/31/2019

Worksheet S-10

Computation of Inpatient Hospital Services Charges Per Diem

| | | |

FORT APACHE TRIMCARE
WEIGHT LOSS PROGRESS NOTE

PATIENT NAME: K[redacted] F[redacted] DATE OF VISIT: 3/01/19
DATE OF BIRTH: [redacted] AGE: 45 SEX: M / F CHART NO: 24341
DRUG ALLERGIES: NKDA TOBACCO: 0 LAST LABS:
ALCOHOL: 0 LMP:

VITAL SIGNS:
TIME: 11:16 SP%: 99
BP: 104/69 TEMP: 98.5
PULSE: 92
HEIGHT: 5'6 IN ____ CM

SIGNS/SYMPTOMS (SINCE LAST VISIT) ____ DENIES ANY OF THE BELOW
HUNGER / CRAVINGS / LACK OF CONTROL / NAUSEA / VOMITING/ DIARRHEA / CONSTIPATION / INDIGESTION / GAS / CRAMPS / FLUID RETENTION / HEADACHE / DIZZINESS / LOSS OF CONSCIOUSNESS / IRITABILITY / DEPRESSION / INSOMNIA / CONFUSION / CHEST PAIN / TACHYCARDIA / SHORTNESS OF BREATH / WEAKNESS / NUMBNESS / EXTREMITY COLDNESS / EXTREMITY TINGLING / EXTREMITY ACHE / RASH

WEIGHT LOSS TRACKING
INITIAL WEIGHT: 194lbs lbs GOAL WEIGHT: 174.2 lbs
CURRENT WEIGHT: ____ lbs STARTING BMI: ____
8 WK WEIGHT LOSS: ____ lbs CURRENT BMI: 27.4
TOTAL WEIGHT LOSS: 19.6 lbs WAIST MEAS: ____ IN

WEIGHT LOSS MEDICATIONS
Remodelling kitchen - eating out a lot, not WT training

INJECTIONS
DIET SHOT: ____ L / R # ____ of ____
L-CARNATINE ____ L / R # ____ of ____
____ : L / R # ____ of ____
____ : L / R # ____ of ____

SUPPLEMENTS
↑ LBM ↓ Fat
Home schooling son - causing stress

OTHER MEDICATIONS
(D) Topamax 25

PHYSICAL EXAM GENERAL - WNL / ABNL CV/ PULM - WNL / ABNL ABDOMINAL - WNL / ABNL
HEENT - WNL / ABNL EXTREMETIES - WNL / ABNL COMMENTS: VF = 11 (+2)

DIET: ____ LO CARB ____ LO CALORIE OTHER: ____
DIET ADHERENCE: ____ EXCELLENT ____ NON ADHERENT ____ X/WEEK COMMENTS: ____
EATING MEALS REGULARLY: Y / N EATING SNACKS REGULARLY: Y / N
EXERCISE PLAN: ↑ STRENGTH TRAINING 3 X/WEEK ↑ AEROBIC/CARDIO 5 X/WEEK
OTHER: Walking dogs ↑ WT training

REVIEWED:
✓ DIET/MENU ✓ IN-BODY ANALYSIS ____ LABS ____ FOOD JOUNAL
✓ METABOLIC SYNDROME ✓ REGULAR PROTEIN INTAKE ✓ HIDDEN CARB SOURCES
____ EFFECTS OF ALCOHOL ✓ RISK/BENEFIT OF TREATMENT WIH ANORECTIC AGENTS
✓ DISCUSSED TREATMENT ALTERNATIVES ____ INDIVIDUALIZED MENU WRITTEN WITH PATIENT INPUT

MEDICATIONS: REVIEWED WITH: ✓ NO CHANGES ____ RECOMMENDED CHANGES BELOW

Rx PHENTERMINE	37.5 MG	#60	½ Q AM ½ QNOON	HCG PROTOCOL (SEE HCG FLOW SHEET)
Rx BONTRIL	35 MG	#	Q	
Rx BONTRIL	105 MG	# 2 mos	Q ____	HCG CONSENT SIGNED
Rx TENUATE - helping cravings	25 MG	#	Q	TOPAMAX CONSENT REVIEWED
Rx TOPAMAX	25 MG	#60	1 Q PM @ 6pm	TOPAMAX CONSENT SIGNED
Rx TOPAMAX	50 MG or 100 MG	#	Q	FITNESS PATIENT (NO MEDS)
Rx 5HTP/CARBIDOPA	20 MG/ 5 MG	#	Q	TESTOSTERONE Sig:
Rx ____	____ MG		Q	LABS:

FOLLOW UP: 1. WEEKLY FOR DIET SHOT 2. IN 8 WEEKS FOR FOLLOW UP WITH PROVIDER

PROVIDER SIGNATURE: JK MA INITIALS: ____

Exhibit 36

FORT APACHE TRIBCARE
WEIGHT LOSS PROGRESS NOTE

PATIENT NAME: [redacted] F [redacted] DATE OF VISIT: 12/1/17

DATE OF BIRTH: [redacted] AGE: 44 SEX: M F CHART NO: 24341

DRUG ALLERGIES: NKA TOBACCO: 0 LAST LABS:

ALCOHOL: 0 LMP: 11/1/2016

VITAL SIGNS: REVIEW OF SYSTEMS SINCE LAST VISIT: DENIES ANY OF THE BELOW

TIME: BPM: 120

BP: 140/93 TEMP: 97.4

PULSE: 96

HEIGHT: 5 IN 5 CM

HUNGER / CRAVINGS / LACK OF CONTROL / NAUSEA / VOMITING/ DIARRHEA / CONSTIPATION / INDIGESTION / GAS / CRAMPS / FLUID RETENTION / HEADACHE / DIZZINESS / LOSS OF CONSCIOUSNESS / IRRITABILITY / DEPRESSION / INSOMNIA / CONFUSION / CHEST PAIN / TACHYCARDIA / SHORTNESS OF BREATH / HEADACHES / NUMBNESS / EXTREMITY COLD/PAIN / EXTREMITY TINGLING / EXTREMITY ACHE / RASH

WEIGHT LOSS TRACKING

INITIAL WEIGHT: 144.5 lbs GOAL WEIGHT: lbs

CURRENT WEIGHT: lbs STARTING BMI:

$ WT. WEIGHT LOSS: 13.6 lbs CURRENT BMI:

TOTAL WEIGHT LOSS: 13.6 lbs WEIGHT LOSS GOAL: %

WEIGHT LOSS MEDICATIONS

Victoza series

Qsymia 3.75/23 mg

INJECTIONS: SITE/# GIVEN

TEST SHOT: L / R #

L-CARNITINE: L / R # NO SHOT

L / R #

L / R #

OTHER MEDICATIONS: NONE

PHYSICAL EXAM: GENERAL - WNL / ABNL CAT PULSE (WNL / ABNL ABDOMINAL - WNL / ABNL

FEET - WNL / ABNL EXTREMITIES - WNL / ABNL COMMENTS: VF = 1 (+)

DIET: LO CARB LO CALORIE OTHER:

DIET ADHERENCE: EXCELLENT NON ADHERENT X/WEEK COMMENTS:

EXTRA MEALS REGULARLY: Y / N EATING OUT REGULARLY: Y / N

EXERCISE PLAN: STRENGTH TRAINING X/WEEK AEROBIC/CARDIO X/WEEK

OTHER: Walking + Tennis daily, add wt. slightly

REVIEWED: DIETARY NON-ADHERENCE LABS FOOD JOURNAL try Boost shake

METABOLIC SYNDROME REGULAR AT PROTEIN INTAKE HIDDEN CARB SOURCES or sugar

EFFECTS OF ALCOHOL REINSTATEMENT OF TREATMENT WITH ANOREXIC AGENTS

DISCUSSED TREATMENT ALTERNATIVES INDIVIDUALIZED MENU WRITTEN WITH PATIENT INPUT

MEDICATIONS: REVIEWED WITH NO CHANGES RECOMMENDED CHANGES BELOW

Rx PHENTERMINE 37.5 MG # 30 0 AM 1 Qam

Rx BENTYL 20 MG # 1 0 with

Rx BONTRIL 150 MG # 1 qam 0 with

Rx TENUATE 75 MG # 0

Rx TOPAMAX 25 MG # 30 1 0 PM @ bfast

Rx TOPAMAX 50 MG or 200 MG # 0

Rx SYMLINPENDOPA 25 MG # 0

Rx 100 MG # 0

HCG CONSENT SIGNED

TOPAMAX CONSENT REVIEWED

TOPAMAX CONSENT SIGNED

FITNESS PATIENT (NO MEDS)

TESTOSTERONE Rx:

LABS:

FOLLOW UP: 1. WEEKLY FOR DIET SHOT 2. IN 6 WEEKS FOR FOLLOW UP WITH PROVIDER

PROVIDER SIGNATURE: MA INITIALS:

HOFFMAN000

FORT APACHE TRIMCARE
WEIGHT LOSS PROGRESS NOTE

PATIENT NAME: K[redacted] F[redacted] DATE OF VISIT: 9/20/18
DATE OF BIRTH: [redacted] AGE: 44 SEX: M (F) CHART NO: 24341
DRUG ALLERGIES: NKDA TOBACCO: 0 LAST LABS:
ALCOHOL: 0 LMP:

VITAL SIGNS:
TIME: 1020 SPO2: 100
BP: 102/80 TEMP: 98.0
PULSE: 105
HEIGHT: 5 IN 5 CM

SIGNS/SYMPTOMS (SINCE LAST VISIT) ____ DENIES ANY OF THE BELOW
HUNGER / CRAVINGS / LACK OF CONTROL / NAUSEA / VOMITING/ DIARRHEA / CONSTIPATION / INDIGESTION / GAS / CRAMPS / FLUID RETENTION / HEADACHE / DIZZINESS / LOSS OF CONSCIOUSNESS / IRITABILITIY / DEPRESSION / INSOMNIA / CONFUSION / CHEST PAIN / TACHYCARDIA / SHORTNESS OF BREATH / WEAKNESS / NUMBENESS / EXTREMITY COLDNESS / EXTREMITY TINGLING / EXTREMITY ACHE / RASH

WEIGHT LOSS TRACKING
INITIAL WEIGHT: 144.5 lbs GOAL WEIGHT: 125 lbs (410)
CURRENT WEIGHT: lbs STARTING BMI: 24.0
8 WK. WEIGHT LOSS: lbs CURRENT BMI: 22.5
TOTAL WEIGHT LOSS: 144.5 - 135.9 lbs WAIST MEAS: IN

WEIGHT LOSS MEDICATIONS
Doing great / 24 lbs LBM ↓5 lbs of fat
PBF ↓3.4%

INJECTIONS
DIET SHOT: L / R # of
L-CARNATINE L / R # of
: L / R # of
: L / R # of

SUPPLEMENTS
NO Shots

OTHER MEDICATIONS
none.
2 girls in college in VT.

PHYSICAL EXAM GENERAL - WNL / ABNL CV/ PULM - WNL / ABNL ABDOMINAL - WNL / ABNL
HEENT - WNL / ABNL EXTREMETIES - WNL / ABNL COMMENTS: VF = 8 (-2)
DIET: ✓ LO CARB ✓ LO CALORIE OTHER: ↑ protein 80-100g/d.
DIET ADHERENCE: EXCELLENT NON ADHERENT X/WEEK COMMENTS: 0
EATING MEALS REGULARLY: Y / N EATING SNACKS REGULARLY: Y / N
EXERCISE PLAN: ↑ STRENGTH TRAINING 3 X/WEEK ↑ AEROBIC/CARDIO 5 X/WEEK
OTHER: Tennis 3x/wk, walking dogs. ↑ gym - wts

REVIEWED:
✓ DIET/MENU ✓ IN-BODY ANALYSIS ✓ LABS FOOD JOUNAL
✓ METABOLIC SYNDROME ✓ REGULAR PROTEIN INTAKE ✓ HIDDEN CARB SOURCES
EFFECTS OF ALCOHOL ✓ RISK/BENEFIT OF TREATMENT WIH ANORECTIC AGENTS
✓ DISCUSSED TREATMENT ALTERNATIVES INDIVIDUALIZED MENU WRITTEN WITH PATIENT INPUT

MEDICATIONS: REVIEWED WITH: NO CHANGES ✓ RECOMMENDED CHANGES BELOW

Rx: PHENTERMINE	37.5 MG	# 30 / 60	½ Q AM ½ Qnoon	HCG PROTOCOL (SEE HCG FLOW SHEET)
Rx: BONTRIL	35 MG	#	Q	
Rx: BONTRIL	105 MG	# 2 mos supply		HCG CONSENT SIGNED
Rx: TENUATE	25 MG	#	Q	TOPAMAX CONSENT REVIEWED
Rx: TOPAMAX	25 MG	# 30 / 60	1 Q PM @ 6pm	TOPAMAX CONSENT SIGNED
Rx: TOPAMAX	50 MG or 100 MG	#	Q	FITNESS PATIENT (NO MEDS)
Rx: 5HTP/CARBIDOPA	20 MG/ 5 MG	#	Q	TESTOSTERONE Sig:
Rx:	MG		Q	LABS:

FOLLOW UP: 1. WEEKLY FOR DIET SHOT 2. IN 8 WEEKS FOR FOLLOW UP WITH PROVIDER

PROVIDER SIGNATURE: J.K MA INITIALS:

FORT APACHE TRIMCARE
WEIGHT LOSS PROGRESS NOTE

PATIENT NAME: [redacted] DATE OF VISIT: 7-16-2019

DATE OF BIRTH: [redacted] AGE: 52 SEX: M CHART NO:

DRUG ALLERGIES: NKDA TOBACCO: ALCOHOL: LAST LABS: LMP:

VITAL SIGNS:

TIME: SPO2:

BP: TEMP:

PULSE:

HEIGHT IN CM

SYMPTOMS (SINCE LAST VISIT) DENIES ANY OF THE BELOW

HUNGER / CRAVINGS / LACK OF CONTROL / NAUSEA / VOMITING / DIARRHEA / CONSTIPATION / INDIGESTION / GAS / CRAMPS / FLUID RETENTION / HEADACHE / DIZZINESS / LOSS OF CONSCIOUSNESS / IRRITABILITY / DEPRESSION / INSOMNIA / CONFUSION / CHEST PAIN / TACHYCARDIA / SHORTNESS OF BREATH / WEAKNESS / NUMBNESS / EXTREMITY COLDNESS / EXTREMITY TINGLING / EXTREMITY ACHE / RASH

WEIGHT LOSS TRACKING

INITIAL WEIGHT: COST/WEIGHT:

CURRENT WEIGHT: lbs STARTING BMI:

8 WK. WEIGHT LOSS: lbs CURRENT BMI:

TOTAL WEIGHT LOSS: LAST WEIGHT MEAS: IN

WEIGHT LOSS MEDICATIONS

INJECTIONS

DIET SHOT: L / R #

L-CARNATINE: L / R #

L / R #

L / R #

SUPPLEMENTS

OTHER MEDICATIONS:

PHYSICAL EXAM GENERAL - WNL / ABNL CV/PULM - WNL / ABNL NEUROLOGICAL - WNL / ABNL

HEENT - WNL / ABNL EXTREMITIES - WNL / ABNL COMMENTS:

DIET: LO CARB LO CALORIE OTHER:

DIET ADHERENCE: EXCELLENT NON ADHERENT ANGER COMMENTS:

EATING MEALS REGULARLY: Y / N EATING SNACKS REGULARLY: Y / N

EXERCISE PLAN: STRENGTH TRAINING X/WEEK AEROBIC/CARDIO X/WEEK

OTHER:

REVIEWED: DIETHERU BI-WEEKLY ANALYSIS LABS FOOD JOURNAL

METABOLIC SYNDROME REGULAR PROTEIN INTAKE HIDDEN CARB SOURCES

EFFECTS OF ALCOHOL RISK/BENEFIT OF TREATMENT WITH ANOREXETIC AGENTS

DISCUSSED TREATMENT ALTERNATIVES INDIVIDUALIZED MTMU WRITTEN WITH PATIENT INPUT

MEDICATIONS: REVIEWED NOTE: NO CHANGES RECOMMENDED CHANGES BELOW:

Rx PHENTERMINE: Rx: 30 MG #: Q: REFILLS:

Rx BUPROPION: 300 MG #: Q: REFILLS:

Rx TOPAMAX: 25 MG #: Q: REFILLS:

Rx TOPAMAX: 50 MG #: Q: REFILLS:

Rx TOPAMAX: 25 MG #: Q: REFILLS:

Rx TOPAMAX: 200 MG #: Q: REFILLS:

Rx: 25 MG #: Q: REFILLS:

Rx: MG #: Q: REFILLS:

HCG CONSENT SIGNED

TOPAMAX CONSENT REVIEWED

TOPAMAX CONSENT SIGNED

FITNESS PATIENT (NO MEDS)

TESTOSTERONE Rx:

LABS:

FOR LOW BP: 1. WEEKLY FOR DIET SHOT 2. IN 8 WEEKS FOR FOLLOW UP WITH PROVIDER

PROVIDER SIGNATURE: MA INITIALS:

Exhibit 39

FORT APACHE TRIMCARE
WEIGHT LOSS PROGRESS NOTE

PATIENT NAME: [redacted] DATE OF VISIT: 5/23/2025

DATE OF BIRTH: [redacted] AGE: 52 SEX: M CHART NO: 50262

DRUG ALLERGIES: NKDA TOBACCO: LAST LABS:

ALCOHOL: LMP:

VITAL SIGNS:

TIME: 945 SPO2: 97

BP: 120/76 TEMP: 97.7

PULSE: 150

WEIGHT: ____ lb ____ cm

SIDE EFFECTS / SYMPTOMS SINCE LAST VISIT: ____ DENIES ANY OF THE BELOW

HUNGER / CRAVINGS / LACK OF CONTROL / NAUSEA / VOMITING / DIARRHEA / CONSTIPATION / INDIGESTION / GAS / CRAMPS / FLUID RETENTION / HEADACHE / DIZZINESS / LOSS OF CONSCIOUSNESS / IRRITABILITY / DEPRESSION / INSOMNIA / CONFUSION / CHEST PAIN / TACHYCARDIA / SHORTNESS OF BREATH / WEAKNESS / NUMBNESS / EXTREMITY COLDNESS / EXTREMITY DISCOLOR / EXTREMITY ACHE / RASH

WEIGHT LOSS TRACKING

INITIAL WEIGHT:	____ lbs	GOAL WEIGHT:	140 lbs (125 kg)
CURRENT WEIGHT:	____ lbs	STARTING BMI:	____
3 MO. WEIGHT LOSS:	12 lbs	CURRENT BMI:	____
TOTAL WEIGHT LOSS:	1257 lbs	GOAL BMI:	____ in

WEIGHT LOSS MEDICATIONS

INJECTIONS

DIET SHOT: L/R/E # 4 ml 12

L-CARNITINE: L/R/E # 4 ml 12

L/R/E # ____ ml 0

L/R/E # ____ ml

SUPPLEMENTS

OTHER MEDICATIONS

PHYSICAL EXAM: GENERAL - WNL / ABNL CV/PULM - WNL / ABNL ABDOMINAL - WNL / ABNL

WEIGHT - WNL / ABNL EXTREMITIES - WNL / ABNL COMMENTS:

DIET: ____ LO CARB ____ LO CALORIE OTHER:

DIET ADHERENCE: ____ EXCELLENT ____ NON ADHERENT ____ OKAY COMMENTS:

EATING MEALS REGULARLY: Y / N EATING SNACKS REGULARLY: Y / N

EXERCISE PLAN: ____ STRENGTH TRAINING ____ X/WEEK ____ AEROBIC/CARDIO ____ X/WEEK

OTHER:

REVIEWED: ____ DIET MENU ____ IN BODY ANALYSIS ____ LABS ____ FOOD JOURNAL

____ METABOLIC SYNDROME ____ REGULAR PROTEIN INTAKE ____ HUMAN CARE BEHAVIOR

____ EFFECTS OF ALCOHOL ____ PREVENTION OF TREATMENT WITH ANOREXIGENIC AGENTS

____ DISCUSSED TREATMENT ALTERNATIVES ____ INDIVIDUALIZED MENU WRITTEN WITH PATIENT INPUT

MEDICATIONS: REVIEWED WITH: ____ NO CHANGES ____ RECOMMENDED CHANGES BELOW

Rx PHENTERMINE: 37.5 MG # ____ 30 HCG PROTOCOL (SEE HCG FLOW SHEET)

Rx BENTYL: 20 MG # ____ ____

Rx BODYFUL: 375 MG # ____ ____ HCG CONSENT SIGNED

Rx TENUATE: 75 MG # ____ ____ TOPAMAX CONSENT REVIEWED

Rx TOPAMAX: 25 MG # ____ NS 30 TOPAMAX CONSENT SIGNED

Rx TOPAMAX: 50 MG # ____ ____ FITNESS PATIENT (NO BIKES)

Rx EXTRA CARE CAPS: 25 MG # ____ ____ TESTOSTERONE Rx: ____

Rx: ____ MG ____ ____ LABS: ____

FOLLOW UP: 1. WEEKLY FOR DIET SHOT 2. IN 8 WEEKS FOR FOLLOW UP WITH PROVIDER

6w labs / Discharge — 8 wks w/ PA

RSP

PROVIDER SIGNATURE: ____ MA INITIALS: ____

Exhibit 40

FORT APACHE TRIBECARE
WEIGHT LOSS PROGRESS NOTE

PATIENT NAME: [redacted] DATE OF VISIT: 8/15/19
DATE OF BIRTH: [redacted] AGE: 27 SEX: M CHART NO: 52288
DRUG ALLERGIES: NKA FORMULARY: LAST LABS: 5/28/19
ALCOHOL: 0 LMP:

VITAL SIGNS:
TIME: 2:15 SPO2: 99
BP: 125/67 TEMP: 98.6
PULSE: 67
HEIGHT: 5'11" IN 180 CM

REVIEW OF SYSTEMS (SINCE LAST VISIT) ____ CHECK ANY OF THE BELOW
HUNGER / CRAVINGS / LACK OF CONTROL / NAUSEA / VOMITING/ DIARRHEA / CONSTIPATION / INDIGESTION / GAS / CRAMPS / FLUID RETENTION / HEADACHE / DIZZINESS / LOSS OF CONSCIOUSNESS / IRRITABILITY / DEPRESSION / INSOMNIA / CONFUSION / CHEST PAIN / TACHYCARDIA / SHORTNESS OF BREATH / WEAKNESS / NUMBNESS / EXTREMITY COLDNESS / EXTREMITY TINGLING / EXTREMITY ACHE / RASH

WEIGHT LOSS TRACKING
INITIAL WEIGHT: 125 lbs GOAL WEIGHT: 124 lbs
CURRENT WEIGHT: ____ lbs STARTING BMI: ____
$ WK. WEIGHT LOSS: 0.6 lbs CURRENT BMI: 24
TOTAL WEIGHT LOSS: 1.5 lbs WAIST MEAS.: ____ in

WEIGHT LOSS MEDICATIONS
Hep shots - Pay more attention, nice, candy

INJECTIONS
LIPO SHOT: L / R # 1 # 12
L CARNITINE: L / R # 1 #
L / R # #
L / R # #

SIDE EFFECTS
None

OTHER MEDICATIONS
NOW

PHYSICAL EXAM CERVICAL: WNL / ABNL CW FILLING: WNL / ABNL ABDOMINAL: WNL / ABNL
HEART: WNL / ABNL EXTREMITIES: WNL / ABNL COMMENTS: YF = 5 (+1)

DIET: LO CARB LO CALORIE OTHER: 1200 - 1500 cal/d
DIET ADHERENCE: ____ EXCELLENT ____ NON ADHERENT ____ 3 WEEK COMMENTS: ____
EATING MEALS REGULARLY: Y / N EATING SNACKS REGULARLY: Y / N
EXERCISE PLAN: STRENGTH TRAINING 3 WEEK AEROBIC CARDIO 5 WEEK
OTHER: Hot Pilates, Spin, Boot Fit - 3x/wk.

REVIEWED:
DIETHERU LIPID ANALYSIS LABS FOOD JOURNAL
METABOLIC SYNDROME REGULAR PROTEIN INTAKE HIDDEN CARB SOURCES
EFFECTS OF ALCOHOL BENEFITS OF TREATMENT WITH ANORECTIC AGENTS
DISCUSSED TREATMENT ALTERNATIVES INDIVIDUALIZED MENU PLAN WITH PATIENT INPUT

MEDICATIONS: REVIEWED WITH: NO CHANGES RECOMMENDED CHANGES BELOW

Rx: PHENTERMINE	37.5 MG	# 30	1/2 D	2 M	2 CHANGES PER PHYSICAL (SEE HCG FLOW SHEET)
Rx: QSYMIA	3.75 MG	#	D		
Rx: QSYMIA	15 MG	#	D		HCG CONSENT SIGNED
Rx: TENLIATE	75 MG	#	D		TOPAMAX CONSENT RECEIVED
Rx: TOPAMAX	25 MG	# 30	To PM 25 mg		TOPAMAX CONSENT SIGNED
Rx: TOPAMAX	50 MG	#	D		FITNESS PATIENT (NO MEDS)
Rx: METHYLPREDNISONE	20 MG 6 MG	#	D		TESTOSTERONE Rx:
Rx:	MG	#	D		LABS:

FOLLOW UP: 1. WEEKLY FOR INJ SHOT 2. IN 8 WEEKS FOR FOLLOW UP WITH PROVIDER

PROVIDER SIGNATURE: [signature] MA INITIALS: ____

TRIMCARE
LAS VEGAS, NV 89148
(702) 367-0808 | PHONE
(702) 367-0339 | FAX
TRIMCARE.COM

NUTRITION CONSULT NOTES

PATIENT NAME: [redacted] DATE: 2/1/19

DATE OF BIRTH: [redacted] WEIGHT: 131 GOAL WEIGHT: 120-125

CLINICAL NOTES

A: Patient here to get some dietary recommendations. She has had gastric surgery about 8 years ago with decreased appetite since. Has lost weight recently. Reports poor appetite. Reported diarrhea. Has been taking Ensure 2 times daily. She is 10 lbs away from goal weight. Denies any nausea, vomiting, constipation. Has not had BM in 2 days. Has not had any vomiting. Has been taking Ensure 2 times daily

ADDENDUM TO ASSET PURCHASE AGREEMENT

This is an addendum to the asset agreement between the Ivan Goldsmith on behalf of Goldsmith Health Care, Ltd. DBA Innovative Care Physicians DBA "Trimcare" hereafter known as the "Seller" and Vinay Bararia, MD Managing Member hereafter known as the "Buyer" for the purchase of the Business Assets of Goldsmith Health Care conducting business on a leased premise located at 5375 S. Fort Apache Rd, Suite 102 Las Vegas NV 89148.

The original agreement stated the buyers were to be the individual Vinay Bararia, MD and Imran S. Chaudhry. The Buyer is now to be a Management Service Organization by the name of Nevada Health Services, LLC.

The sale of business assets has been concluded on 8/31/2018 with payment in full.

8-31-2018

Ivan Goldsmith, MD

On Behalf of

Goldsmith Health Care, Ltd

8/31/18

Vinay Bararia, MD

On behalf of

Nevada Health Services, LLC

MANAGEMENT SERVICES AGREEMENT

This Management Services Agreement ("Agreement") is made as of January 01, 2019 ("Effective Date"), by and between Robert S. Chancellor MD,PLLC (Hereinafter "Practice"), and Nevada Health Services, LLC (hereinafter "Manager"), individually referred to at times as the "Party" or collectively as the "Parties.".

RECITALS

A WHEREAS, Practice is a professional medical corporation engaged in the business of providing health care services to patients;

8. WHEREAS, Manager is a provider of administrative, management, and development services for the health care professions;

C. WHEREAS, the Parties desire to enter into this Agreement for the purpose of engaging Manager to manage the administrative, financial and operational activities of the Practice;

D. WHEREAS, the Parties enter into this Agreement where the Manager owns the assets of the business and is leasing the assets to the Practice to provide healthcare services to patients and the Practice is the custodian of the medical charts.

NOW, THEREFORE, and in consideration of the mutual covenants and agreements hereinafter contained, the Parties do hereby agree as follows:

AGREEMENT

1.0. APPOINTMENT OF MANAGER

Appointment by Practice. Practice hereby appoints Manager as its sole and exclusive manager and hereby grants to Manager the authority and responsibility, as specifically set forth herein, to supervise and manage the day-to-day operations of the Practice, including all revenue and non-revenue producing activities.

2.0 MANAGER'S DUTIES

2.1 Services. Manager shall provide to Practice the services, personnel, facilities, equipment and furnishings set forth on Exhibit "A," attached hereto and incorporated herein by reference (hereafter referred to as the "Services"). Such Services may be changed from time to time by agreement of the Parties in accordance with the provisions of this Agreement. Manager may subcontract out all or any part of the Services set forth in Exhibit "A," provided that Manager properly and adequately supervises the performance of the subcontracted Services.

2.2. Manager Staff. Manager shall engage or employ such qualified non-physician personnel as are necessary for the proper and efficient management of the Practice, including all technical, administrative and clerical staff. All personnel provided by Manager to Practice shall be compensated by Manager and shall be employees or independent contractors of Manager. Manager shall be responsible for compensating all such engaged or employed

persons, including, as applicable, payroll taxes, benefits, and workers' compensation insurance. Manager shall be responsible for supervision of activities performed by all non-physician employees and independent contractors.

2.2 Compliance with Standards. All Services performed by Manager shall be performed in accordance with applicable state and federal laws, accreditation standards, and Practice policies and procedures.

3.0. PRACTICE'S DUTIES

3.1. Physician Employment and Contracting. Practice shall employ or contract with all physician personnel and all physician extenders, e.g., physician assistants and nurse practitioners (hereafter referred to collectively as "Professionals") necessary to provide the patient care services of the Practice.

3.2. Physician Credentialing. Practice shall be responsible for the establishment of appropriate credentialing standards and review committee(s) for the purposes of credentialing its Professionals. Manager shall provide the administrative support necessary to obtain and verify such credentialing information, as directed by the Practice's Medical Director.

3.3 Facilities. Practice may leases space and/or equipment, or sub-lease space and/or equipment ("Facilities") from Manager.

4.0 LICENSING

During the term of this Agreement, Manager hereby licenses to Practice the nonexclusive right to utilize the "**TRIMCARE**" trade name and mark. Practice acknowledges that Manager remains the owner of all titles, rights and interest in the trade name and mark. This license permits Practice to utilize the trade name and mark in its advertising, signage and other documentation of Practice. Upon termination of this Agreement, this license shall simultaneously terminate and Practice shall cease all use of the trade name and mark.

5.0. COMPENSATION

5.1. Manager's Fee. Practice and Manager have exercised care and diligence in determining their respective best estimates of the expenses, investment and reasonable rate of return of Manager in providing the Services required by this Agreement and, based thereon, have determined that the compensation to be paid Manager as provided hereafter, is commensurate with the commercially reasonable value of such Services. This he includes the leasing of the assets of Nevada Health Services, LLC. Such compensation is set forth as a sum of $10,000.00(Ten Thousand dollars per month).

5.2 Payment. Practice shall remit such compensation due to Manager from the Revenues collected by Manager from the operation of the practice.

5.3 Manager's Statement of Services Rendered. Manager shall provide Practice with a complete statement of Services rendered in the previous month pursuant to this Agreement anytime upon request of the Practice.

6.0 INSURANCE AND INDEMNIFICATION

6.1 Insurance.

6.1.1 Professional Liability Coverage. Practice, at its sole cost and expense, shall obtain and maintain in full force and effect during the term of this Agreement, and all renewals and extensions thereof, professional liability insurance with a licensed insurance company admitted to do business in the State of Nevada, in a minimum amount of One Million Dollars ($1,000,000) per claim and Three Million Dollars ($3,000,000) in the annual aggregate, to cover any loss, liability or damage alleged to have been committed by Practice, or by its agents, servants, independent contractors, or employees. If such professional liability coverage is obtained on a claims-made basis, then Practice shall obtain extended reporting malpractice coverage ("tail" coverage) for a period of two (2) years to be effective immediately upon termination of this Agreement. If feasible and the additional cost is minimal, Practice shall include Manager as an additional named insured on its policy. Practice shall provide Manager with written notice at least thirty (30) days prior to any cancellation or amendment of Practice's policy.

6.1.2 Comprehensive General Liability Insurance. Each Party, at its sole cost and expense, will obtain and maintain in full force and effect during the term of this Agreement, and all renewals and extensions thereof, comprehensive general liability insurance covering the Party, its employees, agents, servants, and independent contractors, against loss in the nature of fire, theft, business interruption, general liability, and non-medical negligence, with a minimum liability limit of One Million Dollars ($1,000,000) per occurrence and Two Million Dollars ($2,000,000) in the annual aggregate. Each Party shall provide the other Party with written notice at least thirty (30) days prior to any cancellation or amendment of the Party's policy.

6.1.3 Workers' Compensation Insurance. Each Party shall, at its sole cost and expense, obtain and maintain in full force and effect during the term of this Agreement, and all renewals and extensions thereof, workers' compensation insurance as required by the laws of the State of Nevada.

6.2 Indemnification. Each Party shall indemnify, hold harmless, and defend the other Party from any and all liability, loss, claims, lawsuits, damages, injury, costs or expense, arising out of or incident to the performance or nonperformance under this Agreement by such indemnifying Party, its directors, officers, employees, contractors, subcontractors and agents, including (without limitation) all attorneys' fees and court costs; provided, however, neither Party shall be liable to the other hereunder for any claim covered by insurance, except to the extent that the liability of the other Party exceeds the amount of such insurance coverage.

7.0. CONFIDENTIALITY

7.1 Proprietary and Business Information. The Parties acknowledge that during the term of this Agreement, the Parties will acquire or have access to information regarding the business operations of the other Party including, but not limited to, information regarding pricing, billing, claims, compensation, patient lists, provider lists, business operations, provider agreements, trade secrets and business and technical manuals ("Confidential Information"). The Parties

acknowledge that the non-violating Party would suffer financial harm if such Confidential Information were to be disclosed to third Parties. As a condition of this Agreement, the Parties agree not to disclose to, or otherwise discuss such Confidential Information with any third party without the express written consent of the other Party or as expressly required by law. The provisions of this Section shall survive the termination of this Agreement.

7.2 Trade Secrets. The Parties acknowledges that each Party, in connection with its business, has developed certain operating manuals, symbols, trademarks, trade names, service marks, designs, patient lists, procedures, processes, and other copyrighted, patented, trademarked, or legally protectable information which is confidential and proprietary to the Party that constitute its trade secrets. The Parties shall not use any name, symbol, mark, or other proprietary information of the other Party except as expressly permitted.

7.3 Patient Information and Records. Manager and its employees, agents and independent contractors shall safeguard the confidentiality of all medical information pertaining to patients treated by or through Practice and shall comply with all federal and state laws and regulations and all Practice rules or policies with respect to the use and disclosure of such information, including but not limited to the provisions of the Business Associate Agreement as set forth in Exhibit "C" of this Agreement, attached hereto and incorporated herein by reference.

7.4 Practice Property. All documents, papers, notes, memoranda, computer files and other written or electronic records of any kind utilized by Manager during and in connection with the Agreement shall remain the property of Practice at all times. Upon the termination of this Agreement, all such records in Manager's possession shall be left with Practice.

8.0 RELATIONSHIP OF PARTIES

8.1 Conduct of Medical Practice.

8.1.1 Practice shall be solely and exclusively in control of all aspects of the practice of medicine and the provision of medical services. The rendition of all medical professional services, including, but not limited to, diagnosis, treatment, therapy and the prescription of medicine and drugs, the supervision of preparation of medical reports and the maintenance of medical records, shall be the responsibility of Practice. Practice shall have the sole right and authority to hire, employ, train, supervise, terminate and compensate all of its Professionals. Practice shall be responsible to ensure that such Professionals are supervised in accordance with the requirements of state and Federal law and in a manner consistent with current standards of medical practice in the community.

8.1.2 The professional relationship between Practice and all Professionals and their patients, at all times during the term of this Agreement, shall be solely between the Professionals and such patients. Manager shall not interfere with the exercise by the Professionals of their professional judgment. Manager may provide to Practice periodic assessments of the performance by medical personnel of other than professional medical services.

8.1.3 Manager shall not assign or refer patients to Practice in expectation of a fee for such referral. Any such fee for referral is expressly prohibited.

8.1.4 Practice agrees to keep its offices and clinics adequately staffed with such Professionals as may be necessary to efficiently carry out the practice of medicine at the Practice offices, all of whom shall be duly licensed by the State of Nevada. Practice and Professionals shall at all times operate the Practice's medical practice in a manner consistent with current standards of medical practice in Practice's community.

8.2 Independent Contractors. The relationship between Manager and Practice is that of independent contractors. Each Party expressly denies any obligation to compensate the other's employees, contractors, or agents. As independent contractors, each Party shall be liable for that Party's own debt, obligations, acts and omissions. Manager is responsible for the payment of all withholding, social security and other taxes and benefits for Manager and Manager's agents or employees. Manager is responsible for filing all necessary tax returns on Manager's own behalf. Manager, its agents, employees and independent contractors shall not be eligible for any employee benefit plan offered by Practice.

9.0 TERM AND TERMINATION

9.1. Term. The term of this Agreement shall be for a period of ten (10) years, commencing on the Effective Date of this Agreement. This Agreement shall automatically renew for succeeding terms of five (5) years unless either Party, at least one hundred eighty (180) days prior to the expiration of any term, gives written notice of its intention not to renew said Agreement.

9.2 Termination.

This Agreement may be terminated by either Party upon prior written notice for any of the following reasons:

9.2.1 Institution by a Party of proceedings of any nature under any laws of the United States or of any state, whether now existing or subsequently enacted or amended, for the relief of debtors wherein such Party is seeking relief as a debtor;

9.2.2 A general assignment by a Party for the benefit of creditors;

9.2.3 The institution by a Party, in the capacity of a debtor, of a proceeding in which such Party seeks relief from its indebtedness under any section or chapter of the Federal Bankruptcy Act as now existing or hereafter amended or becoming effective;

9.2.4 The institution against a Party, by one or more of its creditors, of a proceeding under any section or chapter of the Federal Bankruptcy Act as now existing or hereafter amended or becoming effective, which proceeding is not dismissed, stayed or discharged within a period of sixty (60) days after the filing thereof or if stayed, which stay is thereafter lifted without a contemporaneous discharge or dismissal of such proceeding;

9.2.5 A proposed plan of arrangement or other action by a Party's creditors taken as a result of a general meeting of the creditors of such Party;

9.2.6 The appointment of a receiver, trustee or like officer, to take possession of a Party's assets; which receivership remains undischarged for a period of thirty (30) days from the date of its imposition;

9.2.7 The material breach of this Agreement by either Party, provided that such breach continues uncured for a period of thirty (30) days after written notice thereof has been given by one of the Parties to the other;

9.2.8 The issuance of a final order of any governmental agency or court which has competent jurisdiction over Parties hereto which order requires the termination of this Agreement; or

9.2.9 Violation of the patient privacy requirements and/or obligations under the Health Insurance Portability and Accountability Act ("HIPPA") in such manner as to require the termination of this Agreement in accordance with the requirements of the Business Associate Agreement identified as Exhibit "C," attached hereto and incorporated herein by reference.

9.3 Effect of Termination.

9.3.1 The various rights and remedies herein provided shall be cumulative and in addition to any other rights and remedies the Parties may be entitled to pursue under the law. The exercise of one or more of such rights or remedies shall not impair the rights of either Party to exercise any other right or remedy at law or in equity.

9.3.2 Termination of this Agreement shall not release or discharge either Party from any obligation, debt or liability which shall have previously accrued and remains to be performed upon the date of termination.

9.3.3 Within sixty (60) days after termination of this Agreement pursuant to this Section, an accounting shall be made by each Party of all sums which may be due and owing to the other Party in accordance with the provisions of this Agreement. Payment to settle any such balance shall be made within thirty (30) days after submission of each accounting.

10.0. GENERAL PROVISIONS

10.1 Entire Agreement; Amendment. The Parties agree that neither Party has made any representation, warranty or covenant not fully set forth herein, and that this Agreement is a complete statement of the entire agreement which supersedes all previous communications between the Parties hereto. This Agreement may only be amended by written instrument executed by both Parties.

10.2 Prior Agreements. This Agreement supersedes all prior oral or written agreements covering the same matter between the Parties.

10.3 Binding Effect. The terms and conditions of this Agreement shall be binding upon and inure to the benefit of the Parties hereto, their successors, assigns, and legal representatives, except that no Party may assign or transfer its rights or obligations under this Agreement in any manner other than as provided in this Agreement.

10.4 Severability. The provisions of this Agreement shall be deemed severable and if any portion shall be held invalid, illegal or unenforceable for any reason, the remainder of this Agreement shall be effective and binding on the Parties.

10.5 Applicable Law. This Agreement, and the application or interpretation thereof, shall be governed exclusively by its terms and by the laws of the State of Nevada. Any actions, arbitration or proceedings instituted by either Party with respect to any matters arising under or growing out of this Agreement shall be brought and tried only in the courts located in the County of Clark, State of Nevada, and each of the Parties hereto expressly waives its rights under any applicable statute to cause any such action or proceeding to be brought or tried elsewhere.

10.6 Headings. Any titles, captions or paragraphs contained in this Agreement are for convenience only and shall not be deemed part of the contents of this Agreement, and shall in no way define, limit, extend or describe the scope of this Agreement or the intent of any provision hereof.

10.7 Dispute Resolution. Any controversies or claims between the Parties regarding this Agreement must first be put in writing and delivered to the other Party. The Parties will make a good faith attempt to resolve the issue in question. If the Parties to this Agreement cannot settle grievances or disputes between them in an informal and expeditious fashion, one or both of the Parties may file suit in an appropriate civil court.

10.8 Assignment. This Agreement and the rights, interests, and benefits hereunder shall not be assigned, transferred, pledged, or hypothecated in any way by either Party without the prior written consent of the other Party, which consent shall not be unreasonably withheld.

10.9 Other Contractual Commitments. Manager represents, assures, and agrees that it has not entered into, and that it shall not enter into, any other contractual commitment, contract, or relationship that will restrict or impair Manager's performance of its contractual obligations under this Agreement

10.10 Representation by Counsel. The Parties acknowledge that they have had the opportunity to consult with legal counsel of their choice prior to execution of this Agreement. The Parties further acknowledge that the terms of this Agreement are the result of negotiations between them and that the terms of this Agreement shall not be construed in favor of, or against, any Party by reason of the extent to which a Party or its counsel participated in its drafting, or by reason of the extent to which this Agreement may be inconsistent with prior drafts thereof.

10.11 Changes in Law. Both Parties agree that in the event that future legislation is enacted or regulations are promulgated or a decision of a court is rendered that, in the opinion of legal counsel for either Party, affects or may affect the legality of this Agreement or materially and adversely affect the ability of either Party to perform its obligations or receive the benefits intended hereunder ("Change in Law"), then Manager agrees to work with Practice in good faith to amend this Agreement as necessary to bring it into compliance with applicable laws and to carry out the original intention of the Parties to the extent possible. If not, either Party may terminate on thirty (30) days' written notice.

10.12 Third-Party Beneficiaries. The rights and obligations of each Party to this Agreement shall inure solely to the benefit of the Parties hereto, and no persons or entity shall be a third party beneficiary of this Agreement

10.13 Waiver. A waiver of any of the terms and conditions hereof shall not be construed as a waiver of any other terms and conditions hereof.

10.14 Notices. Any notice required or permitted by this Agreement shall be given in writing sent by overnight delivery, personal delivery or United States registered or certified mail, return receipt requested, all of which shall be properly addressed, with postage or delivery charges prepaid as follows:

If to Manager:

Nevada Health Services, LLC
9335 Bronze River Ave
Las Vegas, NV 89149
Attn: Vinay Bararia, MD,
Managing Member

If to Practice:

Robert S. Chancellor MD,PLLC
4600 Swenson St.
Apt. 211
Las Vegas, NV 89119-8624
Attn: Dr. Chancellor

Notices sent by personal delivery shall be deemed given upon actual receipt. Notices sent by overnight delivery shall be deemed given on the next business day. Notices sent via United States registered or certified mail shall be deemed given two (2) business days from mailing.

10.15 Counterparts. This Agreement may be executed in several counterparts, and all counterparts so executed shall constitute one Agreement and shall be binding on all of the Parties hereto, notwithstanding that all of the Parties are not signatory to the original or the same counterparts.

IN WITNESS WHEREOF, the Parties have signed this Agreement as of the date first- above written.

PRACTICE
Robert S. Chancellor, MD PLLC

/s/

By: Robert Chancellor, MD

Title: Managing Member

MANAGER
Nevada Health Services, LLC

/s/

By: Vinay Bararia, MD

Title: Managing Member

EXHIBIT A
MANAGER'S DUTIES

Manager shall provide the following services to Practice:

1. Facilities. Manager shall secure and maintain such space and equipment ("Facilities") as reasonably necessary for Practice to carry out its activities described under this Agreement. Practice shall sub-lease such Facilities, however, such Facilities shall remain the property of Manager, and Practice shall not remove, damage or commit waste to any of the Facilities. Manager will provide for maintenance of the Facilities, utilities, normal janitorial services, refuse disposal and Manager's compensation shall reflect the costs of same.

2. Patient Collections. Carry out all activities related to collection of patient fees, including but not limited to the following activities:

   2.1 Develop and implement policies and procedures;
   2.2 Prepare and present invoices to patients for payment at time of service;
   2.3 Collect and process all payments received;
   2.4 Reconcile patient accounts;
   2.5 Provide reports of patient account status as requested.

3. Financial Services.

   3.1 Bookkeeping;
   3.2 Budgeting and monthly reporting of status;
   3.3 Accounts receivable;
   3.4 Accounts payable;
   3.5 Provide report of accounting activities;
   3.6 Provide overall financial analysis of Practice;
   3.7 Year-end financial reports;
   3.8 Issuance of W2 and 1099 forms and related;
   3.9 Electronic data processing.

4. Patient Inquiries/Complaints. Develop and implement a program for management of patient inquiries and complaints in accordance with Practice requirements including but not limited to the following activities:

   4.1 Respond to initial patient inquiries and complaints;
   3.2 Track inquiries and complaints;
   3.3 Notify Practice of patient complaints.

5. Contracting

   5.1 Assist Practice in contract review and negotiation;
   5.2 Assist Practice in recruiting and negotiating agreements with physicians

6. Credentialing Program. Provide administrative support to Practice as necessary to obtain and verify credentialing information in accordance with applicable laws, standards and Practice requirements, including but not limited to the following activities:

6.1 Prepare Credentialing Policies and Procedures;
6.2 Provide administrative support to all credentialing activities;
6.3 Obtain primary source verification;
6.4 Prepare applicable documentation;
6.5 Set up provider credentialing file and follow-up of credentialing documents.

7. Business Development. Manager shall provide research and advice regarding trends and developments related to the business activities of Practice, including business considerations related to the achievement of improved quality of patient care. Manager shall also assist Practice in developing appropriate business goals for Practice.

8. Advertising, Marketing and Public Relations. At Practice's request and sole expense, Manager shall provide such advertising, marketing and public relations assistance as deemed necessary and appropriate to effectively promote and market the health care services provided by Practice. All advertising marketing and public relations services shall be conducted in accordance with applicable state and federal laws and regulations.

9. Regulatory Compliance. Manager shall supervise Practice's compliance with all regulatory and accreditation standards applicable to Practice, including without limitation, those required by contractual obligation or any state or federal law or regulation, or private or public accreditation agency.

10. Technical Support. Manager shall, at Practice's request, provide technical advice regarding the installation and renovation of equipment for the Practice.

11. Professional Services. Manager shall serve as Practice's representative for purposes of obtaining professional services of third Parties, including the services of certified public accountants, independent financial counselors and legal counsel. Compensation for such professional services shall be the responsibility of Practice and is not included within the compensation paid to Manager under this Agreement. Practice agrees that any confidential communications concerning the business of Practice may be disclosed to Manager for purposes of Manager's duties under this Paragraph.

12. Reports. Manager shall provide to Practice on a monthly basis, and at such other times as reasonably requested by Practice, such reports as are mutually agreed upon between Manager and Practice as reasonably necessary for the informed management and operation of the Practice.

13. Operations. Manager shall carry out all office and staff management functions, including but not limited to:

13.1 Human Resources, including recruiting, hiring, training, evaluating, supervising, and termination of all administrative staff
13.2 Scheduling, including making and tracking all patient appointments;

13.3 Staffing, including assuring adequate administrative staff; and assisting Practice with scheduling adequate Professional staff.

13.4 General office management, including filing, maintenance of records, etc.

14. Manager's Financial Authority. Manager shall have the authority to receive all funds on behalf of the Practice. Such funds shall be deposited by Manager to a bank account established jointly by Practice and Manager for such purposes. Both Manager and Practice shall have signature authority on such account. Manager shall have the authority to disburse funds from such account in discharge of Practice's financial obligations, with one signature being required on disbursements of less than $25,000, and two signatures on disbursements greater than such amount. The two signatories may be officers and/or directors of Manager or of Practice.

15. Limitations on Manager's Authority:

15.1 Manager shall not, without the prior written consent of the Practice borrow money in the name of the Practice;

15.2 Transfer, hypothecate, compromise or release any Practice claim except on payment in full;

15.3 Sell, lease or hypothecate Practice's property;

15.4 Knowingly suffer or cause anything to be done whereby the Practice's property may be seized or attached or taken in execution, or its ownership or possession otherwise endangered.

EXHIBIT C

BUSINESS ASSOCIATE AGREEMENT

In order to comply with the requirements of the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 and the regulations promulgated thereunder relating to the privacy and security of Protected Health Information, and notwithstanding any contrary provisions of the underlying agreement, the Parties agree to the following:

A. DEFINITIONS

"Designated Record Set" shall mean a group of records maintained by or for the PRACTICE that is (i) the medical records and billing records about individuals maintained by or for the PRACTICE, (ii) the enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for a health plan; or (iii) used, in whole or in part, by or for the PRACTICE to make decisions about individuals. As used herein the term "Record" means any item, collection, or grouping of information that includes Protected Health Information and is maintained, collected, used, or disseminated by or for the PRACTICE.

"Electronic Transaction Rule" shall mean the standards for processing standard transactions and code sets at 45 C.F.R. Parts 160 and 162.

"Individually Identifiable Health Information" shall mean information that is a subset of health information, including demographic information collected from an individual, and (i) is created or received by a healthcare provider, health plan, employer, or healthcare clearinghouse; and (ii) relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present or future payment for the provision of health care to an individual; and (a) identifies the individual, or (b) with respect to which there is a reasonable basis to believe the information can be used to identify the individual.

"Privacy Standards" shall mean the Standard for Privacy of Individually Identifiable Health Information, 45 C.F.R. Parts 160 and 164.

"Protected Health Information" shall mean Individually Identifiable Health Information that is (i) transmitted by electronic media, (ii) maintained in any medium constituting Electronic Media; or (iii) transmitted or maintained in any other form or medium. "Protected Health Information" shall not include (i) education records covered by the Family Educational Right and Privacy Act, as amended, 20 U.S.C. § 1232g; (ii) records described in 20 U.S.C. § 1232g(a)(4)(B)(iv) and (iii) Employment records held by a covered entity in its role as employer.

"Secretary" shall mean the Secretary of the Department of Health and Human Services.

"Security Rule" shall mean the security standards for the protection of electronic Protected Health Information at 45 C.F.R. Parts 160 and 164.

B. OBLIGATIONS OF MANAGER

Section 1. Use of Protected Health Information. Manager shall not, and shall ensure that its directors, officers, employees, contractors, and agents, do not, use Protected Health Information received from the PRACTICE in any manner that would constitute a violation of the Privacy Standards if used by the PRACTICE, except that Manager may use Protected Health Information (i) as permitted or required pursuant to the Agreement between PRACTICE and Manager, (ii) for Manager's proper management and administrative services, (iii) to carry out the legal responsibilities of Manager, or (iv) as required by law. As between Manager and PRACTICE, the PRACTICE is the owner of all Protected Health Information.

Section 2. Disclosure of Protected Health Information. Manager shall not, and shall ensure that its directors, officers, employees, contractors and agents do not, disclose Protected Health Information received from the PRACTICE in any manner that would constitute a violation of the Privacy Standards if disclosed by the PRACTICE, except that Manager may disclose Protected Health Information (i) in a manner permitted pursuant to this Agreement, (ii) for Manager's proper management and administrative services, or (iii) as required by law. To the extent Manager discloses Protected Health Information to a third party as permitted in accordance with this Agreement, Manager must obtain, prior to making any such disclosure, (a) reasonable assurances from such third party that such Protected Health Information will be held confidential as provided pursuant to this Agreement and only used or disclosed as required by law or for the lawful purposes for which it was disclosed to such third party, and (b) an agreement from such third party to immediately notify Manager of any breaches of the confidentiality of the Protected Health Information, to the extent it has obtained knowledge of such breach. Not with standing the foregoing, Manager shall refer all requests for Protected Health Information pursuant to subpoena or any other discovery request or judicial or administrative order mandating disclosure to PRACTICE within two (2) business days of receipt. It shall be the PRACTICE's responsibility to make all determinations regarding compliance with any such mandated disclosure.

Section 3. Minimum Necessary. Manager agrees that all requests for Protected Health Information from PRACTICE will be for the minimum necessary in order to provide the stated services to PRACTICE.

Section 4. Accounting of Disclosures. Manager agrees to document disclosures of Protected Health Information and information related to such disclosures as would be required for PRACTICE to respond to a request by an individual for an accounting of disclosures of Protected Health Information in accordance with 45 CFR § 164.528.

Section 5. Safeguards Against Misuse of Information. Manager agrees that it will implement all appropriate safeguards to prevent the use or disclosure of Protected Health Information other than pursuant to the terms and conditions of this Agreement. Manager further agrees to implement administrative, physical and technical safeguards consistent with the requirements of the Security Rule that reasonably and appropriately protect the confidentiality, integrity and availability of electronic Protected Health Information that it creates, receives, maintains or transmits on behalf of PRACTICE.

Section 6. Reporting of Disclosures of Protected Health Information. Manager shall within five (5) days of becoming aware of a disclosure of Protected Health Information in violation of this Agreement by Manager, its officers, directors, employees, contractors, or agents or by a third party to which Manager disclosed Protected Health Information pursuant to Section 2 of this Exhibit, report any such disclosure to the PRACTICE. Manager further agrees to report to PRACTICE any security incident of which it becomes aware as required by the Security Rule.

Section 7. Mitigation. Manager agrees to mitigate, to the extent practicable, any harmful effect that is known to Manager of a use or disclosure of Protected Health Information by Manager in violation of the requirements of this Agreement.

Section 8. Agreements by Third Parties. Manager shall enter into an agreement with any agent or subcontractor that will have access to Protected Health Information that is received from, or created or received by Manager on behalf of the PRACTICE pursuant to which such agent or subcontractor agrees to be bound by the same restrictions, terms and conditions that apply to Manager pursuant to this Agreement with respect to such Protected Health Information.

Section 9. Access to Information. Within five (5) days of a request by the PRACTICE for access to Protected Health Information about an individual contained in a Designated Record Set, Manager shall make available to the PRACTICE such Protected Health Information for so long as such information is maintained in the Designated Record Set. In the event any individual requests access to Protected Health Information directly from Manager, Manager shall within two (2) business days forward such request to the PRACTICE. It shall be the PRACTICE's responsibility to make all determinations regarding granting or denying any such access requested.

Section 10. Availability of Protected Health Information for Amendment. Within ten (10) days of receipt of a request from the PRACTICE for the amendment of an individual's Protected Health Information or a record regarding an individual contained in a Designated Record Set (for so long as the Protected Health Information is maintained in the Designated Record Set), Manager shall provide such information to the PRACTICE for amendment and incorporate any such amendments in the Protected Health Information as required by 45 C.F.R. § 164.526. In the event the request for an amendment is delivered directly to Manager, Manager shall within two (2) business days forward such request to the PRACTICE. It shall be the PRACTICE's responsibility to make any determinations regarding granting or denying any such amendment requested.

Section 11. Requests for Accounting of Disclosures. Within ten (10) days of notice by the PRACTICE to Manager that it has received a request for an accounting of disclosures of Protected Health Information regarding an individual during the six (6) years prior to the date on which the accounting was requested, Manager shall make available to the PRACTICE such information as is in Manager's possession and is required for the PRACTICE to make the accounting required by 45 C.F.R. § 164.528. At a minimum, Manager shall provide the PRACTICE with the following information: (i) the date of the disclosure, (ii) the name of the entity or person who received the Protected Health Information, and if known, the address of such entity or person, (iii) a brief description of the Protected Health Information disclosed, and (iv) a brief statement of the purpose of such disclosure which includes an explanation of the basis for such disclosure. In the event the request for an accounting is delivered directly to Manager, Manager shall within two (2) business days forward such request to the PRACTICE. It shall be the PRACTICE's responsibility to prepare and deliver any such accounting requested by an individual, subject to Manager's obligations set forth in this

Section. Manager hereby agrees to implement an appropriate recordkeeping process to enable it to comply with the requirements of this Section.

Section 12. Electronic Transactions. If Manager conducts any Standard Transaction for or on behalf of PRACTICE, Manager shall comply with the requirements under the Electronic Transaction Rule.

Section 13. Availability of Books and Records. Manager hereby agrees to make its internal Practices, books and records, including policies and procedures, relating to the use and disclosure of Protected Health Information received from, or created or received by Manager on behalf of the PRACTICE available to PRACTICE or to the Secretary for purposes of the Secretary determining the PRACTICE's and Manager's compliance with the Privacy Standards.

Section 14. Indemnification. Manager agrees to indemnify, defend, and hold harmless PRACTICE, its directors, officers, employees, contractors and agents, against, and in respect of, any and all claims, losses, expenses, costs, damages, obligations, penalties, and liabilities which PRACTICE may incur by reason of Manager's breach of or failure to perform any of its obligations pursuant to this Agreement. Further, Manager agrees to indemnify, defend, and hold harmless PRACTICE, its directors, officers, employees, contractors and agents, against all costs and expenses, including but not limited to, reasonable legal expenses, which are incurred by or on behalf of Manager in connection with the defense of such claims. Any damages resulting from Manager's breach of its obligations pursuant to this Agreement shall be expressly excluded from any limitations of liability set forth in the Original Agreement.

C. TERMINATION OF AGREEMENT WITH MANAGER

Section 1. Termination Upon Breach of Provision to Protected Health Information. Any other provision of this Agreement notwithstanding, this Agreement may be terminated by the PRACTICE upon five (5) days written notice to Manager in the event that the PRACTICE breaches any provision contained in this Agreement and such breach is not cured within such five (5) day period; provided, however, that in the event that termination of this Agreement is not feasible in the PRACTICE's sole discretion, Manager hereby acknowledges that the PRACTICE shall have the right to report the breach to the Secretary. In addition, PRACTICE retains the right to seek injunction and other legal and equitable rights and remedies available under the law as necessary to prevent unauthorized use and disclosure of Protected Health Information.

Section 2. Return or Destruction of Protected Health Information upon Termination. Upon termination of the Original Agreement, Manager shall either return or destroy all Protected Health Information received from the PRACTICE or created or received by Manager on behalf of the PRACTICE and which Manager or any subcontractor still maintains in any form. Manager shall notify PRACTICE of any such destruction. Manager shall not retain any copies of such Protected Health Information. In the event that PRACTICE and Manager mutually agree that it is not feasible to return or destroy such Protected Health Information, the terms and provisions of Article B shall survive termination of this Agreement and such Protected Health Information shall be used and disclosed solely for such purpose or purposes, which prevented the return or destruction of such Protected Health Information.

Exhibit 43

Asset Purchase Agreement

This Agreement For Sale Of Business Assets made this 7th day of August 2018 by and between Ivan Goldsmith on behalf of Goldsmith Healthcare LTD DBA Innovative Care Physicians DBA "Trimcare", hereinafter called " seller" and Vinay Bararia Nevada _____, hereinafter called "buyer"

Witnesseth

WHERE AS, the seller is the owner of the business commonly known as " Trimcare" businesswhich is presently conducted on a leased premises located at 5375 S. Fort Apache Rd., Suite 102 Las Vegas, NV 89148; and

WHERE AS, the lease to such premises is presently set forth in a written agreement by and between the seller and Vinay Bararia ; and

WHERE AS, the business consists of a medical clinic that offers general medical services but emphasizes medical services in the areas of weight loss, antiaging, ADD and medication assisted treatment for opiate addiction; and

WHERE AS, the seller has acquired certain assets in connection with that business consisting of furniture, fixtures, equipment, business telephone numbers, patient lists and charts, inventory, and any licenses that may be transferable at the time of sale. [Business Computers and computer hard drives are not included in the sale]; and

WHERE AS, the seller wishes to sell the business assets of the business and the buyer wishes to purchase the business assets of the business as a going concern upon the terms and conditions hereinafter set forth;

Now, Therefore, in consideration of the mutual promises, covenants and conditions hereinafter set forth, these parties do hereby agree as follows:

1.0 **Sale Of Business:** seller and buyer agree that buyer shall purchase the assets of the business commonly referred to as "Trimcare" for the purchase price of $150,000.00.

2.0 **Lease:** buyer agrees to assume and maintain the month to month lease currently in effect for the business premises between the seller and the landlord with landlord's approval.

Seller's Initials: IGL

Buyer's Initials: VB

3.0 **Insurance:** buyer agrees to apply for and diligently pursue all applicable policies of insurance required to operate a medical clinic including but not limited to a business policy of liability insurance and medical malpractice insurance. Buyer shall diligently pursue this process until all requires policies of insurance have been obtained.

4.0 **Trade Name:** seller agrees to license to buyer the use of the brand name "Trimcare" for the period of six years from the date of execution of this agreement for the greater Las Vegas metropolitan area only. Seller retains the right to use the brand name "Trimcare" outside the greater Las Vegas metropolitan area for any and all lawful purposes without restriction.

5.0 **Earnest Deposit:** buyer agrees to deposit in the client trust account of E. Brent Bryson LTD. the amount of $10,000.00 upon execution of this agreement.

6.0 **Refund Of Deposit:** buyer shall be entitled to a complete refund of monies deposited as an earnest deposit for a time period Of 15 days from the date of execution of this agreement. Buyer and seller understand that in the event that a dispute should arise regarding any funds on deposit such funds will remain on deposit until such dispute is settled between the parties in writing or by court order.

7.0 **Waiver Of Liability:** both buyer and seller expressly waive any and all liability of E. Brent Bryson Esq. individually and E. Brent Bryson Ltd. arising out of or pertaining to this agreement. Seller and buyer further warrant and represent that E. Brent Bryson Esq. and E. Brent Bryson Ltd. are acting as a scrivener only and have not giving any legal and or tax advice to the parties.

8.0 **Receivables:** for purposes of this agreement assets of the seller does not include any receivables. Seller shall be entitled to 100% of all receivables due and owing up until the closing date. It is specifically understood by and between the parties that seller's right to collect receivables due and owing as of the closing date survives the closing date.

9.0 **Training:** seller agrees to commute from Florida to Las Vegas for five days per month for the sum of $2,500.00 per month for a period of three months. Buyer shall pay for seller's reasonable travel expenses to and from Florida (not to exceed $500.00) for the three-month period.

10.0 **Employees:** buyer shall have the option to employ any employees currently employed by seller subject to buyer reaching an agreement with the individual employees.

11.0 **Assumption Of Liabilities:** except as set forth herein buyer is assuming no liabilities including financial and legal liabilities of seller. These to include employee salaries, purchases made prior to date of closing, payment to entities providing services to the practice prior to closing or any other binding obligations made prior to closing.

Seller's Initials: JCG Buyer's Initials: VB

12.0 **Privileged License:** this agreement is not contingent upon the buyer obtaining any privileged license. Buyer warrants and represents that he has the legal authority to enter into this agreement and is not violating any Nevada revised statutes or Nevada administrative codes by entering into this agreement.

13.0 **Closing:** the closing of this transaction shall take place at the law office of E. Brent Bryson Ltd. located at 7730 W. Sahara Suite 109 Las Vegas, NV 89117.

14.0 **Closing Date:** the closing date of this transaction shall be no later than 15 days from the execution of this agreement.

15.0 **Interpretation:** this agreement shall be interpreted and the rights of the parties hereto shall be governed by the laws of the state of Nevada.

16.0 **Venue:** any action brought to enforce the terms and provisions of this agreement or any other action brought in law or in equity arising out of or pertaining to this agreement shall be brought only in a court of appropriate jurisdiction in the State of Nevada County of Clark.

17.0 **Attorney fees and costs:** in the event that an action is brought by one party against the other party regarding a dispute arising ont of or pertaining to this agreement the prevailing party shall be entitled to reasonable attorney's fees and costs.

18.0 **Grace period:** either party without any reason given may terminate this agreement within 15 days of the execution of this agreement without penalty. During this 15 day grace period either party may conduct their own independent investigation of the subject business. If neither party terminates this agreement within the 15 day grace period, this agreement shall become final and binding upon all parties.

The undersigned and each of them represent and warrant that they have the full legal authority to execute this agreement on behalf of themselves or any legal entity and this agreement shall become binding upon execution.

Buyer Signature _____ Name Vinay Barara Date: 8/7/18

Seller IL6 Name _____ Date: 8.7.2018
Signature _____

Exhibit 44

ORGANIZED UNDER THE LAWS OF THE
STATE OF NEVADA



Certificate Number
1

Percentage Ownership
100%

CERTIFICATE OF OWNERSHIP
NEVADA HEALTH SERVICES LLC

THIS IS TO CERTIFY that Bhavna Bararia **is a member of and owns** 100% **%interest in the above Limited-Liability Company organized under the laws of this state and is entitled to the full benefits and privileges of such membership, subject to duties and obligations, as more fully set forth in the Company's Articles of Organization and its Operating Agreement as may be in force from time to time.**

RESTRICTIONS:

The Transfer of this Membership Certificate is subject to the restrictions contained in this Company's Operating Agreement and may not be pledged or assigned as collateral.

IN WITNESS WHEREOF, the Company has caused this certificate to be executed by its duly authorized representative.

8/26/18
DATE

Bhavna Bararia
MANAGER/MEMBER

5L

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **LINDSAY HOFFMAN, PA-C,** **Certificate of Registration Nos. CS18262 and PD00177,** **Respondent.**	**CASE NO. 19-003-CS-C-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

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.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, September 2, 2020, at 9:00 a.m. or soon thereafter. The hearing will occur at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada.

IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 24th day of July, 2020.

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 24th day of July, 2020, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Abdel Khalek, MD
5375 S Ft Apache Rd #102-103
Las Vegas, NV 89148

Robert Chancellor, MD
7975 W Sahara Ave #104
Las Vegas, NV 89117

Lindsay Hoffman, PA-C
5375 S FT Apache Rd #102-103
Las Vegas, NV 89148

Jill Chase, Esq.
Lewis Brisbois
6385 S. Rainbow Blvd., Ste. 600
Las Vegas, NV 89118

E. Brent Bryson, Esq.
7730 W. Sahara Ave., Ste. 109
Las Vegas, NV 89117

SHIRLEY HUNTING

FILED
AUG 17 2020
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, vs. LINDSAY HOFFMAN, P-AC, Certificate of Registration No. CS18262 and PD00177, Respondent.	Case No.: 19-003-CS-C-S **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against her, is hereby interposed on the following grounds: None.

2. That, in answer to the Notice of Intended Action and Accusation, she admits, denies and alleges as follows:

Respondent Denies the allegations contained in the Notice of Intended Action and Accusation, Case No. 19-003-CS-C-S.

I hereby, declare under penalty or perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

Date this 11th day of August, 2020.

LINDSAY HOFFMAN, PA-C

5M

FILED 2135
APR - 7 2022
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SHERMAN WASHINGTON, MD,** **Certificate of Registration No. CS24310,** **Respondent.**	**Case No. 21-104-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 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 Sherman Washington, MD, held a controlled substance registration, Certificate of Registration No. CS24310, issued by the Board.

FACTUAL ALLEGATIONS

2. While Respondent was the medical director of Revenge MD, located at 10605 Double R Blvd. in Reno, Script #1287 from Respondent's prescription pad for Revenge MD was pre-signed by Respondent, photocopied and used repeatedly by Respondent and/or Revenge MD staff not licensed as practitioners in Nevada to fraudulently issue the following controlled substance prescriptions for patients with whom Respondent had not established a bona fide therapeutic relationship, and for whom Respondent had neither diagnosed nor determined that a controlled substance was medically necessary:

A. Patient D.S. - DOB 10/13/1977
Rx#171143 37.5 MG Phentermine
Rx#171144 500 MG Metformin
Issued and dispensed on 6/25/2021

B. Patient J.A.B. - DOB 5/24/1981
Rx#171806 37.5 MG Phentermine
Rx#171807 500 MG Metformin
Issued and dispensed on 7/02/2021

C. Patient M.G. - DOB 9/02/1992
Rx#171460 37.5 MG Phentermine
Issued on 6/29/2021 - not dispensed

D. Patient J.W. - DOB 3/9/1989
Rx#170879 37.5 MG Phentermine
Rx#170880 500 MG Metformin
Issued and dispensed on 6/21/2021

E. Patient J.H. - DOB 11/23/1996
Rx#170482 37.5 MG Phentermine
Rx#170483 500 MG Metformin
Issued and dispensed on 6/18/2021

F. Patient T.S. - DOB 11/19/1978
Rx#171145 37.5 MG Phentermine
Rx#171146 500 MG Metformin
Issued and dispensed on 6/25/2021

G. Patient L.B. - DOB 4/17/1967
Rx#170711 37.5 MG Phentermine
Rx#170712 500 MG Metformin
Issued and dispensed on 6/21/2021

H. Patient M.Z. - DOB 1/27/1980
Rx#171101 37.5 MG Phentermine
Rx#171102 500 MG Metformin
Issued and dispensed on 6/25/2021

I. Patient S.M. - DOB 3/29/1988
Rx#170480 37.5 MG Phentermine
Rx#170481 500 MG Metformin
Issued and dispensed on 6/18/2021

J. Patient E.L. - DOB 6/1/1976 or 6/7/1976
Rx#172773 37.5 MG Phentermine
Rx#172774 500 MG Metformin
Issued and dispensed on 07/16/2021

K. Patient J.C. - DOB 6/23/1982
Rx#172318 37.5 MG Phentermine
Rx#172323 500 MG Metformin
Issued and dispensed on 7/09/2021

L. Patient L.Y. - DOB 1/04/1967
Rx#172283 37.5 MG Phentermine
Rx#172284 500 MG Metformin
Issued and dispensed on 7/9/2021

M. Patient N.K. - DOB 12/13/1973
Rx#171068 37.5 MG Phentermine
Rx#171070 500 MG Metformin
Issued and dispensed on 6/25/2021

N. Patient M.M. - DOB 6/21/1988
37.5 MG Phentermine
500 MG Metformin
Pharmacy declined to fill

3. Respondent failed to query the Prescription Monitoring Program (PMP) database between November 16, 2020, and January 19, 2022.

4. On his 2020 biennial renewal application for Certificate of Registration No. CS24310, Respondent failed to disclose to the Board recent administrative actions against him, including, without limitation:

- Arizona Medical Board – Case No. MD-19-1137-A (reprimand/probation)
- State Medical Board of Ohio – Case No. 35.123613 (license revocation)
- Colorado Medical Board – Case No. 2019-8449-B (letter of admonition)
- Georgia Composite Medical Board – Case No. 20220043 (fine)
- Virginia Board of Medicine – Case No. 187506 (license suspension)
- Pennsylvania State Board of Medicine – Case No. 19-49-017073 (reprimand)
- Washington Medical Commission – Case No. W2019-234 (license suspension)
- North Dakota Board of Medicine – Case No. 11222019 (conditions placed on license)

5. On or about December 3, 2021, the Nevada State Board of Medical Examiners (NSBME) entered an order in Case No. 21-41427-1, and placed Respondent's License No. 15168 to practice medicine on probation for engaging in conduct in violation of the standards of practice established by the NSBME, specifically for violation of NRS 630.306(1)((b)(3)) related to engaging in conduct that violates Board regulations, and violation of NRS 630.3062(1)(h), related to the fraudulent, illegal, unauthorized or otherwise inappropriate prescribing, administering or dispensing of a controlled substance listed in schedule II, III or IV, while Respondent was the medical director of Vida Spa, located at 3225 S Rainbow Blvd. #107 and or #206 in Las Vegas.

6. As detailed in the NSBME's order in Case No. 21-41427-1, Respondent permitted persons not licensed as practitioners in Nevada to act under his authority to operate Vida Spa, to provide on-site medical treatment to patients, and to purchase, access, store, possess, administer, furnish and/or dispense controlled substances, dangerous drugs and hypodermic devices to patients with whom Respondent had not established a bona fide therapeutic relationship, before Respondent had examined the patients and without his direct supervision, and for whom Respondent had neither diagnosed or determined that a prescription drug was medically necessary.

APPLICABLE LAW

7. No person may possess, administer, furnish, prescribe or dispense a controlled substance except as authorized by law. 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03(a)(1); NRS 453.226(1); NRS 453.232; NRS 453.321(1)(a); NRS 453.377; NRS 453.381(1); NRS 639.100(1); NRS 639.235(1); NRS 639.23505; NAC 639.742.

8. No person may possess, administer furnish, prescribe or dispense a dangerous drug except as authorized by law. NRS 454.213(1); NRS 454.221; NRS 454.311; NRS 454.316; NRS 454.321; NRS 454.356; NRS 639.100(1); NRS 639.235(1); NRS 639.23505; NAC 639.742.

9. No person may possess, administer furnish, prescribe or dispense a hypodermic device except as authorized by law. NRS 454.480; NRS 454.510; NRS 454.530.

10. It is unlawful for a practitioner to prescribe a controlled substance except as authorized by law. 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03(a)(1); NRS 453.226(1); NRS 453.321(1)(a); NRS 453.381(1); NRS 639.100(1); NRS 639.235(1).

11. A prescription for a controlled substance may be issued only for a legitimate medical purpose and after review of a patient's utilization report in the Prescription Monitoring Program (PMP) database in conformance with NRS 639.23507. 21 CFR § 1306.04(a); NRS 453.381(1).

12. It is a felony offense to falsify a prescription for a controlled substance, falsely representing oneself as a practitioner entitled to write prescriptions, 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 453.321(1)(a); NRS 453.331(1)(c), (d), (f), (h) and (i); NRS 639.281(1); NRS 639.2813(1).

13. Conspiring to violate the Controlled Substances Act is a felony offense. 21 U.S.C. § 846; NRS 453.401(l)(a).

14. A licensed practitioner who wishes to dispense controlled substances or dangerous drugs must register with the Board. NRS 453.226(1); NRS 454.215(3); NRS 454.356; NRS 639.100(1); NRS 639.23505; NAC 639.742.

15. All controlled substances and dangerous drugs in the possession of a practitioner must be kept in a locked storage area with access restricted to authorized persons. 21 CFR § 1301.71; NAC 453.400; NAC 453.410(1)(d).

16. It is unlawful for a person knowingly or intentionally to furnish false or fraudulent material information in, or omit any material information from, any application for registration under NRS Chapter 453. NRS 453.331(1)(e); NRS 639.281(1).

17. NRS 453.164(7) requires each practitioner to review his or her prescriber activity in the Prescription Monitoring Program (PMP) database at least once every 6 months.

18. Supplying or diverting drugs or devices which are legally sold in pharmacies so that unqualified persons can circumvent any law pertaining to the legal sale of such articles constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(g) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

19. 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).

20. Performing any duties as the holder of a controlled substance registration or a dispensing practitioner registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

21. Aiding or abetting a person not licensed to practice 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).

22. Performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration constitutes unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(k) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 453.236(1) and NRS 639.210(4).

23. Prescribing or dispensing a drug to any patient with whom the prescribing or 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 (o) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

24. Willfully making to the Board any false statement which is material to the administration or enforcement of Nevada law is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(9).

25. Obtaining any registration by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(10).

26. 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).

27. 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).

28. 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

Violation of Federal Controlled Substances Act – Issuing Fraudulent Controlled Substance Prescriptions

29. By fraudulently issuing controlled substance prescriptions as alleged in Paragraph 2 herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a), 21 U.S.C. § 846, 21 CFR § 1306.03(a)(1) and/or 21 CFR § 1306.04(a), and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and/or NRS 639.210(11).

COUNT TWO

Violations of State Law – Issuing Fraudulent Controlled Substance Prescriptions

30. By fraudulently issuing controlled substance prescriptions as alleged in Paragraph 2 herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.226(1), NRS 453.321(1)(a), NRS 453.331(1) (f) and (i), NRS 453.381(1), NRS 453.401(l)(a), NRS 639.100(1) and/or NRS 639.235(1), and is subject to discipline pursuant to NRS 453.236(1), NRS 453.241(1) and/or NRS 639.210(12).

COUNT THREE

Violations of State Law - Prescription Monitoring Program

31. By failing to query the Prescription Monitoring Program (PMP) database between November 16, 2020, and January 19, 2022, to review a patient's utilization report prior to issuing a prescription for a controlled substance and to review his prescriber activity, as

alleged in Paragraph 3 herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.164(7) and NRS 639.23507, and is subject to discipline pursuant to NRS 453.236(1)(d) and (e), NRS 453.241(1), NRS 639.210(12) and/or NRS 639.23916(3)(b).

COUNT FOUR

Furnishing False Material Information to Board

32. By failing to disclose the administrative actions to the Board on his 2020 biennial renewal application as alleged in Paragraph 4 herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.331(1)(e), and is subject to discipline pursuant to NRS 453.236(1)(a) and (e), NRS 453.241(1), NRS 639.210(9) and/or NRS 639.210(12).

COUNT FIVE

Obtaining Registration by False or Fraudulent Application

33. By failing to disclose the administrative actions to the Board on his 2020 biennial renewal application as alleged in Paragraph 4 herein, Respondent is subject to discipline pursuant to NRS 453.236(1)(a) and (e), NRS 453.241(1), and/or NRS 639.210(10).

COUNT SIX

Violation of Federal Controlled Substances Act – Unlawful Operation of Vida Spa

34. By violating NRS Chapter 630 as detailed in the NSBME's order in Case No. 21-41427-1, and permitting persons not licensed as practitioners in Nevada to act under Respondent's authority to operate Vida Spa, to provide on-site medical treatment to patients, and to purchase, access, store, possess, administer, furnish and/or dispense controlled substances to patients with whom Respondent had not established a *bona fide* therapeutic relationship, before Respondent had examined the patients and without his direct supervision, and for whom Respondent had neither diagnosed or determined that a controlled substance was medically necessary, Respondent violated, attempted to violate, assisted or abetted in the violation of or

conspired to violate 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a), 21 U.S.C. § 846, 21 CFR § 1306.03(a)(1) and/or 21 CFR § 1306.04(a), and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and/or NRS 639.210(11).

COUNT SEVEN

Violation of State Law – Unlawful Operation of Vida Spa

35. By violating NRS Chapter 630 as detailed in the NSBME's order in Case No. 21-41427-1, and permitting persons not licensed as practitioners in Nevada to act under Respondent's authority to operate Vida Spa, to provide on-site medical treatment to patients, and to purchase, access, store, possess, administer, furnish and/or dispense controlled substances, dangerous drugs and hypodermic devices to patients with whom Respondent had not established a *bona fide* therapeutic relationship, before Respondent had examined the patients and without his direct supervision, and for whom Respondent had neither diagnosed or determined that a prescription drug was medically necessary, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.226(1), NRS 453.232, NRS 453.321(1)(a), NRS 453.377, NRS 453.381(1), NRS 454.213(1), NRS 454.215(3); NRS 454.221, NRS 454.316, NRS 454.321, NRS 454.356, NRS 454.480, NRS 454.510, NRS 454.530, NRS 639.100(1), NRS 639.235(1), NRS 639.23505 and/or NAC 639.742, and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and/or NRS 639.210(12).

COUNT EIGHT

Violation of State Law – Dispensing Without a Valid Registration

36. By dispensing controlled substances and dangerous drugs in the course of operating Vida Spa without a valid dispensing practitioner registration as detailed in the NSBME's order in Case No. 21-41427-1, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.266(1); NRS 453.321(1)(a); NRS 454.215(3), NRS 454.221, NRS 454.356, NRS 639.100(1), NRS 639.23505 and/or NAC

639.742, and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and/or NRS 639.210(12).

COUNT NINE
Permitting Unrestricted Access to Drug Inventory

37. By permitting persons not licensed as practitioners in Nevada to have unrestricted access to the inventory of controlled substances and dangerous drugs in the course of operating Vida Spa, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 CFR § 1301.71, NAC 453.400 and/or NAC 453.410(1)(d), and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and/or NRS 639.210(11) and/or (12).

COUNT TEN
Unprofessional Conduct – Diversion

38. By permitting Revenge MD staff not licensed as practitioners in Nevada to fraudulently issue controlled substance prescriptions as alleged in paragraph 2 herein, and by permitting persons not licensed as practitioners in Nevada to act under Respondent's authority to operate Vida Spa as detailed in the NSBME's order in Case No. 21-41427-1, Respondent supplied and/or diverted drugs or devices which are legally sold in pharmacies so that unqualified persons can circumvent any law pertaining to the legal sale of such articles and engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(g), and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and/or NRS 639.210(4).

COUNT ELEVEN
Unprofessional Conduct - Fraudulent/Deceitful Practice/Transaction

39. By fraudulently issuing controlled substance prescriptions as alleged in paragraph 2 herein, by failing to disclose the administrative actions to the Board on his 2020 biennial renewal application as alleged in Paragraph 4 herein, and by permitting persons not licensed as

practitioners in Nevada to act under Respondent's authority to operate Vida Spa as detailed in the NSBME's order in Case No. 21-41427-1, Respondent was party to a fraudulent or deceitful practice or transaction and engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(h), and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and/or NRS 639.210(4).

COUNT TWELVE

Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties

40. By his acts as alleged herein, Respondent has performed his duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(i), and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1), and/or NRS 639.210(4).

COUNT THIRTEEN

Unprofessional Conduct – Aiding and Abetting Unlicensed Practice

41. By permitting Revenge MD staff not licensed as practitioners in Nevada to fraudulently issue controlled substance prescriptions as alleged in paragraph 2 herein, and by permitting persons not licensed as practitioners in Nevada to act under Respondent's authority to operate Vida Spa as detailed in the NSBME's order in Case No. 21-41427-1, Respondent aided and abetted unlicensed practice and engaged in unprofessional conduct as defined in NAC 639.945(1)(j), and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and/or NRS 639.210(4).

COUNT FOURTEEN

Unprofessional Conduct – Dispensing without a Valid Registration

42. By dispensing controlled substances and dangerous drugs in the course of operating Vida Spa without a valid dispensing practitioner registration as detailed in the NSBME's order in Case No. 21-41427-1, Respondent engaged in unprofessional conduct and

conduct contrary to the public interest as defined in NAC 639.945(1)(k), and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and/or NRS 639.210(4).

COUNT FIFTEEN

Unprofessional Conduct – Prescribing/Dispensing Without Bona Fide Therapeutic Relationship

43. By unlawfully prescribing and dispensing controlled substances and dangerous drugs to patients with whom he did not have a bona fide therapeutic relationship as alleged in paragraph 2 herein and as detailed in the NSBME's order in Case No. 21-41427-1, Respondent engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(n) and (o), and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and/or NRS 639.210(4).

COUNT SIXTEEN

Commission of Acts that Render Registration Inconsistent with the Public Interest

44. By his acts as alleged herein, Respondent has committed acts that render his registration inconsistent with the public interest and is subject to discipline pursuant to NRS 453.236(1) 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 7th day of March 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.** **SHERMAN WASHINGTON, MD,** **Certificate of Registration No. CS24310,** **Respondent.**	**CASE NO. 21-104-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, June 1, 2022, at 9:00 AM PST or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 7th day of APRIL, 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SHERMAN WASHINGTON, MD,** **Certificate of Registration No. CS24310,** **Respondent.**	**CASE NO. 21-104-CS-N** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2022.

_____

SHERMAN WASHINGTON, MD,

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 8th day of April, 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Sherman Washington, MD
4966 S. Rainbow Blvd. Suite 100
Las Vegas, NV 89118

Sherman Washington, MD
Transforming Arts
2906 N. Green Valley Pkwy., Suite 114
Henderson, NV 89014

Sherman Washington, MD
1820 E Lake Mead Blvd Ste M
North Las Vegas, NV 89030

SHIRLEY HUNTING

BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF NEVADA

* * * *

In the Matter of Charges and Complaint Against: **SHERMAN WASHINGTON, M.D., Respondent.**	**Case No. 21-41427-1**

FILED
AUG 30 2021
NEVADA STATE BOARD OF MEDICAL EXAMINERS
By:

COMPLAINT

The Investigative Committee[1] (IC) of the Nevada State Board of Medical Examiners (Board), by and through Aaron Bart Fricke, J.D., General Counsel and attorney for the IC, having a reasonable basis to believe that Sherman Washington, M.D., (Respondent) violated the provisions of Nevada Revised Statutes (NRS) Chapter 630 and Nevada Administrative Code (NAC) Chapter 630 (collectively, the Medical Practice Act), hereby issues its Complaint, stating the IC's charges and allegations as follows:

1. Respondent was at all times relevant to this Complaint a medical doctor holding an active license to practice medicine in the State of Nevada (License No. 15168). Respondent was originally licensed by the Board on February 7, 2014.

I. STATEMENT OF LAW

A. "Medical Directors," Medical Assistants, and the Unlicensed Practice of Medicine

2. NRS 630.305(1)(e) provides that aiding, assisting, employing or advising, directly or indirectly, any unlicensed person to engage in the practice of medicine, contrary to the provisions of NRS Chapter 630 or the regulations of the Board, is grounds for disciplinary action or denying licensure.

[1] The Investigative Committee of the Nevada State Board of Medical Examiners, at the time this formal Complaint was authorized for filing, was composed of Board Members Victor M. Muro, M.D., Chair, Weldon Havins, M.D., J.D., and Ms. Maggie Arias-Petrel.

3. Pursuant to NRS 630.020(1)-(4), the "Practice of medicine" means:

> 1. To diagnose, treat, correct, prevent or prescribe for any human disease, ailment, injury, infirmity, deformity or other condition, physical or mental, by any means or instrumentality, including, but not limited to, the performance of an autopsy.
>
> 2. To apply principles or techniques of medical science in the diagnosis or the prevention of any such conditions.
>
> 3. To perform any of the acts described in subsections 1 and 2 by using equipment that transfers information concerning the medical condition of the patient electronically, telephonically or by fiber optics, including, without limitation, through telehealth, from within or outside this State or the United States.
>
> 4. To offer, undertake, attempt to do or hold oneself out as able to do any of the acts described in subsections 1 and 2.

4. NRS 630.400(1)(d) provides that it is unlawful to practice medicine without being licensed under NRS Chapter 630.

5. Pursuant to NRS 630.400(2) and NRS 193.130(c) and (d), the unlawful practice of medicine is a felony, punishable by imprisonment in the state prison for a minimum term of not less than one (1) year and a maximum term of not more than five (5) years.

6. Pursuant to the Medical Practice Act, the only means by which a practitioner may lawfully aid, assist, employ or advise, directly or indirectly, an unlicensed person to engage in the practice of medicine, is by delegating specific tasks to an adequately supervised and trained "medical assistant."

7. Pursuant to NRS 630.0129, a "medical assistant" means a person who:

> (a) performs clinical tasks under the supervision of a practitioner, and
>
> (b) does not hold a license, certificate or registration issued by a professional licensing or regulatory board in this State to perform such clinical tasks; the term does not include a person who performs only administrative, clerical, executive or other nonclinical tasks.

8. Pursuant to NRS 630.306(1)(r), a practitioner must adequately supervise his or her medical assistants, and failing to do so is grounds for initiating disciplinary action or denying licensure.

9. Pursuant to NAC 630.830, a delegating practitioner is professionally responsible for the safety and performance of each task which is delegated to a medical assistant. Pursuant to NAC 630.810, a delegating practitioner may not delegate tasks to a medical assistant unless: (a) the

delegating practitioner knows that the medical assistant possesses the knowledge, skill and training to perform the task safely and properly; (b) the medical assistant is not required to be certified or licensed to perform that task; and (c) the medical assistant is employed by the delegating practitioner or the medical assistant and the delegating practitioner are employed by the same employer.

10. Pursuant to NAC 630.830(4), a delegating practitioner shall not delegate or otherwise allow a medical assistant to administer an anesthetic agent which renders a patient unconscious or semiconscious.

11. Pursuant to NAC 630.820, a delegating practitioner may not remotely supervise a medical assistant, except in a specific case of emergency in a rural area.[2]

12. Except as otherwise provided in NAC 630.820, pursuant to NAC 630.810, if a medical assistant is delegated a task which involves an "invasive procedure," [3] the delegating practitioner must be immediately available to exercise oversight in-person while the medical assistant performs the task.

13. The term "medical director" is not recognized or defined under the Medical Practice Act, and no law authorizes a licensee of the Board to, by calling himself or herself a "medical director," violate or circumvent the aforementioned statutes and regulations of the Medical Practice Act.

14. Accordingly, pursuant to NRS 630.400(1)(d), 630.305(1)(e), and 630.0129, and NAC 630.800-830:

a. A practitioner who, whether by serving as a so-called "medical director" or by some other relationship or circumstance, aids, assists, employs or advises, directly or indirectly, any unlicensed person to engage in the practice of medicine, may lawfully do so only by delegating tasks

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[2] Remote supervision of a medical assistant is prohibited unless: (a) the patient is located in a rural area; (b) the delegating practitioner is physically located a significant distance from the location where the task is to be performed; (c) the delegating practitioner determines that the exigent needs of the patient require immediate attention; (d) the patient and the delegating practitioner previously established a practitioner-patient relationship; and (e) the delegating practitioner is immediately available by telephone or other means of instant communication during the performance of the task by the medical assistant. As used in NAC 630.820, "rural area" means any area in this State other than Carson City or the City of Elko, Henderson, Reno, Sparks, Las Vegas or North Las Vegas.

[3] The Medical Practice Act does not define "invasive procedure," however, NAC 449.9733 pertaining to Medical Facilities defines "invasive procedure" as "a medical procedure involving entry into the human body by puncture or incision or by insertion of an instrument."

to an adequately supervised and properly trained medical assistant, who the delegating practitioner knows possesses the knowledge, skill and training to perform the task safely and properly, and the delegating practitioner is professionally responsible for the safety and performance of each task which is delegated to that medical assistant.

b. A practitioner who, whether by serving as a so-called "medical director" or by some other relationship or circumstance, aids, assists, employs or advises, directly or indirectly, any unlicensed person to engage in the practice of medicine, but who has not done so by delegating specific tasks to an adequately supervised and properly trained medical assistant, has violated NRS 630.305(1)(e), and is subject to discipline for aiding and abetting the unlicensed practice of medicine. In addition, the unlicensed person engaged in the practice of medicine has violated NRS 630.400(1)(d), by practicing medicine without a license.

c. A practitioner who delegates a medical task to a medical assistant, whether by serving as a so-called "medical director" or by some other relationship or circumstance, remains professionally responsible for, among other requirements, ensuring the following:

i. The safety and performance of each task delegated;

ii. The proper employment relationships between themselves and the medical assistant or their common employer;

iii. The medical assistant is sufficiently knowledgeable, trained and skilled to perform the tasks delegated to them;

iv. The medical assistant is adequately supervised, and the practitioner must be nearby to supervise the specific medical tasks delegated, and, if it is an invasive medical task, then the delegating practitioner must be immediately available to exercise oversight in-person while the medical assistant performs the task; and

v. The medical assistant does not administer an anesthetic agent which renders a patient unconscious or semiconscious.

d. A practitioner who delegates a medical task to a medical assistant, whether by serving as a so-called "medical director" or by some other relationship or circumstance, and who violates the aforementioned provisions of the NRS or NAC pertaining to medical assistants, and

who fails to adequately supervise that medical assistant as required under the circumstances, has violated NRS 630.306(1)(r), and is subject to discipline for failing to adequately supervise a medical assistant.

B. Cosmetologists, "Medical Spas" and "Medical Aestheticians," and the Unlicensed Practice of Medicine

15. Pursuant to NRS 644A.030 a licensed "cosmetologist" is not authorized by such license to practice medicine in any way. Rather, a licensed cosmetologist is authorized to perform only non-medical, cosmetology services, such as cleansing, stimulating or massaging the scalp or cleansing or beautifying the hair by the use of cosmetic preparations, antiseptics, tonics, lotions or creams, cutting, trimming or shaping the hair, removing hair by the use of depilatories, waxing, tweezing or sugaring, except for the permanent removal of hair with needles, manicuring nails, massaging the skin, giving facials, and other miscellaneous non-medical, cosmetological services.

16. Pursuant to NAC 644A.790 a cosmetologist is further explicitly prohibited from performing "invasive procedures," which mean, for the purposes of professional licensing of cosmetologists, "an act that affects the structure or function of the skin other than the uppermost layers of the skin," and which, for the sake of regulating the practice of cosmetologists, includes, without limitation, (a) the application of electricity for the sole purpose of contracting a muscle, (b) the application of a topical lotion, cream or other substance which affects anything other than the uppermost layers of the skin, (c) the penetration of the skin by needles, and (d) the abrasion of the skin below the uppermost layers of the skin.

17. Further, there is no such license as "medical aesthetician" or "medical cosmetologist" authorized by any Nevada law or issued by any Nevada sanctioned professional licensing body. On the contrary, NAC 644A.870 specifically prohibits cosmetologists and aestheticians from using the terms "expert," "advanced" or "medical" in connection with any description of their practice in any branch of cosmetology or otherwise holding the licensee out to the public as an expert, advanced or medical practitioner of any branch of cosmetology.

18. Accordingly, a Nevada licensed cosmetologist or aesthetician may not refer to himself or herself as a "medical cosmetologist" or "medical aesthetician" in connection with any

description of their practice, and may not, in fact, practice medicine in any way or perform invasive medical procedures or medical services of any kind, unless they do so as a "medical assistant" to a Nevada licensed medical professional, i.e., either as medical assistant to a Nevada licensed physician or physician assistant pursuant to NRS 630.0129, et. seq., and NAC 630.800-830, as described above, or similarly as another type of professional "assistant," "hygienist," "technician," or other such designation, who is delegated tasks by and under the direct supervision of a medical professional who is duly licensed pursuant to chapters 631 to 637, inclusive, 639 or 640 of NRS, and who remains professionally responsible for their conduct.

19. If a cosmetologist or aesthetician practices medicine in any way, unless he or she acts as a medical assistant and is delegated tasks and is properly supervised by a professional medical practitioner, then he or she is violating NRS 630.400(1)(d) by practicing medicine without a license.

C. Nevada Pharmacy Laws Regarding Controlled Substances, Dangerous Drugs and Hypodermic Devices

20. NRS 630.306(1)(b)(3) provides that engaging in conduct that violates a regulation adopted by the Nevada State Board of Pharmacy (Pharmacy Board) is grounds for initiating disciplinary action against a licensee.

21. Pursuant to NRS 630.3062(1)(h), fraudulent, illegal, unauthorized or otherwise inappropriate prescribing, administering or dispensing of a controlled substance listed in schedule II, III or IV is grounds for initiating disciplinary action or denying licensure.

22. Pursuant to 21 Code of Federal Regulations (CFR) §1306.04(a)-(b) and NRS 453.381, a physician or physician assistant may prescribe or administer controlled substances only for a legitimate medical purpose and in the usual course of his or her professional practice. The responsibility for the proper prescribing and dispensing of controlled substances is upon the prescribing practitioner, and a prescription may not be issued in order for an individual practitioner to obtain controlled substances for supplying the individual practitioner for the purpose of general dispensing to patients. *See* 21 CFR §1306.04(a)-(b).

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23. Pursuant to NRS 454.201, a "dangerous drug" is any drug, other than a controlled substance, unsafe for self-medication or unsupervised use, and includes, among other things, (1) any drug which has been approved by the Food and Drug Administration for general distribution and bears the legend: "Caution: Federal law prohibits dispensing without prescription," and (2) any drug which, pursuant to the Board's regulations, may be sold only by prescription because the Board has found those drugs to be dangerous to public health or safety.

24. Pursuant to NRS 454.316 and NRS 454.321, it is unlawful to possess, dispense or furnish a dangerous drug except when furnished to the person by a pharmacist pursuant to a legal prescription from a practitioner.

25. Pursuant to NRS 454.009, a "hypodermic" device is any syringe, needle, instrument, device or implement intended or capable of being adapted for the purpose of administering drugs by subcutaneous, intramuscular or intravenous injection.

26. Pursuant to NRS 454.510, it is unlawful for any person to have in his or her possession or under his or her control any hypodermic device that is restricted by federal law to sale by or on the order of a physician, unless the person has acquired possession of such device in accordance with the provisions of NRS 454.480 to 454.530, inclusive, that is, by sale from a licensed pharmacist, on the prescription of a physician or other practitioner, which prescription is filled as required by NRS 639.236, and may be refilled as authorized by the prescriber.

27. Accordingly, pursuant to NRS 454.009, 454.201, 454.316, 454.321 and 454.510, any person who is not a practitioner as defined in NRS 639.0125 is not permitted by Nevada law to possess, control, access, prescribe, administer, and/or dispense dangerous drugs or hypodermic devices, except as a medical assistant under the direct supervision of a Nevada licensed physician, physician assistant, or other licensed medical professional, and then, only if otherwise permitted and in compliance with laws of regulating pharmacies and pharmaceuticals.

28. NAC 639.742(1) provides that a practitioner who wishes to dispense controlled substances or dangerous drugs must apply to the Pharmacy 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, any remote site or satellite

consultation site, from which the practitioner wishes to dispense controlled substances or dangerous drugs.

29. NAC 639.742(2) provides that if a facility from which the practitioner intends to dispense dangerous drugs or controlled substances is not wholly owned and operated by the practitioner, the owner or owners of the facility must also submit an application to the Pharmacy Board for a license to do so.

30. NAC 639.742(3) provides in pertinent part that a dispensing practitioner and, if applicable, the owner or owners of the facility, shall ensure that:

> . . . (b) All drugs are received and accounted for by the dispensing practitioner;
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> (c) All drugs are stored in a secure, locked room or cabinet to which the dispensing practitioner has the only key or lock combination;
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> (d) All drugs are dispensed in accordance with NAC 639.745[4];

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[4] NAC 639.745 Duties of certain practitioners concerning dispensing of controlled substances and dangerous drugs. (NRS 639.070, 639.0727)

1. Each practitioner who is registered with the Board to dispense controlled substances and dangerous drugs, including, without limitation, a dispensing practitioner, and who dispenses such products for use by the practitioner's patients outside his or her presence shall:

(a) Keep complete, accurate and readily retrievable records of each controlled substance and dangerous drug purchased and dispensed. The record for each such product dispensed to a patient must include:

(1) The name of the patient and, if not readily available from the practitioner's records, the patient's address;

(2) The name, strength and quantity of the prescribed controlled substance or dangerous drug;

(3) The directions for use;

(4) The date the prescription was issued; and

(5) A unique identifying number.

(b) Maintain a separate file for the records concerning the purchase of each controlled substance listed in schedule II and a separate file for the records concerning the dispensing of each controlled substance listed in schedule II. Each prescription for a controlled substance or dangerous drug must be maintained in a separate file pursuant to the requirements set forth in NAC 453.480.

(c) Keep all controlled substances and dangerous drugs in a locked storage area. Access to the storage area must be restricted to the persons described in NRS 453.375.

(d) Ensure that each package or container in which a controlled substance is dispensed, except samples in the manufacturer's packages, is clearly labeled pursuant to the requirements set forth in NRS 639.2801.

(e) Ensure that the package or container in which a controlled substance or dangerous drug is dispensed complies with all state and federal packaging requirements.

(f) Be deemed to be a pharmacy as that term is used in NAC 639.926 and shall comply with that section.

2. A practitioner may dispense dangerous drugs or controlled substances only after the patient has been informed by the practitioner that the patient may request a written prescription and have it filled at another location of the patient's choosing.

3. A record regarding the dispensing of a controlled substance or dangerous drug made and kept pursuant to this section must be maintained on paper or in a computer. If the record is:

(a) Maintained on paper, the record must:

(1) Include all the information required to be on the prescription pursuant to NRS 639.2353 and NAC 453.440;

> (e) No prescription is dispensed to a patient unless the dispensing practitioner is on-site at the facility;
>
> (f) All drugs are dispensed only to the patient personally at the facility;
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> . . . (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.

31. NAC 639.742(4)(a)-(b) provide, in-part, with regard to the filling and dispensing of prescriptions at a facility, only the dispensing practitioner or a dispensing technician may enter the locked room or cabinet in which drugs are stored and/or remove drugs from stock.

32. NAC 639.945(1) provides in pertinent part that the following acts or practices by a holder of any license, certificate or registration issued by the Pharmacy Board or any employee of any business holding any such license, certificate or registration are declared to be, specifically but not by way of limitation, unprofessional conduct and conduct contrary to the public interest:

> ...(g) Supplying or diverting drugs, biologicals, medicines, substances or devices which are legally sold in pharmacies or by wholesalers, so that unqualified persons can circumvent any law pertaining to the legal sale of such articles.
>
> . . . (i) Performing any of his or her duties as the holder of a license, certificate or registration issued by the Board, or as the owner of a business or an entity licensed by the Board, in an incompetent, unskillful or negligent manner.
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> . . . (n) Dispensing a drug as a dispensing practitioner to a patient with whom the dispensing practitioner does not have a bona fide therapeutic relationship.
>
> (o) Prescribing a drug as a prescribing practitioner to a patient with whom the prescribing practitioner does not have a bona fide therapeutic relationship.

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(2) Set forth on the front of the prescription a certification initialed and dated by the patient that the patient has been informed by the practitioner in accordance with subsection 2 and that the patient has agreed to have the practitioner dispense the controlled substance or dangerous drug; and

(3) Be serially numbered and kept in numerical order in a single file for all dispensing practitioners, including, without limitation, physician assistants and advanced practice registered nurses, practicing at the same location.

(b) Maintained in a computer, the record must:

(1) Include all the information required to be on the prescription pursuant to NRS 639.2353 and NAC 453.440;

(2) Contain a certification, either in the computer or a separate paper document, initialed and dated by the patient that the patient has been informed by the practitioner in accordance with subsection 2 and that the patient has agreed to have the practitioner dispense the controlled substance or dangerous drug; and

(3) Be searchable for any item required by paragraph (a) of subsection 1 to be included in the record.

33. NAC 639.945(2) provides that the owner of any business or facility licensed, certified or registered by the Pharmacy Board is responsible for the acts of all personnel in his or her employ.

34. NAC 639.945(3) provides that, for purposes of applying Pharmacy Board regulations:

> [A] bona fide therapeutic relationship between the patient and practitioner shall be deemed to exist if the patient was examined in person, electronically or telephonically by the practitioner within the 6 months immediately preceding the date the practitioner dispenses or prescribes a drug to the patient and, as a result of the examination, the practitioner diagnosed a condition for which a given drug therapy is prescribed.

35. Accordingly, any physician or physician assistant who—whether by serving as a so-called "medical director" of, or by furnishing dangerous drugs or hypodermic devices to, or by some other relationship or circumstance with any "medical spa" wherein dangerous drugs or hypodermic devices are possessed, controlled, accessed, prescribed, administered, and/or dispensed—engages in conduct that violates any regulation adopted by the Pharmacy Board, including but not limited to NAC 639.742(1)-(3), (4)(a)-(b), or 639.945(1)-(3), has violated the Nevada Medical Practice Act and is subject to discipline by the Board.

II. THE PERTINENT HISTORY OF CRIMINAL AND UNPROFESSIONAL CONDUCT OF TAMMY LYNN HANKINS, PA-C

36. On or about March 1, 2012, in the Superior Court of the State of Arizona, in and for the County of Mohave (Arizona Court), in Case No. CR-2012-00287, a Grand Jury indicted Tammy Lynn Hankins (Hankins), a physician assistant who at that time held a license to practice medicine in the State of Arizona, on five (5) criminal counts of violations of Arizona law, including COUNT 1: FRAUDULENT SCHEMES AND ARTIFICES, CLASS 2 FELONY; COUNT 2: OBTAIN OR PROCURE THE ADMINISTRATION OF A NARCOTIC DRUG BY FRAUD, CLASS 3 FELONY; COUNT 3: OBTAINING A DANGEROUS DRUG BY FRAUD, CLASS 3 FELONY; COUNT 4: ATTEMPTED OBTAINING A DANGEROUS DRUG BY FRAUD, CLASS 4 FELONY; COUNT 5: ATTEMPTED OBTAINING A DANGEROUS DRUG BY FRAUD, CLASS 4 FELONY.

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Hankins' Arizona Case History

37. On or about November 28, 2012, the Arizona Regulatory Board of Physician Assistants ("Arizona Board"), in Case No. PA-11-0127A, found Hankins, who had been the holder of a license to practice medicine as a physician assistant in the State of Arizona (License No. 2228), guilty of unprofessional conduct. Specifically, the Arizona Board found Hankins guilty with respect to two (2) patients, Patient JC and Patient MW, determining that Hankins deviated from the standard of care by inappropriately and excessively prescribing controlled substances to patients, risking addiction or overdose with a possible fatal outcome.

38. For the foregoing misconduct, the Arizona Board found Hankins guilty of unprofessional conduct pursuant to Arizona Revised Statute (ARS) §32-2501(18)(i) ("prescribing or dispensing controlled substances or prescription-only drugs for which the physician assistant is not approved or in excess of the amount authorized pursuant to this chapter"); ARS §32-2501(18)(j) ("any conduct or practice that is or might be harmful or dangerous to the health of a patient or the public"); ARS § 32-2501 (18)(p) ("failing or refusing to maintain adequate records on a patient"), and ARS § 32-2501(18)(z) ("failing to furnish legally requested information to the [Arizona Board] or its Investigator in a timely manner."). The Arizona Board also found that a practice restriction was needed in order to protect the public, and ordered that Hankins be issued a Letter of Reprimand, placed on probation for one (1) year with additional conditions and restrictions.

Expiration of Hankins's Arizona License

39. Hankins's license to practice medicine as a physician assistant in the State of Arizona (License No. 2228) was due for renewal by June 1, 2013; Hankins did not renew, and her Arizona license expired by operation of law on May 20, 2014.

Arizona Criminal Conduct by Hankins

40. On or about September 14, 2013, the Arizona Court found that Hankins had knowingly, intelligently and voluntarily pled guilty to the offense of: COUNT 3: OBTAINING A DANGEROUS DRUG BY FRAUD, CLASS 3 FELONY. On or about October 2, 2013, the Arizona Court entered its judgment finding Hankins guilty of the foregoing charge, and sentenced Hankins to a suspended

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imposition of sentence and placing the Defendant on probation for a period of four years commencing October 2, 2013, among other conditions of probation.

41. On or about January 17, 2014, pursuant to a Petition to Revoke Probation, the Arizona Court ordered that Hankins be held without bond pending hearing on said petition.

42. On or about August 11, 2014, the Arizona Court found Hankins guilty of violating her probation for the following crimes: OBTAINING A DANGEROUS DRUG BY FRAUD, CLASS 3 FELONY, and SEXUAL CONDUCT WITH A MINOR, CLASS 6 FELONY. For the first crime, Hankins was sentenced to two and one-half (2.5) years with the Arizona Department of Corrections, as a minimum sentence, to date from August 11, 2014, and was given credit for two hundred eight (208) days served prior to sentencing. For the second crime, Hankins was sentenced to one (1) additional year of incarceration, that sentence to run consecutive to the other.

43. Hankins was not licensed to practice medicine as a physician assistant in the State of Nevada before March 6, 2020.

44. Hankins does not hold an active Drug Enforcement Agency (DEA) registration, and has not held a valid registration since 2016. Hankins also does not hold and has never held an active license or registration with the Pharmacy Board.

III. RESPONDENT'S AIDING AND ABETTING THE UNLICENSED PRACTICE OF MEDICINE AT VIDA SPA, AND RELATED VIOLATIONS OF NEVADA PHARMACY LAWS

45. Vida Spa LLC, a Nevada Limited Liability Company, formed July 22, 2016, managed by Gisselle Platfoot ("Vida Spa"), and also doing business as "Vida Spa" and "Vita Medical Spa Las Vegas," is a self-described "medical spa" located at 3225 S Rainbow Blvd #107 and/or #206, Las Vegas, NV 89146.

46. At all times relevant to this Complaint, Vida Spa was licensed in Clark County, Nevada, under Clark County Business License No. 2003447.081-172, under the business category of "Cosmetology Establishment - Other Services." The owners listed under this license are Art Matrix, Inc. and Gisselle Platfoot.

47. At all times relevant to this Complaint, Vida Spa had no other business licenses except for the Clark County Business License No. 2003447.081-172.

48. Gisselle Platfoot, manager of Vida Spa, at all times relevant to this Complaint, did not hold a license to practice medicine or any healing art as a "provider of health care," as defined in NRS 629.031, from any occupational licensing board in the State of Nevada, and was not otherwise a practitioner as defined in NRS 639.0125.

49. Vida Spa is "a facility that provides health care, other than a medical facility". *See* NRS 449.442. At all times relevant to this Complaint, neither Respondent, Hankins, Vida Spa, nor Gisselle Platfoot held a permit pursuant to NRS 449.442 to perform general anesthesia, conscious sedation or deep sedation. Additionally, neither Respondent, Hankins, Vida Spa, nor Gisselle Platfoot held a current accreditation by a nationally recognized organization approved by the State Board of Nevada Bureau of Healthcare Quality and Compliance.

50. At all times relevant to this Complaint, Vida Spa was not a "medical facility," as defined in NRS 449.0151, and not "the office" of a physician or physician assistant licensed pursuant to NRS chapter 630 or 633, qualified dentist, advanced practice registered nurse or podiatric physician, as provided in NRS 454.217.

51. On March 24, 2021, the Pharmacy Board issued a Citation and Order to Cease and Desist (Platfoot Citation) to Vida Spa and Gisselle Platfoot, whereby the Pharmacy Board determined that Vida Spa and Gisselle Platfoot were possessing, administering, prescribing and/or dispensing controlled substances and/or dangerous drugs for Nevada patients from Vida Spa in violation of federal and state law. Specifically, the Platfoot Citation states that Vida Spa and Gisselle Platfoot did not have a dispensing registration and are therefore prohibited from possessing, dispensing and/or administering controlled substances and/or dangerous drugs. The Platfoot Citation finds that Vida Spa and Gisselle Platfoot violated, attempted to violate, assisted or abetted in the violation of or conspired to violate, without limitation, NRS 453.226, NRS 453.316, NRS 453.321(1)(a), NRS 453.331 (l)(c)(d)(t)&(i), NRS 453.381(1), NRS 453.40l(l)(a), NRS 639.0727, NRS 639.100(1), NRS 639.23505, NRS 639.281, NRS 639.2813, NRS 639.310, NAC 639.742, 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 84l(a), 21 U.S.C. § 842(a), 21 U.S.C. § 846 and 21 CFR §§ 1306.03-1306.05. The Platfoot Citation orders Vida Spa and Gisselle Platfoot, pursuant to NRS 639.2895(1), to immediately cease and desist possessing, administering,

prescribing and/or dispensing controlled substances for Nevada patients, and also assessed an administrative fine of five thousand dollars ($5,000.00) pursuant to NRS 639.2895(3).

52. Respondent was the so-called "medical director" of Vida Spa, from on or about September 9, 2019, through on or about November 1, 2019.

53. During Respondent's service as "medical director" of Vida Spa, which was licensed only as a "cosmetology establishment," Hankins, Gisselle Platfoot, and Vida Spa's employees and agents provided medical treatment and/or prescriptions and/or administered dangerous drugs and hypodermic devices and/or dispensed dangerous drugs and hypodermic devices to at least seven (7) patients, as set forth below, which conduct by Hankins, Gisselle Platfoot and Vida Spa's employees and agents constitutes the practice of medicine in Nevada:

PATIENT A

54. Patient A[5] was a fifty-seven (57) year-old female at the time of the events at issue.

55. At all times relevant to Hankins's treatment of Patient A, Respondent was the so-called "medical director" of Vida Spa.[6]

56. On October 9, 2019, Hankins, who did not have her own DEA registration and controlled substance license issued by the Pharmacy Board, utilized the prescribing credentials of Respondent, to issue fraudulent prescriptions to Patient A for Tramadol (a Schedule IV Controlled Substance) 50 mg tablets, 24 ct. for 3 days, and Diazepam (a Schedule IV Controlled Substance) 10 mg tablets, 8 ct. for 3 days; these prescriptions were called-in to the pharmacy by Hankins, or by a Vida Spa employee or agent acting at Hankins's direction, and the prescriptions were filled the same day.

57. Hankins instructed Patient A to take Schedule IV controlled substances in a manner that materially deviated from the issued prescriptions; Hankins instructed Patient A to take Tramadol 50mg, 2 tablets, and Diazepam 10 mg, 1 tablet, at 2:00 p.m., on October 10, 2019, for the

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[5] Patients A's true identity is not disclosed herein to protect her privacy, but is disclosed in the Patient Designation served upon Respondent along with a copy of this Complaint, along with identifying information for all other patients B through G referred to herein.

[6] It is inferred that Respondent was Hankins' "Supervising Physician." However, there is no evidence clinically, practically nor by credentials that this relationship with Hankins existed.

purpose of conscious sedation for an invasive, surgical, liposuction procedure Hankins planned to perform on Patient A at Vida Spa at 3:00 p.m. that day.

58. Hankins wrote the prescriptions for these controlled substances and instructed Patient A to deviate from the issued prescription in order to conceal the purpose of the medications, which was conscious sedation, and thereby to conceal a violation by Vida Spa of NRS 449.442(1)-(2).

59. Respondent did not see or treat Patient A, did not direct or supervise Hankins in her treatment of Patient A, and did not specifically direct Hankins to issue prescriptions to Patient A.

60. On October 10, 2019, at Vida Spa, at approximately 3:00 p.m., Hankins performed a liposuction procedure on the arms of Patient A. Hankins administered tumescent anesthesia with Lidocaine and Epinephrine to Patient A, which Hankins obtained, without a patient-specific prescription or an order from a licensed practitioner for Patient A, from a general store of controlled substances and dangerous drugs obtained and maintained by Vida Spa in violation of federal and state law.

61. Hankins was not supervised by any licensed physician while performing this invasive surgical procedure on Patient A at Vida Spa.

PATIENT B

62. Patient B was a thirty-one (31) year-old female at the time of the events at issue.

63. At all times relevant to Hankins's treatment of Patient B, Respondent was the so-called "medical director" of Vida Spa.

64. On October 7, 2019, Hankins, who did not have her own DEA registration and controlled substance license issued by the Pharmacy Board, utilized the prescribing credentials of Respondent, to issue fraudulent prescriptions to Patient B for Tramadol 50 mg tablets (a Schedule IV Controlled Substance), 20 ct. for 3 days, Promethazine 25 mg tablets, 12 ct. for 2 days, Sulfameth/Trimethprim 800/160 mg tablets, 20 ct. for 10 days; these prescriptions were called-in to the pharmacy by Hankins, or by a Vida Spa employee or agent acting at Hankins's direction, and the prescriptions were filled the same day.

65. Respondent did not see or treat Patient B, did not direct or supervise Hankins in her treatment of Patient B, and did not specifically direct Hankins to issue prescriptions to Patient B.

66. On October 8, 2019, at Vida Spa, Hankins performed a liposuction procedure on the arms of Patient B. Hankins administered tumescent anesthesia with Lidocaine and Epinephrine to Patient B, which Hankins obtained, without a patient-specific prescription or an order from a licensed practitioner for Patient B, from a general store of controlled substances and dangerous drugs obtained and maintained by Vida Spa in violation of federal and state law.

67. Hankins was not supervised by any licensed physician while performing this invasive surgical procedure on Patient B at Vida Spa.

PATIENT C

68. Patient C was a forty-three (43) year-old female at the time of the events at issue.

69. At all times relevant to Hankins's treatment of Patient C, Respondent was the so-called "medical director" of Vida Spa.

70. On October 9, 2019, Hankins, who did not have her own DEA registration and controlled substance license issued by the Pharmacy Board, utilized the prescribing credentials of Respondent, to issue fraudulent prescriptions to Patient C for Tramadol (a Schedule IV Controlled Substance) 50 mg tablets, 24 ct. for 3 days, Diazepam (a Schedule IV Controlled Substance) 10 mg tablets, 12 ct. for 4 days, Promethazine 25 mg tablets, 20 ct. for 5 days, and Sulfameth/Trimethprim 800/160 mg tablets, 20 ct. for 10 days; these prescriptions were called-in to the pharmacy by Hankins, or by a Vida Spa employee or agent acting at Hankins's direction, and the prescriptions were filled the same day.

71. Hankins instructed Patient C to take the Schedule IV controlled substances in a manner that materially deviated from the issued prescriptions; Hankins instructed Patient C to take Tramadol 50mg, 2 tablets, and Diazepam 10 mg, 1 tablet, one hour in advance of an invasive, surgical liposuction procedure Hankins planned to perform on Patient C at Vida Spa on October 9, 2019, for the purpose of conscious sedation.

72. Hankins wrote the prescriptions for these controlled substances and instructed Patient C to deviate from the issued prescription in order to conceal the purpose of the medications, which was conscious sedation, and thereby to conceal an apparent violation by Vida Spa of NRS 449.442(1)-(2).

73. Respondent did not see or treat Patient C, did not direct or supervise Hankins in her treatment of Patient C, and did not specifically direct Hankins to issue prescriptions to Patient C.

74. On October 9, 2019, at Vida Spa, Hankins performed a liposuction procedure on the arms of Patient C. Hankins administered tumescent anesthesia with Lidocaine and Epinephrine to Patient C, which Hankins obtained, without a patient-specific prescriptions or an order from a licensed practitioner for Patient C, from a general store of controlled substances and dangerous drugs obtained and maintained by Vida Spa in violation of federal and state law.

75. Hankins was not supervised by any licensed physician while performing this invasive surgical procedure on Patient C at Vida Spa.

PATIENT D

76. Patient D was a twenty-two (22) year-old female at the time of the events at issue.

77. At all times relevant to Hankins's treatment of Patient D, Respondent was the so-called "medical director" of Vida Spa.

78. On October 12, 2019, Hankins, who did not have her own DEA registration and controlled substance license issued by the Pharmacy Board, utilized the prescribing credentials of Respondent, to issue fraudulent prescriptions to Patient D for Tramadol (a Schedule IV Controlled Substance) 50 mg tablets, 24 ct. for 3 days and Diazepam (a Schedule IV Controlled Substance) 10 mg tablets, 8 ct. for 3 days; on information and belief, these prescriptions were called-in to the pharmacy by Hankins, or by a Vida Spa employee or agent acting at Hankins's direction, and the prescriptions were filled the same day.

79. On information and belief, Hankins instructed Patient D to take the Schedule IV controlled substances in a manner that materially deviated from the issued prescriptions; Hankins instructed Patient D to take Tramadol 50mg, 2 tablets, and Diazepam 10 mg, 1 tablet, one hour in advance an invasive, surgical liposuction procedure Hankins planned to perform on Patient D at Vida Spa on October 13, 2019, for the purpose of conscious sedation.

80. On information and belief, Hankins wrote the prescriptions for these controlled substances and instructed Patient D to deviate from the issued prescription in order to conceal the

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purpose of the medications, which was conscious sedation, and thereby to conceal an apparent violation by Vida Spa of NRS 449.442(1)-(2).

81. Respondent did not see or treat Patient D, did not direct or supervise Hankins in her treatment of Patient D, and did not specifically direct Hankins to issue prescriptions to Patient D.

82. On October 13, 2019, at Vida Spa, Hankins performed a liposuction procedure on the abdomen and medial inferior upper arms of Patient D. Hankins administered tumescent anesthesia with Lidocaine and Epinephrine to Patient D, which Hankins obtained, without a patient-specific prescription or an order from a licensed practitioner for Patient D, from a general store of controlled substances and dangerous drugs obtained and maintained by Vida Spa in violation of federal and state law.

83. Hankins was not supervised by any licensed physician while performing this invasive surgical procedure on Patient D at Vida Spa.

PATIENT E

84. Patient E was a thirty-three (33) year-old female at the time of the events at issue.

85. At all times relevant to Hankins's treatment of Patient E, Respondent was the so-called "medical director" of Vida Spa.

86. On October 8, 2019, Hankins, who did not have her own DEA registration and controlled substance license issued by the Pharmacy Board, utilized the prescribing credentials of Respondent, to issue a fraudulent prescription to Patient E for Tramadol (a Schedule IV Controlled Substance) 50 mg tablets, 20 ct. for 4 days, which prescription was filled the same day.

87. Respondent did not see or treat Patient E, did not direct or supervise Hankins in her treatment of Patient E, and did not specifically direct Hankins to issue a prescription to Patient E.

88. On October 8, 2019, at Vida Spa, Hankins performed a liposuction procedure on the arms of Patient E. Hankins administered tumescent anesthesia with Lidocaine and Epinephrine to Patient E, which Hankins obtained, without a patient-specific prescriptions or an order from a licensed practitioner for Patient E, from a general store of controlled substances and dangerous drugs obtained and maintained by Vida Spa in violation of federal and state law.

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89. Hankins was not supervised by any licensed physician while performing this invasive surgical procedure on Patient E at Vida Spa.

PATIENT F

90. Patient F was a male of unknown age at the time of the events at issue.

91. At all times relevant to Hankins's treatment of Patient F, Respondent was the so-called "medical director" of Vida Spa.

92. On October 24, 2019, Hankins obtained, without a patient-specific prescription or an order from a licensed practitioner for Patient F, "Botox," a neuromodulator that is derived from Clostridium botulinum or is biosimilar to or the bioequivalent of such a neuromodulator, and "Versa," a hyaluronic acid dermal filler, both of which are dangerous drugs as defined by NRS 454.201, from Vida Spa's general store of controlled substances and dangerous drugs used for general administration and dispensing to patients.

93. Respondent did not see or treat Patient F, and did not direct or supervise Hankins in her treatment of Patient F.

94. On October 24, 2019, at Vida Spa, Hankins injected, and thereby administered pursuant to NRS 454.191, the aforementioned Botox and Versa into various locations on the face of Patient F.

95. Hankins was not supervised by any licensed physician while performing this injection procedure on Patient F at Vida Spa.

PATIENT G

96. Patient G was a sixty-six (66) year-old female at the time of the events at issue.

97. At all times relevant to Hankins's treatment of Patient G, Respondent was the so-called "medical director" of Vida Spa.

98. On October 29, 2019, Hankins obtained, without a patient-specific prescription or an order from a licensed practitioner for Patient G, "Xeomin," a neuromodulator that is derived from Clostridium botulinum or is biosimilar to or the bioequivalent of such a neuromodulator, and "Versa," a hyaluronic acid dermal filler, both of which are dangerous drugs as defined by

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NRS 454.201, from Vida Spa's general store of controlled substances and dangerous drugs used for general administration and dispensing to patients.

99. Respondent did not see or treat Patient G, did not direct or supervise Hankins in her treatment of Patient G.

100. On October 24, 2019, at Vida Spa, Hankins injected, and thereby administered pursuant to NRS 454.191, the aforementioned Xeomin and Versa into various locations on the face of Patient G.

101. Hankins was not supervised by any licensed physician while performing this injection procedure on Patient G at Vida Spa.

IV. RESPONDENT'S MEDICAL DIRECTORSHIP OF VIDA SPA

102. At all times relevant to this Complaint, Hankins did not consult with Respondent regarding any procedures she performed or participated in while "medical director" of Vida Spa.

103. At all times relevant to this Complaint, Respondent did not review or sign any charts for Hankins and was not present during any procedures she performed.

104. At all times relevant to this Complaint, Respondent provided his prescribing credentials and permitted Hankins, Gisselle Platfoot or Vida Spa's employees and agents to prescribe controlled substances to patients under his DEA registration and controlled substance license issued by the Pharmacy Board.

105. At all times relevant to this Complaint, Respondent was not present at Vida Spa during its regular business hours, nor during any times relevant to this Complaint.

106. Despite Hankins's public history of criminal and unprofessional conduct, and incarceration, Respondent, as "medical director" of Vida Spa, did not investigate or exercise ordinary and reasonable diligence to determine whether Hankins was authorized to practice medicine at Vida Spa, and took no action to prohibit the unlicensed practice of medicine at Vida Spa by Hankins, Gisselle Platfoot, and Vida Spa's employees and agents.

107. Respondent did not inform the Board that Hankins was practicing medicine at Vida Spa without a license.

108. Respondent was an independent contractor of Vida Spa.

109. Respondent was not a manager, officer or employee of Vida Spa.

110. Respondent had no ownership or member interest in Vida Spa, nor did he have authority, by contract or otherwise, to manage the affairs of Vida Spa.

111. Neither Gisselle Platfoot nor any of Vida Spa's employees, agents or other independent contractors were employed by Respondent during the time Respondent served as "medical director" of Vida Spa.

112. Respondent has held a valid controlled substance registration issued by the Pharmacy Board (License No. CS24310) since March 3, 2016.

113. At all times relevant to this Complaint, Respondent did not hold a dispensing practitioner license issued by the Pharmacy Board.

114. Respondent did not apply to the Pharmacy Board for a certificate of registration to dispense controlled substances or dangerous drugs at Vida Spa.

115. While "medical director" of Vida Spa, Respondent permitted Gisselle Platfoot and Vida Spa's employees and agents to utilize his medical license and controlled substance registration to prescribe and procure dangerous drugs and controlled substances, which are available only by prescription.

116. While "medical director" of Vida Spa, Respondent permitted dangerous drugs and controlled substances to be left unlocked and readily accessible at Vida Spa in the sole possession, custody and control of Gisselle Platfoot and Vida Spa's employees and agents, and beyond the supervision or restraint of Respondent.

117. All of the dangerous drugs and controlled substances left in the custody and control of Gisselle Platfoot and Vida Spa's employees and agents were at no time stored in a secure, locked room or cabinet accessible only by Respondent. Gisselle Platfoot and Vida Spa's employees and agents had unrestricted access to dangerous drugs, controlled substances, hypodermic devices and other dangerous medical devices and poisonous substances.

118. Gisselle Platfoot and Vida Spa's employees and agents possessed, controlled, stored, prescribed, administered and/or dispensed controlled substances, dangerous drugs and hypodermic devices without a dispensing license as required by the Pharmacy Board.

119. Respondent was not present when Hankins, Gisselle Platfoot, and Vida Spa's employees and agents possessed, controlled, stored, prescribed, administered and/or dispensed controlled substances, dangerous drugs and hypodermic devices obtained using Respondent's medical license and controlled substance registration.

120. Respondent neither received nor accounted for the controlled substances, dangerous drugs and hypodermic devices possessed, controlled, stored, prescribed, administered and/or dispensed by Gisselle Platfoot and Vida Spa's employees and agents.

121. Respondent did not have a bona fide therapeutic relationship with any of the seven (7) patients to whom Hankins, Gisselle Platfoot, and Vida Spa's employees and agents provided medical treatment(s) and/or prescriptions and/or administered dangerous drugs and hypodermic devices and/or dispensed dangerous drugs and hypodermic devices.

122. Respondent did not personally write a prescription or order for any controlled substances and/or dangerous drugs to any of the seven (7) patients to whom Hankins, Gisselle Platfoot, and Vida Spa's employees and agents provided medical treatment and/or prescriptions and/or administered dangerous drugs and hypodermic devices and/or dispensed dangerous drugs and hypodermic devices.

123. Respondent was not on-site at Vida Spa or otherwise immediately available when Hankins, Gisselle Platfoot, and Vida Spa's employees or agents provided medical treatment and/or issued prescriptions for, administered and dispensed controlled substances, dangerous drugs and hypodermic devices to these seven (7) patients.

124. Respondent did not personally administer or dispense at Vida Spa, or personally direct any of Gisselle Platfoot, Hankins or any other of Vida Spa's employees or agents to administer or dispense at Vida Spa, and did not exercise sufficient control of Vida Spa operations to ensure that dangerous drugs and controlled substances were administered and dispensed only for medically necessary purposes and according to prevailing standards of care.

125. Respondent supplied controlled substances, dangerous drugs and hypodermic devices to Gisselle Platfoot, Hankins, and Vida Spa's employees or agents and permitted unqualified persons to circumvent laws pertaining to the legal sale of such articles, and allowed others to utilize

his medical credentials and controlled substance registration to administer, dispense and prescribe controlled substances, dangerous drugs and hypodermic devices to those whom he did not have a bona fide therapeutic relationship.

126. Respondent failed to ensure that he had the required ownership or employment relationship with respect to Vida Spa and its employees and agents for any of them to be, in fact, his medical assistants as defined by NRS 630.0129 and to comply with the requirements of NAC 630.800-840.

127. Respondent also failed to ensure that he had the legal and practical control of Vida Spa's operations to effectively control the conduct of Hankins, Gisselle Platfoot and Vida Spa's employees and agents in performance of all medical activities as his medical assistants or otherwise, in order to prevent prohibited conduct and ensure that his medical assistants possessed the knowledge, skill and training to perform their tasks safely and properly.

COUNT I

NRS 630.301(4) – Malpractice

128. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

129. NRS 630.301(4) provides that malpractice of a physician is grounds for initiating disciplinary action against a licensee.

130. NAC 630.040 defines malpractice as "the failure of a physician, in treating a patient, to use the reasonable care, skill, or knowledge ordinarily used under similar circumstances."

131. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed to use the reasonable care, skill or knowledge ordinarily used under similar circumstances when serving as "medical director" of Vida Spa, by, among other failures, aiding and abetting the unlicensed practice of medicine by Hankins, Platfoot and others in rendering medical services to Patient A, B, C, D, E, F and G, by permitting unlicensed individuals, Hankins, Gisselle Platfoot, and other Vida Spa employees and agents, to provide prescriptions and/or administer dangerous drugs and hypodermic devices and/or dispense dangerous drugs and hypodermic devices to patients, by providing his prescribing credentials and permitting Hankins, Gisselle Platfoot or Vida Spa's

employees and agents to prescribe controlled substances to patients under his DEA registration and controlled substance license issued by the Pharmacy Board, and by not being present at Vida Spa during its regular business hours, nor during any times relevant to this Complaint.

132. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT II

NRS 630.305(1)(e) – Aiding the Unlicensed Practice of Medicine

133. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

134. Including, but not limited to the conduct set forth herein, Respondent, aided, assisted, and advised, directly and indirectly, unlicensed persons, including, but not limited to Hankins and Gisselle Platfoot, to engage in the practice of medicine on patients at Vida Spa, specifically including but not limited to Patients A, B, C, D, E, F and G, which conduct was contrary to the provisions of NRS Chapter 630 and the regulations of the Board,

135. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT III

NRS 630.306(1)(b)(3) – Engaging in Conduct that Violated Pharmacy Board Regulations

136. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein

137. NRS 630.306(1)(b)(3) provides that engaging in conduct that violates a regulation adopted by the Pharmacy Board is grounds for initiating disciplinary action.

138. Including but not limited to the conduct described herein, Respondent engaged in conduct that violates regulations adopted by the Pharmacy Board, specifically including but not limited to NAC 639.742(1)-(3), (4)(a)-(b), 639.945(1)-(3), and NAC 639.742(1).

139. By reason of the foregoing, Respondent is subject to discipline by the Nevada State Board of Medical Examiners as provided in NRS 630.352.

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COUNT IV

NRS 630.3062(1)(h) – Fraudulent, Illegal, Unauthorized and Otherwise Inappropriate Prescribing of Controlled Substances

140. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

141. Pursuant to NRS 630.3062(1)(h), fraudulent, illegal, unauthorized or otherwise inappropriate prescribing, administering or dispensing of a controlled substance listed in schedule II, III or IV is grounds for disciplinary action or denying licensure.

142. As demonstrated by, but not limited to, providing his prescribing credentials and permitting Hankins, Gisselle Platfoot or Vida Spa's employees and agents to prescribe controlled substances to patients under his DEA registration and controlled substance license issued by the Pharmacy Board, by not being present at Vida Spa during its regular business hours, nor during any times relevant to this Complaint, by not investigating or exercising ordinary and reasonable diligence in his supervision of unlicensed persons at Vida Spa, by not taking any action to prohibit fraudulent prescribing under his own credentials at Vida Spa, by not informing the Board, Pharmacy Board and/or DEA that fraudulent prescriptions were being issued by Hankins under his credentials, among other conduct, Respondent issued fraudulent, illegal, unauthorized and otherwise inappropriate prescriptions for schedule II and IV controlled substances, Oxycodone-acetaminophen and Alprazolam, respectively, to Patients A, B, C, D and E, who were patients he did not see, examine or diagnose, and with whom he did not have a bona fide therapeutic relationship.

143. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT V

NRS 630.306(1)(p) – (Unsafe or Unprofessional Conduct)

144. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein.

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145. Engaging in any act that is unsafe or unprofessional conduct in accordance with regulations adopted by the Board is grounds for disciplinary action against a licensee pursuant to NRS 630.306(1)(p).

146. Pursuant to NAC 630.230(1)(g)-(i), it is unprofessional conduct to allow any person to act as a medical assistant in the treatment of a patient of the physician, unless the medical assistant has sufficient training to provide the assistance, to fail to provide adequate supervision of a medical assistant who is supervised by the physician, including, without limitation, supervision provided in the manner described in NAC 630.810 or 630.820, and to fail to provide adequate supervision of a physician assistant.

147. As demonstrated by, but not limited to, the above-outlined facts, Respondent violated NAC 630.230(1)(g)-(i).

148. Respondent's conduct was unsafe and unprofessional.

149. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

WHEREFORE, the Investigative Committee prays:

1. That the Board give Respondent notice of the charges herein against him and give him notice that he may file an answer to the Complaint herein as set forth in NRS 630.339(2) within twenty (20) days of service of the Complaint;

2. That the Board set a time and place for a formal hearing after holding an Early Case Conference pursuant to NRS 630.339(3);

3. That the Board determine what sanctions to impose if it determines there has been a violation or violations of the Medical Practice Act committed by Respondent;

4. That the Board award fees and costs for the investigation and prosecution of this case as outlined in NRS 622.400;

5. That the Board make, issue and serve on Respondent its findings of fact, conclusions of law and order, in writing, that includes the sanctions imposed; and

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6. That the Board take such other and further action as may be just and proper in these premises.

DATED this 30th day of August, 2021.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____

AARON B. FRICKE, ESQ.
General Counsel
9600 Gateway Drive
Reno, Nevada 89521
Tel: (702) 486-3813
Email: africke@medboard.nv.gov
Attorney for the Investigative Committee

VERIFICATION

STATE OF NEVADA)
: ss.
COUNTY OF CLARK)

Victor M. Muro, M.D., having been duly sworn, hereby deposes and states under penalty of perjury that he is the Chairman of the Investigative Committee of the Nevada State Board of Medical Examiners that authorized the Complaint against the Respondent herein; that he has read the foregoing Complaint; and that based upon information discovered in the course of the investigation into a complaint against Respondent, he believes that the allegations and charges in the foregoing Complaint against Respondent are true, accurate and correct.

DATED this 30 day of August, 2021.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: V M Muro MD

VICTOR M. MURO, M.D.
Chairman of the Investigative Committee

CERTIFICATE OF SERVICE

I hereby certify that I am employed by the Nevada State Board of Medical Examiners and that on the 31st day of August, 2021, I served a file-stamped copy of the foregoing **COMPLAINT**, via U.S. Certified Mail to the following parties:

SHERMAN WASHINGTON, M.D.
Complete Medical Center
1820 E. Lake Mead Blvd., Ste. M
North Las Vegas, NV 89030
Certified Mail Receipt No.: 9171 9690 0935 0252 1563 23

DATED this 31st day of August, 2021.

MERCEDES FUENTES
Legal Assistant
Nevada State Board of Medical Examiners

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF NEVADA

* * * * *

In the Matter of Charges and Complaint Against: **SHERMAN WASHINGTON, M.D,** **Respondent.**	**Case No. 21-41427-1**

FILED
DEC 03 2021
NEVADA STATE BOARD OF MEDICAL EXAMINERS
By:

SETTLEMENT AGREEMENT

The Investigative Committee (IC) of the Nevada State Board of Medical Examiners (Board), by and through Aaron Bart Fricke, Esq., General Counsel for the Board and attorney for the IC, and Sherman Washington, M.D. (Respondent), a licensed physician in Nevada, hereby enter into this Settlement Agreement (Agreement) based on the following:[1]

A. BACKGROUND

1. Respondent is a medical doctor currently licensed in active status by the Board pursuant to Chapter 630 of the Nevada Revised Statutes (NRS) and Chapter 630 of the Nevada Administrative Code (NAC) (collectively, the Medical Practice Act). His license was originally issued on February 7, 2014 (License No. 15168).

2. On August 30th, 2021, in Case No. 21-41427-1, the IC filed a formal Complaint (Complaint) charging Respondent with violating the Medical Practice Act. Specifically, the Complaint alleges one (1) count of violation of NRS 630.301(4), Malpractice, one (1) count of violation of NRS 630.305(1)(e), Aiding the Unlicensed Practice of Medicine, one (1) count of violation of NRS 630.306(1)(b)(3), Engaging in Conduct that Violated Pharmacy Board Regulations, one (1) count of violation of NRS 630.3062(1)(h), Fraudulent, Illegal, Unauthorized and Otherwise

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[1] All agreements and admissions made by Respondent are solely for final disposition of these matters and any subsequent related administrative proceedings or civil litigation involving the Board and Respondent. Therefore, Respondent's agreements and admissions are not intended or made for any other use, such as in the context of another state or federal government regulatory agency proceeding, state or federal civil or criminal proceeding, any state or federal court proceeding, or any credentialing or privileges matter.

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Inappropriate Prescribing of Controlled Substances, and one (1) count of violation of NRS 630.306(1)(p), Unsafe or Unprofessional Conduct.

3. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

4. Respondent was properly served with a copy of the Complaint, has reviewed and understands the Complaint, and has had the opportunity to consult with competent counsel concerning the nature and significance of the Complaint.

5. Respondent is hereby advised of his rights regarding these administrative matters, and of his opportunity to defend against the allegations in the Complaint. Specifically, Respondent has certain rights in these administrative matters as set out by the United States Constitution, the Nevada Constitution, the Medical Practice Act, the Nevada Open Meeting Law (OML), which is contained in NRS Chapter 241, and the Nevada Administrative Procedure Act (APA), which is contained in NRS Chapter 233B. These rights include the right to a formal hearing on the allegations in the Complaint, the right to representation by counsel, at his own expense, in the preparation and presentation of his defense, the right to confront and cross-examine the witnesses and evidence against him, the right to written findings of fact, conclusions of law and order reflecting the final decision of the Board, and the right to judicial review of the Board's order, if the decision is adverse to him.

6. Respondent understands that, under the Board's charge to protect the public by regulating the practice of medicine, the Board may take disciplinary action against Respondent's license, including license probation, license suspension, license revocation and imposition of administrative fines, as well as any other reasonable requirement or limitation, if the Board concludes that Respondent violated one or more provisions of the Medical Practice Act.

7. Respondent understands and agrees that this Agreement, by and between Respondent and the IC, is not with the Board, and that the IC will present this Agreement to the Board for consideration in open session at a duly noticed and scheduled meeting. Respondent understands that the IC shall advocate for the Board's approval of this Agreement, but that the Board has the right to decide in its own discretion whether or not to approve this Agreement.

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Respondent further understands and agrees that if the Board approves this Agreement, then the terms and conditions enumerated below shall be binding and enforceable upon him and the Board.

B. TERMS & CONDITIONS

NOW, THEREFORE, in order to resolve the matters addressed herein, i.e., the matters with regard to the Complaint, Respondent and the IC hereby agree to the following terms and conditions:

1. Jurisdiction. Respondent is, and at all times relevant to the Complaint has been, a physician licensed to practice medicine in Nevada subject to the jurisdiction of the Board as set forth in the Medical Practice Act.

2. Representation by Counsel/Knowing, Willing and Intelligent Agreement. Respondent acknowledges he is not represented by counsel, he has had the opportunity to engage counsel to represent him in this matter, and he wishes to resolve the matters addressed herein without counsel. Respondent agrees that if representations he makes in this matter materially change prior to entering into this Agreement and for the duration of this Agreement, that counsel for the IC will be timely notified of the material change. Respondent agrees that he knowingly, willingly and intelligently enters into this Agreement after deciding represent himself in this matter in lieu of engaging counsel to represent him.

3. Waiver of Rights. In connection with this Agreement, and the associated terms and conditions, Respondent knowingly, willingly and intelligently waives all rights in connection with these administrative matters. Respondent hereby knowingly, willingly and intelligently waives all rights arising under the United States Constitution, the Nevada Constitution, the Medical Practice Act, the OML, the APA, and any other legal rights that may be available to him or that may apply to him in connection with the administrative proceedings resulting from the Complaint filed in this matter, including defense of the Complaint, adjudication of the allegations set forth in the Complaint, and imposition of any disciplinary actions or sanctions ordered by the Board. Respondent agrees to settle and resolve the allegations of the Complaint as set out by this Agreement, without a hearing or any further proceedings and without the right to judicial review.

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4. **Acknowledgement of Reasonable Basis to Proceed**. Respondent acknowledges that the IC believes it has a reasonable basis to allege that Respondent engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act. The IC acknowledges that Respondent is agreeing to resolve this matter to avoid the costs of hearing and potential subsequent litigation. Respondent asserts that if these matters were to proceed to hearing, he has evidence, witnesses, expert witness(es) and defenses to the count/claim alleged in the Complaint, but for the purposes of resolving these matters and for no other purpose, Respondent waives the presentation of evidence, witnesses, expert witnesses, and defenses in order to effectuate this Agreement.

5. **Consent to Entry of Order**. In order to resolve the Complaint pending against Respondent, Respondent hereby agrees that the Board may issue an order finding that Respondent engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act. Accordingly, the following terms and conditions are hereby agreed upon:

a. Respondent admits to all counts as alleged in the Complaint, Count I, violation of NRS 630.301(4), Malpractice, Count II, violation of NRS 630.305(1)(e), Aiding the Unlicensed Practice of Medicine, Count III, violation of NRS 630.306(1)(b)(3), Engaging in Conduct that Violated Pharmacy Board Regulations, Count IV, violation of NRS 630.3062(1)(h), Fraudulent, Illegal, Unauthorized and Otherwise Inappropriate Prescribing of Controlled Substances, and Count V, violation of NRS 630.306(1)(p), Unsafe or Unprofessional Conduct.

b. Respondent's license to practice medicine shall be placed on probation for a period of twenty-four (24) months from the date of the Board's acceptance, adoption and approval of this Agreement. During the probation period, should Respondent commit any new violations of the Medical Practice Act or fail to comply with any term or condition of this Agreement, the IC shall be authorized to immediately suspend Respondent's license to practice medicine in Nevada pending an Order to Show Cause Hearing maintaining the suspension pending final adjudication by the Board of the alleged violation.

c. Respondent shall pay a fine in the amount of five thousand dollars ($5,000) within sixty (60) days of the Board's acceptance, adoption, and approval of this Agreement.

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d. Respondent shall pay the costs and expenses incurred in the investigation and prosecution of the above-referenced matter within sixty (60) days of the Board's acceptance, adoption and approval of this Agreement, in the amount of two thousand one hundred forty-two dollars and forty-eight cents ($2,142.48).

e. Respondent shall complete twenty-two (22) hours of continuing medical education (CME) regarding medical ethics and professionalism within six (6) months of the date of the Board's acceptance, adoption and approval of this Agreement. The aforementioned hours of CME shall be in addition to any CME requirements that are regularly imposed upon Respondent as a condition of licensure in the State of Nevada, and shall be approved by the Board to meet this requirement prior to their completion, and proof of completion shall be provided to the Board.

f. This Agreement shall be reported to the appropriate entities and parties as required by law, including, but not limited to, the National Practitioner Data Bank.

g. Respondent shall receive a Public Letter of Reprimand.

h. The remaining counts of the Complaint, if any, and any other claims arising from the Board's corresponding investigative case file(s), shall be dismissed with prejudice.

6. **Release From Liability**. In execution of this Agreement, Respondent understands and agrees that the State of Nevada, the Board, and each of its members, staff, counsel, investigators, experts, peer reviewers, committees, panels, hearing officers, consultants and agents are immune from civil liability for any decision or action taken in good faith in response to information acquired by the Board. NRS 630.364(2)(a). Respondent agrees to release the State of Nevada, the Board, and each of its members, staff, counsel, investigators, experts, peer reviewers, committees, panels, hearing officers, consultants and agents from any and all manner of actions, causes of action, suits, debts, judgments, executions, claims and demands whatsoever, known and unknown, in law or equity, that Respondent ever had, now has, may have or claim to have, against any or all of the persons, government agencies or entities named in this paragraph arising out of, or by reason of, this investigation, this Agreement or the administration of the case referenced herein.

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7. **Procedure for Adoption of Agreement** The IC and counsel for the IC shall recommend approval and adoption of the terms and conditions of this Agreement by the Board in resolution of the Complaint at an upcoming Board meeting at the Board's earliest convenience, and Respondent hereby waives notice of the same, whether under the United States Constitution, the Nevada Constitution, the Medical Practice Act, the OML, the APA, or otherwise. In the course of seeking Board acceptance, approval and adoption of this Agreement, counsel for the IC may communicate directly with the Board staff and the adjudicating members of the Board.

Respondent acknowledges that such contacts and communications may be made or conducted ex parte, without notice or opportunity to be heard on his part until the public Board meeting where this Agreement is discussed, and that such contacts and communications may include, but may not be limited to, matters concerning this Agreement, the Complaint and any and all information of every nature whatsoever related to these matters. The IC and its counsel agree that Respondent and/or Counsel for the Respondent may appear at the Board meeting where this Agreement is discussed and, if requested, respond to any questions that may be addressed to the IC or the IC's counsel.

8. **Effect of Acceptance of Agreement by Board**. In the event the Board accepts, approves and adopts this Agreement, the Board shall issue a final order, making this Agreement an order of the Board, and, pending full compliance with the terms herein, the case shall be closed and any and all remaining claims arising out of the Complaint shall be dismissed with prejudice.

9. **Effect of Rejection of Agreement by Board**. In the event the Board does not accept, approve and adopt this Agreement, this Agreement shall be null, void and of no force and effect except as to the following agreement regarding adjudications: (1) Respondent agrees that, notwithstanding rejection of this Agreement by the Board, nothing contained in this Agreement and nothing that occurs pursuant to efforts of the IC to seek the Board's acceptance of this Agreement shall disqualify any member of the adjudicating panel of the Board from considering the Complaint and from participating in disciplinary proceedings against Respondent, including adjudication of this case; and (2) Respondent further agrees that he shall not seek to disqualify any such member absent evidence of bad faith.

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10. Binding Effect. If approved by the Board, Respondent understands that this Agreement is a binding and enforceable contract upon Respondent and the Board.

11. Forum Selection Clause. The parties agree that in the event either party is required to seek enforcement of this Agreement in district court, the parties consent to such jurisdiction and agree that jurisdiction shall be in the Second Judicial District Court, State of Nevada, Washoe County.

12. Attorneys' Fees and Costs. The parties agree that in the event an action is commenced in district court to enforce any provision of this Agreement, the prevailing party shall be entitled to recover reasonable attorneys' fees and costs.

13. Failure to Comply With Terms. Should Respondent fail to comply with any term or condition of this Agreement once the Agreement has been accepted, approved and adopted by the Board, the IC shall be authorized to immediately suspend Respondent's license to practice medicine in Nevada pending an Order To Show Cause Hearing, which will be duly noticed. Failure to comply with the terms of this Agreement, including failure to pay any fines, costs, expenses or fees owed to the Board, is a failure to comply with an order of the Board, which may result in additional disciplinary action being taken against Respondent. NRS 630.3065(2)(a).

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(775) 688-2559

Further, Respondent's failure to remit payment to the Board for monies agreed to be paid as a condition of this Agreement may subject Respondent to any civil and administrative collection efforts available.

DATED this 5th day of October, 2021.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By:_____
AARON BART FRICKE, J.D.
General Counsel
9600 Gateway Drive
Reno, NV 89521
Tel: (775) 688-2559
Email: africke@medboard.nv.gov
Attorney for the Investigative Committee

DATED this 30 day of September 2021.

By:_____
SHERMAN WASHINGTON, M.D.,
Nevada License No. 15168
Respondent

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

ORDER

IT IS HEREBY ORDERED that, the foregoing Settlement Agreement (Case No. 21-41427-1) was approved and accepted by the Nevada State Board of Medical Examiners on the 3rd day of December, 2021.

DATED this 3RD day of December, 2021.

NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____

VICTOR M. MURO, M.D.
Board President

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 895521
(775) 688-2559

BEFORE THE ARIZONA MEDICAL BOARD

In the Matter of **SHERMAN WASHINGTON, JR., M.D.** Holder of License No. 48291 For the Practice of Allopathic Medicine In the State of Arizona.	**Case No. MD-19-1137A** **ORDER FOR LETTER OF REPRIMAND AND PROBATION; AND CONSENT TO THE SAME**

Sherman Washington, Jr., M.D. ("Respondent") elects to permanently waive any right to a hearing and appeal with respect to this Order for Letter of Reprimand and Probation; admits the jurisdiction of the Arizona Medical Board ("Board"); and consents to the entry of this Order by the Board.

FINDINGS OF FACT

1. The Board is the duly constituted authority for the regulation and control of the practice of allopathic medicine in the State of Arizona.

2. Respondent is the holder of license number 48291 for the practice of allopathic medicine in the State of Arizona.

3. The Board initiated case number MD-19-1137A after receiving notification of a disciplinary action alert ("DAR") that the Virginia Board of Medicine ("Virginia Board") had reprimanded Respondent's Virginia medical license.

4. Effective November 14, 2019 Respondent entered into a Consent Order with the Virginia Board that issued Respondent's Virginia medical license a Reprimand and Monetary Penalty of $1500.00. The Virginia Board found that Respondent issued Schedule IV medications to six patients without a properly established physician-patient relationship. Additionally, the Virginia Board found that Respondent willfully refused to provide records for the six patients at issue despite repeated requests by Virginia Board staff. On January 15, 2020 the Virginia Board issued Respondent a letter of compliance and closed the case.

5. On November 22, 2019 the North Dakota Board of Medicine ("North Dakota Board") issued an Order pursuant to a Stipulation that required Respondent to complete an intensive, in-person medical recordkeeping course. The North Dakota Board found that a patient received medication in the mail from a compounding pharmacy in Texas that had been prescribed by Respondent. The patient did not have a prior physician-patient relationship with Respondent and had never met or spoken to prior to receiving the medication. Respondent failed to respond to the North Dakota Board's request for the patient's medical records.

6. On January 28, 2020 The Washington Medical Commission ("Washington Board") entered Findings of Fact, Conclusions of Law and Final Order of Default against Respondent's Washington medical license after Respondent failed to respond to an investigation into Respondent's prescribing practices ("Default Order").

7. On February 14, 2020 the Virginia Board issued an Order of Mandatory Suspension on Respondent's Virginia medical license based on the Washington Board's Default Order.

8. On March 6, 2020, The Colorado Medical Board ("Colorado Board") issued Respondent's Colorado medical license a Letter of Admonition based on the Virginia and North Dakota Board actions.

9. On March 16, 2020, The Pennsylvania State Board of Medicine ("Pennsylvania Board") issued an order reprimanding Respondent's expired Pennsylvania medical license based on the Virginia Board's action.

10. On July 16, 2020, the Washington Board entered into a Stipulation to Informal Discipline with Respondent to resolve the investigation ("Washington Stipulation"). The Washington Stipulation described allegations that Respondent prescribed medication to at least six patients without examining the patients or otherwise establishing a proper

physician-patient relationship. The Washington Stipulation required Respondent to complete terms and conditions including Continuing Medical Education ("CME") in ethics and submission of a remedial essay on issues relevant to the investigation.

11. On December 30, 2020 the Florida Board of Medicine ("Florida Board") issued a Final Order suspending Respondent's Florida medical license and requiring payment of an administrative fine. The Florida Board's Final Order arose out of a reciprocal investigation regarding the Washington Board's action, and Respondent's failure to report the Washington Board's Default Order indefinitely suspending his Washington medical license.

CONCLUSIONS OF LAW

a. The Board possesses jurisdiction over the subject matter hereof and over Respondent.

b. The conduct and circumstances described above constitute unprofessional conduct pursuant to A.R.S. § 32-1401(27)(p) ("Action that is taken against a doctor of medicine by another licensing or regulatory jurisdiction due to that doctor's mental or physical inability to engage safely in the practice of medicine, the doctor's medical incompetence or for unprofessional conduct as defined by that jurisdiction and that corresponds directly or indirectly to an act of unprofessional conduct prescribed by this paragraph. The action taken may include refusing, denying, revoking or suspending a license by that jurisdiction or a surrendering of a license to that jurisdiction, otherwise limiting, restricting or monitoring a licensee by that jurisdiction or placing a licensee on probation by that jurisdiction.").

ORDER

IT IS HEREBY ORDERED THAT:

1. Respondent is issued a Letter of Reprimand.

2. Respondent is placed on Probation for a period of six months with the following terms and conditions:

a. PBI Ethics Course

Respondent shall within 6 months of the effective date of this Order, complete the Medical Ethics and Professionals Course (ME-15) course offered by Professional Boundaries, Inc. ("PBI"). Respondent shall within thirty days of the effective date of this Order submit satisfactory proof of enrollment with Board staff. Upon completion of the CME, Respondent shall provide Board staff with satisfactory proof of attendance. Respondent shall sign any and all consents or releases necessary to allow for PBI to communicate to the Board directly and furnish PBI's "AIR" Letter after completion of the required CME. The CME hours shall be in addition to the hours required for the biennial renewal of medical licensure. Respondent shall not revoke any release prior to successful completion of the CME and maintenance and accountability seminars.

b. Obey All Laws

Respondent shall obey all state, federal and local laws, all rules governing the practice of medicine in Arizona, and remain in full compliance with any court ordered criminal probation, payments and other orders.

c. Probation Termination

Prior to the termination of Probation, Respondent must submit a written request to the Board for release from the terms of this Order. Respondent's request for release will be placed on the next pending Board agenda, provided a complete submission is received by Board staff no less than 30 days prior to the Board meeting. Respondent's request for release must provide the Board with evidence establishing that he has successfully satisfied all of the terms and conditions of this Order. The Board has the sole discretion to

determine whether all of the terms and conditions of this Order have been met or whether to take any other action that is consistent with its statutory and regulatory authority.

3. The Board retains jurisdiction and may initiate new action against Respondent based upon any violation of this Order. A.R.S. § 32-1401(27)(s)

DATED AND EFFECTIVE this 24th day of August, 2021.

ARIZONA MEDICAL BOARD

By Patricia E McSorley
Patricia E. McSorley
Executive Director

CONSENT TO ENTRY OF ORDER

1. Respondent has read and understands this Consent Agreement and the stipulated Findings of Fact, Conclusions of Law and Order ("Order"). Respondent acknowledges he has the right to consult with legal counsel regarding this matter.

2. Respondent acknowledges and agrees that this Order is entered into freely and voluntarily and that no promise was made or coercion used to induce such entry.

3. By consenting to this Order, Respondent voluntarily relinquishes any rights to a hearing or judicial review in state or federal court on the matters alleged, or to challenge this Order in its entirety as issued by the Board, and waives any other cause of action related thereto or arising from said Order.

4. The Order is not effective until approved by the Board and signed by its Executive Director.

5. All admissions made by Respondent in this Order are solely for final disposition of this matter and any subsequent related administrative proceedings or civil litigation involving the Board and Respondent. Therefore, said admissions by Respondent

are not intended or made for any other use, such as in the context of another state or federal government regulatory agency proceeding, civil or criminal court proceeding, in the State of Arizona or any other state or federal court.

6. Notwithstanding any language in this Order, this Order does not preclude in any way any other State agency or officer or political subdivision of this state from instituting proceedings, investigating claims, or taking legal action as may be appropriate now or in the future relating to this matter or other matters concerning Respondent, including but not limited to, violations of Arizona's Consumer Fraud Act. Respondent acknowledges that, other than with respect to the Board, this Order makes no representations, implied or otherwise, about the views or intended actions of any other state agency or officer or political subdivisions of the State relating to this matter or other matters concerning Respondent.

7. Upon signing this agreement, and returning this document (or a copy thereof) to the Board's Executive Director, Respondent may not revoke the consent to the entry of the Order. Respondent may not make any modifications to the document. Any modifications to this original document are ineffective and void unless mutually approved by the parties.

8. This Order is a public record that will be publicly disseminated as a formal disciplinary action of the Board and will be reported to the National Practitioner's Data Bank and on the Board's web site as a disciplinary action.

9. If any part of the Order is later declared void or otherwise unenforceable, the remainder of the Order in its entirety shall remain in force and effect.

10. If the Board does not adopt this Order, Respondent will not assert as a defense that the Board's consideration of the Order constitutes bias, prejudice, prejudgment or other similar defense.

11. Any violation of this Order constitutes unprofessional conduct and may result in disciplinary action. A.R.S. § § 32-1401(27)(s) ("[v]iolating a formal order, probation, consent agreement or stipulation issued or entered into by the board or its executive director under this chapter.") and 32-1451.

12. ***Respondent has read and understands the conditions of probation.***

DATED: 7/13/2021

SHERMAN WASHINGTON, JR., M.D.

EXECUTED COPY of the foregoing mailed this 24th day of August, 2021 to:

Sherman Washington, Jr., M.D.
Address of Record

ORIGINAL of the foregoing filed this 24th day of August, 2021 with:

Arizona Medical Board
1740 West Adams, Suite 4000
Phoenix, Arizona 85007

Michelle Rhodes
Board staff

COLORADO
Department of Regulatory Agencies
Division of Professions and Occupations

March 6, 2020

Sherman Washington, M.D.

Re: License Number: DR. 0054185
Case Number: 2019-8449-B

Dear Dr. Washington,

The Colorado Medical Board has concluded its inquiry into the aforementioned matter. It was the Panel's decision not to commence with formal proceedings against your professional license. However, the Panel did determine disciplinary action in the form of this letter of admonition is warranted.

As you recall, in October 2019, you entered into a stipulation with the North Dakota Medical Board regarding your license to practice medicine. In the stipulation, you admitted to prescribing medications to an individual with whom you did not have a physician-patient relationship and failing to maintain medical records. The North Dakota Medical Board required you to take a medical recordkeeping course. In November 2019, you entered into a consent order with the Virginia Board of Medicine in which you were reprimanded and assessed a fine. The consent order was based on your prescribing of Schedule VI medications outside the context of a physician-patient relationship.

After a review of all the information in this matter, the Panel found that you are prescribing to individuals without establishing a physician-patient relationship fell below generally accepted standards of medical practice and resulted in discipline in two other states, constituting unprofessional conduct in violation of section 12-240-121 of the Colorado Revised Statutes.

By this letter, the Board takes the formal disciplinary action of admonishing you for the conduct specified above, and warns you that repetition of such practice may lead to imposition of more severe disciplinary action. This letter is an open public record and a reportable action to individuals or entities requesting disciplinary information. The Board strongly encourages you to review and understand the Medical Practice Act requirements and obligations for the practice of medicine in Colorado.

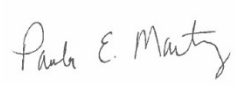
In accordance with 12-20-404(4)(b), the Board advises you that you have the right to make a written request that the Board initiate formal disciplinary proceedings in order to adjudicate the conduct or acts upon which this letter is based. You must make your written request within twenty (20) days after receipt of this letter and address your request to Paula Martinez, Program Director, at the email address listed below. If you make a timely request, the Board will deem this letter of admonition vacated and may proceed with disciplinary and/or injunctive proceedings in accordance with 12-20-404(4)(b)(II), C.R.S., and applicable rules.

A Letter of Admonition, when accepted, becomes a permanent, public portion of your record. It is not, however, a restriction on your practice as a professional physician.

If you have further questions or concerns, please visit our website at https://www.colorado.gov/dora/dpo or you can contact our office at dora_medicalboard@state.co.us or by calling (303) 894-7800.

Sincerely,

FOR THE COLORADO MEDICAL BOARD
INQUIRY PANEL B



Paula E. Martinez
Program Director

PEM/bvm

Please complete a short survey at **https://www.surveymonkey.com/r/B5JR27T** regarding aspects of the service you received. Your anonymous response will be used to evaluate the service experience and to identify areas where improvements may be appropriate.

Notice

Your Healthcare Professions Profile will be updated to reflect this Colorado public action. Pursuant to section 12-30-102, C.R.S., your profile must be updated within 30 days of any reportable event. To ensure compliance, you must regularly review and update your profile. To access your profile, go to www.colorado.gov/dora/hppp and click the "Create/Update a Profile" link. For any questions, please contact dora_dpo_hppp@state.co.us.

Department of Health

SHERMAN WASHINGTON JR

License Number: ME114302

Data As Of 3/29/2022

Profession	Medical Doctor
License	ME114302
License Status	DELINQUENT/
License Expiration Date	1/31/2021
License Original Issue Date	10/02/2012
Address of Record	2900 North Green Valley Pkwy Suite 114 HENDERSON, NV 89012
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	Yes
Public Complaint	Yes

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

BEFORE THE GEORGIA COMPOSITE MEDICAL BOARD

STATE OF GEORGIA

GEORGIA COMPOSITE MEDICAL BOARD
NOV 18 2021
DOCKET NUMBER: 20220043

IN THE MATTER OF:	)	
	)	
SHERMAN WASHINGTON, JR., M.D.,	)	DOCKET NO. _____
License Number 70940,	)	
	)	
Respondent.	)	

PUBLIC CONSENT ORDER

By agreement of the Georgia Composite Medical Board ("Georgia Board") and SHERMAN WASHINGTON, JR., M.D. ("Respondent"), the following disposition of this disciplinary matter is entered pursuant to the provisions of the Georgia Administrative Procedure Act, O.C.G.A. § 50-13-13(a)(4), as amended.

FINDINGS OF FACT

1.

Respondent is licensed to practice medicine in the State of Georgia and was licensed at all times relevant to the matters stated herein.

2.

Respondent, while employed with at least one telemedicine company, prescribed numerous medications to multiple individuals outside of an established physician-patient relationship. At least six of such individuals resided in the State of Georgia. Specifically:

Patient C.B.

3.

On and between March 10, 2017, and April 25, 2017, Respondent prescribed Patient C.B. ten (10) medications without performing an in-person examination nor performing an

examination using technology that is equal to or superior to an examination done personally by a provider, as follows:

- On March 10, 2017, Respondent prescribed Diclofena Sodium 3% Gel, Fluocinonide 0.1% Cream, and Lidocaine 5% Ointment to C.B.;
- On March 30, 2017, Respondent prescribed Fluocinonide 0.1% Cream and Lidocaine-Prilocaine Cream to C.B.;
- On April 3, 2017, Respondent prescribed Diclofenac Sodium 3% Gel to C.B.;
- On April 19, 2017, Respondent prescribed Diclofenac Sodium 3% Gel and Lidocaine 5% Ointment to C.B.;
- On April 25, 2017, Respondent prescribed Fluocinonide 0.1% Cream and Lidocaine-Prilocaine Cream to C.B..

4.

Patient M.B.

On and between June 16, 2017, and August 28, 2017, Respondent prescribed Patient M.B. with six (6) medications without performing an in-person examination nor performing an examination using technology that is equal to or superior to an examination done personally by a provider, as follows:

- On June 16, 2017, Respondent prescribed Diclofenac Sodium 3% Gel to M.B.;
- On June 24, 2017, Respondent prescribed Calcipotriene 0.005% Cream and Fluocinonide 0.1% Cream to M.B.;
- On July 14, 2017, Respondent prescribed Naproxen 125 MG/5 ML Suspen to M.B.;
- On August 7, 2017, Respondent prescribed Naproxen 125 MG/5 ML Suspen to M.B.;
- On August 28, 2017, Respondent Prescribed Fluocinonide 0.1% Cream to M.B..

5.

Patient M.B.

On and between March 17, 2017, and October 18, 2017, Respondent prescribed Patient M.B. with fourteen (14) medications without performing an in-person examination nor performing an examination using technology that is equal to or superior to an examination done personally by a provider, as follows:

- On March 17, 2017, Respondent prescribed Fluocinonide 0.1% Cream to M.B.;

- On March 23, 2017, Respondent prescribed Livixil Pak 2.5-2.5% Crm-Dress to M.B.;
- On April 17, 2017, Respondent prescribed Fluocinonide 0.1% Cream and Livixil Pak 2.5-2.5% Crm-Dress to M.B.;
- On May 17, 2017, Respondent prescribed Fluocinonide 0.1% Cream and Livixil Pak 2.5-2.5% Crm-Dress to M.B.;
- On June 22, 2017, Respondent prescribed Fluocinonide 0.1% Cream and Livixil Pak 2.5-2.5% Crm-Dress to M.B.;
- On August 1, 2017, Respondent prescribed Allzital 25-325 MG Tablet and Fluocinonide 0.1% Cream to M.B.;
- On August 17, 2017, Respondent prescribed Allzital 25-325 MG Tablet to M.B.;
- On September 1, 2017, Respondent prescribed Fluocinonide 0.1% Cream to M.B.;
- On October 2, 2017, Respondent prescribed Allzital 25-325 MG Tablet to M.B.;
- On October 18, 2017, Respondent prescribed Allzital 25-325 MG Tablet to M.B.

6.

Patient D.P.

On August 15, 2017, Respondent prescribed Patient D.P. with four (4) medications without performing an in-person examination nor performing an examination using technology that is equal to or superior to an examination done personally by a provider, as follows:

- On August 15, 2017, Respondent prescribed Calcipotriene 0.005% Cream, Doxepin 5% Cream, Fluocinonide 0.1% Cream, and Lidocaine 5% Ointment to D.P.

7.

Patient S.W.

On and between July 19, 2017, and January 4, 2018, Respondent prescribed Patient S.W. with sixteen (16) medications without performing an in-person examination nor performing an examination using technology that is equal to or superior to an examination done personally by a provider, as follows:

- On July 19, 2017, Respondent prescribed Livixil Pak 2.5-2.5% Crm-Dress and Naproxen 125 MG/5 ML Suspen to S.W.;
- On August 1, 2017, Respondent prescribed Fluocinonide 0.1% Cream to S.W.;
- On August 11, 2017, Respondent prescribed Xyzbac Tablet to S.W.;
- On August 14, 2017, Respondent prescribed Livixil Pak 2.5-2.5% Crm-Dress and Naproxen 125 MG/5 ML Suspen to S.W.;

- On September 1, 2017, Respondent prescribed Fluocinonide 0.1% Cream to S.W.;
- On September 15, 2017, Respondent prescribed Xyzbac Tablet to S.W.;
- On September 23, 2017, Respondent prescribed Naproxen 125 MG/5 ML Suspen to S.W.;
- On October 23, 2017, Respondent prescribed Xyzbac Tablet to S.W.;
- On November 2, 2017, Respondent prescribed Naproxen 125 MG/5 ML Suspen to S.W.;
- On November 7, 2017, Respondent prescribed Calcipotriene 0.005% Cream to S.W.;
- On November 29, 2017, Respondent prescribed Naproxen 125 MG/5 ML Suspen to S.W.;
- On December 5, 2017, Respondent prescribed Calcipotriene 0.005% Cream to S.W.;
- On December 26, 2017, Respondent prescribed Naproxen 125 MG/5 ML Suspen to S.W.;
- On January 4, 2018, Respondent prescribed Calcipotriene 0.005% Cream to S.W.

8.

Patient K.W.

On and between March 9, 2017, and June 2, 2017, Respondent prescribed Patient K.W. four (4) medications without performing an in-person examination nor performing an examination using technology that is equal to or superior to an examination done personally by a provider, as follows:

- On March 9, 2017, Respondent prescribed Mefenamic Acid 250 MG Capsule to K.W.;
- On April 7, 2017, Respondent prescribed Mefenamic Acid 250 MG Capsule to K.W.;
- On May 5, 2017, Respondent prescribed Mefenamic Acid 250 MG Capsule to K.W.;
- On June 2, 2017, Respondent prescribed Mefenamic Acid 250 MG Capsule to K.W.

9.

Respondent's aforementioned conduct departed from and failed to conform to the minimum standards of acceptable and prevailing medical practice and was a violation of Georgia's laws and the Board's rules. *See* Ga. Comp. R. & Regs. R. 360-3-.07 (Practice Through Electronic or Other Such Means), O.C.G.A. § 43-34-8(a), and O.C.G.A. § 43-1-19(a).

10.

Respondent was also licensed as a physician in the Commonwealth of Virginia. On or about November 12, 2019, Respondent entered into a Consent Order with the Virginia Board of

Medicine (Case No. 187506) based, in part, on allegations of prescribing medications without ever performing examinations. Under the terms of the Consent Order Respondent was reprimanded and assessed a One Thousand Five Hundred dollar ($1,500.00) monetary penalty. On or about February 14, 2020, Respondent's license to practice medicine and surgery in the Commonwealth of Virginia was mandatorily suspended based, in part, on allegations of Respondent's failure to respond (Case No. 202478).

11.

Respondent is also licensed as a physician in the State of North Dakota. On or about November 22, 2019, Respondent entered into a Stipulated Order with the North Dakota Board of Medicine, based, in part, on allegations of prescribing medications without a physician-patient relationship. Under the terms of the Stipulation, Respondent had to complete a course in keeping medical records and Respondent paid costs and attorney's fees incurred by the Board. Respondent successfully completed the North Dakota Stipulated Order in or around July, 2020.

12.

Respondent is also licensed as a physician in the State of Washington. On or about July 16, 2020, Respondent stipulated to an informal disposition with the State of Washington Medical Commission, (No. M2019-234) based, in part, on allegations of improper prescribing through telemedicine companies. Under the terms of the stipulation Respondent was required to complete "Compliance Orientation," review the Medical Commission's Telemedicine Guideline, complete a course in medical ethics, write an authoritative paper on the importance of forming a physician-patient relationship, and personally appear before the Commission.

13.

Pursuant to O.C.G.A. §§ 43-1-19(a)(5) and 43-34-8(a)(5), the Georgia Board may discipline a licensee who has had disciplinary action taken against him or her by any such lawful licensing authority other than the Board.

14.

Respondent agrees to the above findings of facts and waives any further findings of fact with respect to the above-styled matter.

CONCLUSIONS OF LAW

Respondent's conduct constitutes sufficient grounds for the imposition of discipline upon Respondent's license to practice as a physician in the State of Georgia under O.C.G.A. Title 43, Chapters 1 and 34, as amended. Respondent hereby waives any further conclusions of law with respect to the above-styled matter.

ORDER

The Georgia Board, having considered all the facts and circumstances of this case, hereby orders, and Respondent hereby agrees, that the following sanctions shall be imposed upon Respondent's license to practice as a physician in the State of Georgia:

1.

Within ninety (90) days of the effective date of this Consent Order, Respondent shall submit to the Georgia Board a fine of three thousand dollars ($3,000.00) to be paid in full by cashier's check or money order made payable to the Georgia Composite Medical Board. Said fine shall be sent to the Georgia Composite Medical Board, located at 2 Peachtree Street, NW, 6th Floor, Atlanta, GA 30303, to the attention of the Executive Director. Failure to pay the entire amount within (30) days of the effective date of this Consent Order shall be considered a

violation of this Consent Order and shall result in further sanctioning of Respondent's license, upon substantiation thereof.

2.

Within six (6) months of the effective date of this Consent Order, Respondent shall successfully complete ten (10) hours of continuing medical education ("CME") course(s) focusing on ethics and ten (10) hours of CME course(s) focusing on prescribing. Said CME may be completed online and shall be in addition to the CME required of all Georgia physicians. Respondent shall provide written evidence of successful completion of the CME to the Georgia Board within six (6) months of the effective date of this Order. Failure to provide written evidence of successful completion of the CME within six (6) months of the effective date of this Consent Order shall be considered a violation of this Consent Order and shall result in further sanctioning of Respondent's license, upon substantiation thereof.

3.

In addition to and in conjunction with any other sanction contained herein, this Consent Order and dissemination thereof shall serve as a **public reprimand** of Respondent by the Georgia Board.

4.

Respondent also understands that pursuant to O.C.G.A. Title 43, Chapter 34A, the contents of this Consent Order shall be placed on Respondent's Physician Profile. Furthermore, by executing this Consent Order, Respondent hereby agrees to permit the Georgia Board to update the Physician's Profile reflecting this Consent Order.

5.

Respondent acknowledges that Respondent has read this Consent Order and understands

its contents. Respondent understands that Respondent has the right to a hearing in this matter and freely, knowingly and voluntarily waives that right by entering into this Consent Order. Respondent understands and agrees that a representative of the Department of Law may be present during the Georgia Board's consideration of this Consent Order and that the Georgia Board shall have the authority to review the investigative file and all relevant evidence in considering this Consent Order. Respondent further understands that this Consent Order will not become effective until approved and docketed by the Georgia Board. Respondent understands that this Consent Order, once approved and docketed, shall constitute a public record, evidencing disciplinary action by the Georgia Board that may be disseminated as such. However, if this Consent Order is not approved, it shall not constitute an admission against interest in this proceeding, or prejudice the right of the Georgia Board to adjudicate this matter. Respondent hereby consents to the terms and sanctions contained herein.

(Signatures on the following page)

Approved this 18th day of November, 2021.

GEORGIA COMPOSITE MEDICAL BOARD

(BOARD SEAL)

BY: _____
Despina Dalton, M.D.
Chairperson

ATTEST: _____
~~LASHARN HUGHES, MBA~~ Jonathan McGehee
Executive Director, Interim

CONSENTED TO: _____
SHERMAN WASHINGTON, JR., M.D.
Respondent

AS TO THE SIGNATURE OF
SHERMAN WASHINGTON, JR., M.D.:
Sworn to and subscribed before me
This, 5 day of October 2021.

_____
NOTARY PUBLIC
My Commission Expires: Feb 1, 2025

KORINA PINDEL
Notary Public - State of Nevada
County of Clark
APPT. NO. 21-2899-01
My App. Expires Feb. 1, 2025

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING
DISCIPLINARY ACTION REPORT
Orders served from 11/15/2021 through 11/19/2021

Profession/Name	License Number	Effective Date/Action	Basis for Action
Chiropractic CHARLES ARTHUR JACKSON, D.C. Grand Blanc, MI	2301003001	12/10/2021 Fine Imposed; Summary Suspension Dissolved; Voluntarily Surrendered	Sexual Misconduct; Lack of Good Moral Character; Negligence; Incompetence
Chiropractic ALLAN ANDREW CLAYTON SCHWALM, D.C. Clinton Township, MI	2301005158	12/17/2021 Fine Imposed; Suspended	Alcohol Related Conviction; Failure to Report or Comply; Fraud or Deceit in Obtaining/Renewing License
Medicine HO DZUNG ANH, M.D. San Francisco, CA	4301111145	12/17/2021 Fine Imposed	Sister State Disciplinary Action
Medicine THEODOR ASGEIRSSON, M.D. Wyoming, MI	4301091655	12/17/2021 Fine Imposed; Probation; Reprimanded	Incompetence; Negligence
Medicine PAULDEEP BAHRA, M.D. Dallas, TX	4301100210	12/17/2021 Fine Imposed	Failure to Report or Comply; Sister State Disciplinary Action
Medicine JOHN KAZIMIERZ BARTNIK, M.D. Saginaw, MI	4301062933	12/17/2021 Fine Imposed	Negligence; Technical Violation of the Michigar PHC
Medicine GLENN D BAUER, M.D. Waterford, MI	4301407255	12/17/2021 Fine Imposed	Incompetence; Negligence
Medicine NATHAN BINING, M.D. Livonia, MI	4301071275	12/17/2021 Fine Imposed; Probation	Negligence
Medicine CHRISTOPHER YON CHANG, M.D. Hazel Park, MI	4301052042	12/17/2021 Fine Imposed; Voluntarily Surrendered	Incompetence; MAPS Violation; Negligence

Profession/Name	License Number	Effective Date/Action	Basis for Action
Medicine DANIEL PHILIP ELSKENS, M.D. Sandusky, OH	4301406954	12/17/2021 Fine Imposed; Probation	Failure to Report or Comply; Sister State Disciplinary Action
Medicine JOHN FREDERICK HARB, M.D. Livonia, MI	4301061957	12/17/2021 Fine Imposed; Probation	Technical Violation of the Michigar PHC
Medicine MAHESH KARANDIKAR, M.D. Flint, MI	4301117240	12/17/2021 Fine Imposed	Fraud or Deceit in Obtaining/Renewing License; Sister State Disciplinary Action
Medicine KIARASH MIRKIA, M.D. Las Vegas, NV	4301501163	12/17/2021 Fine Imposed; Limited / Restricted	Failure to Report or Comply; Sister State Disciplinary Action
Medicine MADHU AJIT SUBNANI, M.D. Imlay City, MI	4301055014	12/17/2021 Fine Imposed; Summary Suspension Dissolved; Voluntarily Surrendered	Incompetence; Lack of Good Moral Character; MAPS Violation; Negligence-Impaired Conduct, Practice, or Condition; Unauthorized Prescribing
Medicine VISHAL VERMA, M.D. San Diego, CA	4301095272	12/17/2021 Fine Imposed	Sister State Disciplinary Action
Medicine SHERMAN WASHINGTON, M.D. Henderson, NV	4301119275	12/17/2021 Fine Imposed; Probation	Failure to Report or Comply; Sister State Disciplinary Action
Nursing NANCY ANN BASKERVILLE, R.N. Canton, MI	4704187173	12/12/2021 Fine Imposed	Failure to Report or Comply; Sister State Disciplinary Action
Nursing CHRISTOPHER JOHN BAUER, R.N. Royal Oak, MI	4704310010	12/12/2021 Fine Imposed; Probation Upon Reinstatement; Suspended	Impaired Conduct, Practice, or Condition; Mental/Physical Inability to Practice; Substance Use Disorder
Nursing JENNIFER JEAN BAUMGART, R.N. Saint Clair Shores, MI	4704226627	12/12/2021 Fine Imposed; Probation	Continuing Education

BEFORE THE BOARD OF MEDICINE

STATE OF NORTH DAKOTA

North Dakota Board of Medicine – Investigative Panel B,	)	
Complainant,	)	
vs.	)	**COMPLAINT**
Sherman Washington Jr., M.D.,	)	
Respondent.	)	

COMES NOW, the Complainant, North Dakota Board of Medicine – Investigative Panel B, and for its Complaint against the Respondent, Sherman Washington Jr., M.D., alleges and states as follows:

I.

Investigative Panel B of the North Dakota Board of Medicine ("Board") is authorized pursuant to N.D.C.C. Chapter 43-17.1 to conduct investigations related to the practice of any physician licensed to practice in this state and file a formal complaint against any licensed physician with the Board of Medicine.

II.

Sherman Washington Jr., M.D., is a physician licensed to practice medicine in the State of North Dakota.

FACTS

III.

At all times mentioned herein, Respondent was an emergency medicine physician but mostly practiced medicine online.

IV.

On September 5, 2018, Patient A received a package in the mail containing several medications that were prescribed to her by Respondent and filled at McClure's Compounding Pharmacy in Texas. Patient A has never had a physician-patient relationship with Respondent and has never met or spoken to Respondent. Thus, Respondent prescribing any medications to Patient A is inappropriate. A request for records for the treatment of Patient A was made to Respondent and no records were received. Thus, Respondent is subject to disciplinary action pursuant to the provisions of N.D.C.C. § 43-17-31 based upon Respondent's violations of the North Dakota Medical Practice Act by: (1) performing any dishonorable, unethical or unprofessional conduct likely to deceive, defraud or harm the public N.D.C.C. § 43-17-31(1)(f).; and (2) lacking appropriate documentation in medical records for diagnosis, testing and treatment of a patient as described by N.D.C.C. § 43-17-31(1)(z).

V.

WHEREFORE, Complainant respectfully requests Respondent, Sherman Washington, Jr., M.D., be disciplined for his violations of N.D.C.C. § 43-17-31 and seeks an appropriate sanction(s) for those violations as authorized by N.D.C.C. § 43-17-30.1. Complainant also respectfully requests that the Board be awarded its costs and attorney's fees in having to bring this action pursuant to N.D.C.C. § 43-17-31.1.

NOTICE: Respondent must answer this Complaint within twenty days after service of the complaint or the allegations may be deemed admitted and may result in a default order revoking the subject's license. Such answer must be served in the manner allowed for service under the North Dakota Rules of Civil Procedure.

Dated this 29th day of April, 2019.

By Stacy M. Moldenhauer

Stacy M. Moldenhauer (ID #06293)
Special Assistant Attorney General
smoldenhauer@smithporsborg.com
122 East Broadway Avenue
P.O. Box 460
Bismarck, ND 58502-0460
Phone: (701) 258-0630
Facsimile: (701) 258-6498

Attorney for: North Dakota Board of Medicine – Investigative Panel B

BEFORE THE BOARD OF MEDICINE

STATE OF NORTH DAKOTA

North Dakota Board of Medicine-Investigative Panel B, Complainant, vs. Sherman Washington Jr., M.D., Respondent.	)	**STIPULATION**

WHEREAS, Panel B of the North Dakota Board of Medicine (hereinafter "the Board") issued a Complaint requesting Respondent be disciplined for his violations of the North Dakota Medical Practice Act, for performing any dishonorable, unethical or unprofessional conduct likely to deceive, defraud or harm the public as prescribed by N.D.C.C. § 43-17-31(1)(f) and for lacking appropriate documentation in medical records for diagnosis and treatment of a patient as described by N.D.C.C. § 43-17-31(1)(z).

WHEREAS, the Respondent admits service of the Summons and Complaint dated April 29, 2019 and admits the allegations contained in the Complaint are true and that such actions are a violation of the Medical Practice Act and are grounds for discipline pursuant to N.D.C.C. § 43-17-31.

1. The Respondent hereby waives any procedural irregularity herein and his right to a hearing on the Complaint now pending in this action;

2. Respondent agrees he must successfully complete the following course within six (6) months from the date of the Board's Order approving of this Stipulation:

a. Medical Records Keeping Course through the Center for Personalized Education for Physicians.

b. Respondent will provide proof of successful completion of said course to the Board. Respondent will also be fully responsible for the costs of said course.

c. If Respondent fails to successfully complete the above described course within six (6) months from the date of the Board's Order approving of this Stipulation, Respondent's license to practice medicine shall be suspended until such time as said course is successfully completed.

3. Respondent shall be responsible for paying the costs and attorney's fees incurred by the Board in the investigation and prosecution of this action in an amount not to exceed $2,000.00. The Board will notify the Respondent of any such costs within a reasonable time after the Stipulation is approved by the Board and Respondent shall make payment within (30) days from receiving such notification.

4. If Respondent shall fail, neglect, or refuse to fully comply with any of the terms, provisions, or conditions herein, the Respondent's license to practice medicine in state of North Dakota shall be immediately suspended in accordance with the law.

5. In the event the Board, in its discretion, does not approve this settlement, this Stipulation is withdrawn and shall be of no evidentiary value and shall not be relied upon nor introduced in any disciplinary action by either party hereto except that Respondent agrees that should the Board reject this Stipulation, and if this case proceeds to a hearing, Respondent will assert no claim that the Board was prejudiced by its review and discussion of this Stipulation or of any records relating hereto.

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6. This agreement for the disposition of the above-entitled contested case is a matter of public record and the obligations of the Board with respect thereto shall be governed by the laws of North Dakota and current Board policy.

7. All parties hereto recognize the Board representatives who have engaged in discussions relative to an agreed disposition of this matter can only make recommendations to the North Dakota Board of Medicine, which recommendations can in no way be considered as binding upon the full membership of the Board who would ultimately decide the pending contested case, and this agreement is subject to acceptance by the full membership of the Board.

8. Respondent understands he has the right and has been afforded the opportunity to have this agreement reviewed by an attorney, and that in the event he chooses to execute this document without taking the opportunity to avail himself of this right, such failure shall be deemed to be a waiver of such right.

9. Respondent specifically waives any claim that any disclosures made to the full membership of the Board for the purposes of consideration of this agreement have prejudiced his right to a fair and impartial hearing in the event that this agreement is not accepted by the full Board and if further proceedings ensue.

10. Respondent further agrees there have been no inducements, threats or promises made in order to obtain his entry into this agreement.

11. The parties further agree that all statements contained herein are based upon the facts known to the Board on the date of execution of this agreement.

Dated this 28 day of October, 2019.

Sherman Washington, Jr., M.D.

Dated this 29th day of October, 2019.

By Stacy M. Moldenhauer

Stacy M. Moldenhauer (ID #06293)
Special Assistant Attorney General
smoldenhauer@smithporsborg.com
122 East Broadway Avenue
P.O. Box 460
Bismarck, ND 58502-0460
Phone: (701) 258-0630
Facsimile: (701) 258-6498

Attorney for: North Dakota Board of Medicine – Investigative Panel B

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BEFORE THE BOARD OF MEDICINE

STATE OF NORTH DAKOTA

North Dakota Board of Medicine – Investigative Panel B,	)	
Complainant,	)	
vs.	)	**ORDER**
Sherman Washington, Jr., M.D.	)	
Respondent.	)	

*** *** ***

WHEREAS, Investigative Panel B of the North Dakota Board of Medicine (hereinafter "the Board") issued a Complaint against Respondent requesting Respondent be disciplined for his violations of the North Dakota Medical Practice Act, for performing any dishonorable, unethical or unprofessional conduct likely to deceive, defraud or harm the public as proscribed by N.D.C.C. § 43-17-31(1)(f) and for lacking appropriate documentation in medical records for diagnosis and treatment of a patient as described by N.D.C.C. § 43-17-31(1)(z).

WHEREAS, Respondent acknowledged the allegations contained in the Complaint were true and subjected him to discipline;

WHEREAS, Respondent and Investigative Panel B have entered into a Stipulation dated October 29, 2019;

WHEREAS, the North Dakota Board of Medicine finds the terms of the Stipulation are an appropriate disposition of this case;

IT IS HEREBY ORDERED THAT:

1. The Board will enter an Order requiring Respondent to complete the Medical Records

Keeping Course through the Center for Personalized Education for Physicians. Said course must be completed within six months from the date of this Order. Respondent is solely responsible for the costs of this course and must provide proof of completion of this course to the Board.

2. If Respondent fails to successfully complete the above described course within six (6) months from the date of this Order, Respondent's license to practice medicine shall be suspended until such time as said course is successfully completed.
3. Respondent shall be required to pay the costs of the prosecution of this action not to exceed $2,000. Once notified of the costs of the investigation, Respondent is required to pay said costs within thirty (30) days or make other payment arrangements with the Board.

This Order is effective this 22nd day of November, 2019.

NORTH DAKOTA BOARD OF MEDICINE

Rup. K. Nagala. MD

Rupkumar Nagala, M.D.
Chairman

2221

Ohio | eLicense Ohio Professional Licensure

License Look Up

3/22/2022 2:34 PM

Sherman Washington Jr.

Status	Closed
Sub-Status	Revocation
Board	Medical Board
License Type	Doctor of Medicine (MD)
License Number	35.123613
License Issue Date	05/16/2014
License Expiration Date	10/01/2021
License Effective Date	09/30/2019
City	North Las Vegas
State	NV
Country	United States
Board Action	Yes

Board Action Details 08/11/2021 BOARD ORDER - License to practice medicine and surgery revoked. Based on the finding that the prior action by the State of Washington, Washington Medical Commission, which issued a Stipulation to Informal Disposition against the doctor's license, individually and/or collectively constitute: any of the following actions taken by an agency responsible for authorizing, certifying, or regulating an individual to practice a health care occupation or provide health care services in this state or another jurisdiction, for any reason other than the nonpayment of fees: the limitation, revocation, or suspension of an individual's license to practice; acceptance of an individual's license surrender; denial of a license; refusal to renew or reinstate a license; imposition of probation; or issuance of an order of censure or other reprimand. Order effective 8/12/21. (Journal Entry-No Hearing Requested).

10/14/2020 CITATION - Based on the prior action by the State of Washington, Washington Medical Commission, which issued a Stipulation to Informal Disposition against the doctor's license, which would individually and/or collectively constitute: any of the following actions taken by an agency responsible for authorizing, certifying, or regulating an individual to practice a health care occupation or provide health care services in this state or another jurisdiction, for any reason other than the nonpayment of fees: the limitation, revocation, or suspension of an individual's license to practice; acceptance of an individual's license surrender; denial of a license; refusal to renew or reinstate a license; imposition of probation; or

21-104 Ohio Discipline

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issuance of an order of censure or other reprimand. Notice of Opportunity for Hearing mailed 10/15/2020.

08/31/2020 DISMISSAL OF CITATION - The notice of opportunity for a hearing issued on 6/10/2020 is dismissed without prejudice, based on the Board having received information indicating that the Washington Medical Commission Order had been vacated. Dismissal effective 08/31/2020.

06/10/2020 CITATION - Based on a prior action by the State of Washington Medical Commission, which issued a 1/28/2020 Findings of Fact, Conclusions of Law, and Final Order of Default, that indefinitely suspended the doctor's license; which as alleged individually and/or collectively, constitute any of the following actions taken by an agency responsible for authorizing, certifying, or regulating an individual to practice a health care occupation or provide health care services in this state or another jurisdiction, for any reason other than the nonpayment of fees: the limitation, revocation, or suspension of an individual's license to practice; acceptance of an individual's license surrender; denial of a license; refusal to renew or reinstate a license; imposition of probation; or issuance of an order of censure or other reprimand. Notice of opportunity for a hearing mailed 6/11/2020.
Current date & time: **3/22/2022 2:34 PM**

Disclaimer: The Joint Commission and NCQA consider on-line status information as fulfilling the primary source verification requirement for verification of licensure in compliance with their respective credentialing standards.

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BEFORE THE STATE BOARD OF MEDICINE

Commonwealth of Pennsylvania, Bureau of Professional and Occupational Affairs	:	
v.	:	**Case No. 19-49-017073**
Sherman Washington, M.D. Respondent	:	

FINAL ORDER ADOPTING HEARING EXAMINER'S ADJUDICATION AND ORDER

AND NOW, this 5th day of May 2020, noting that neither party filed an application for review and that the State Board of Medicine (Board) did not issue a Notice of Intent to Review, in accordance with 1 Pa. Code § 35.226(a)(3) and 49 Pa. Code § 16.57, the hearing examiner's adjudication and order dated February 24, 2020, appended to this order as **Attachment A**, is now the **FINAL ORDER** of the Board in this proceeding.

This order is retroactive to March 16, 2020, twenty days from the date of mailing of the Hearing Examiner's Adjudication and Order.

BY ORDER:

BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

K. KALONJI JOHNSON
ACTING COMMISSIONER

STATE BOARD OF MEDICINE

KEITH E. LOISELLE
CHAIR

Respondent's Address:

9171 9690 0935 0227 2230 50

Sherman Washington, M.D.
2900 N. Green Valley Pkwy., Suite 114
Henderson, NV 89014

For the Commonwealth:

Keith E. Bashore, Esquire

Prothonotary Filed On:
May 05 2020 03:23 PM
Department of State

21-IM Pennsylvania Discipline

Board Counsel:	Dana M. Wucinski, Esquire
Date of mailing:	May 7, 2020

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Attachment A

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RECEIVED
Department of State

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BEFORE THE STATE BOARD OF MEDICINE

Commonwealth of Pennsylvania, Bureau of Professional and Occupational Affairs	:	
	:	**File No. 19-49-017073**
v.	:	
Sherman Washington, M.D., Respondent	:	

ADJUDICATION AND ORDER

Hope S. Goldhaber
Hearing Examiner

COMMONWEALTH OF PENNSYLVANIA
GOVERNOR'S OFFICE OF GENERAL COUNSEL
DEPARTMENT OF STATE
OFFICE OF HEARING EXAMINERS
P.O. Box 2649
Harrisburg, PA 17105-2649
(717) 772-2686

Date Distributed 2/24/20
Prosecution ✓
Counsel ✓
BFO
Hearing Examiner
Other ✓

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HISTORY

This matter comes before a hearing examiner for the State Board of Medicine ("Board") on the Commonwealth's filing of a single count *Order to Show Cause* ("*OTSC*") on November 25, 2019, against Sherman Washington, M.D. ("Respondent"). In this single count, the Commonwealth charged that Respondent is subject to disciplinary action under section 41(4) of the Medical Practice Act of 1985,[1] 63 P.S. § 422.41(4), because the Virginia Board of Medicine ("Virginia Board") took disciplinary action against Respondent's Virginia medical license on or about November 14, 2019.

On November 25, 2019, the Commonwealth mailed the *OTSC* to Respondent by certified mail, electronic return receipt requested, and by first class mail, postage prepaid, at his last known address on file with the Board: 2900 N. Green Valley Parkway, Suite 114, Henderson, NV 89014. The *OTSC* that was mailed to Respondent by certified mail, return receipt requested, was delivered on November 29, 2019, and signed for by Respondent or Respondent's agent,[2] as evidenced by the United States Postal Service electronic return receipt for Certified Mail™ item number 9171 9690 0935 0226 6042 63. Hence, the Commonwealth accomplished service of its *OTSC* in accordance with the requirements of the General Rules of Administrative Practice and Procedure ("GRAPP"), 1 Pa. Code § 31.1 *et seq.*, at 1 Pa. Code § 33.31.[3]

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[1] Act of December 20, 1985, P.L. 457, No. 112, *as amended*, 63 P.S. §§ 422.1-422.51a.

[2] The recipient's signature is illegible.

[3] **Section 33.31. Service by the agency.**

> Orders, notices and other documents originating with an agency, including forms of agency action, complaints and similar process and other documents designated by the agency for this purpose, shall be served by the office of the agency by mail, except when service by another method shall be specifically required by the agency, by mailing a copy thereof to the person to be served, addressed to the person designated in the initial pleading or submittal at his principal office or place of business. If service is not accomplished by mail, it may be effected by anyone authorized by the

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May 05 202

The *OTSC* directed Respondent to file a written answer within thirty (30) days of the date on the *OTSC*, and specifically advised Respondent that the factual allegations of the *OTSC* may be deemed admitted if Respondent failed to file an answer within the time period allowed. Respondent was also advised that if he failed to file an answer, the Board may revoke, suspend, or impose other restrictions against his license; and the Board may also impose a civil penalty of up to $10,000.00 for each violation of the Act. Respondent did not file an answer to the *OTSC*.

On December 31, 2019, the Commonwealth filed a *Motion to Deem Facts Admitted and Enter Default* ("*MDFA*"). The *MDFA* was mailed to Respondent on December 31, 2019, by first class mail, postage prepaid, at 2900 N. Green Valley Parkway, Suite 114, Henderson, NV 89014. This is the same address where the *OTSC* had been served. Respondent did not file a response to the *MDFA*.

On January 21, 2020, an *Order Granting Commonwealth's Motion to Deem Facts Admitted and Enter Default* ("*MDFA Order*") was issued on grounds that Respondent received the *OTSC* but failed to file an answer as required. The *MDFA Order* was mailed to Respondent on January 21, 2020, by first class mail, postage prepaid, at 2900 N. Green Valley Pkwy., Suite 114, Henderson, NV 89014. This is the same address where the *OTSC* and *MDFA* had been served. The *MDFA Order* was not returned to the Department of State Prothonotary and, therefore, it is presumed to have been delivered to Respondent.

Pursuant to section 35.37 of GRAPP, 1 Pa. Code § 35.37,[4] the *MDFA Order* advised

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agency in the manner provided in 231 Pa. Code Rules 400—441 (relating to service of original process).

1 Pa. Code § 33.31.

[4] **§ 35.37. Answers to orders to show cause.**

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Respondent that he was in default of filing an answer and that the factual allegations in the *OTSC* were deemed admitted. The *MDFA Order* also advised Respondent that an Adjudication and Order would be issued in due course. To date, Respondent has not responded to either the *OTSC* or the *MDFA*.

This matter is now ripe for disposition.

A person upon whom an order to show cause has been served...shall, if directed so to do, respond to the same by filing within the time specified in the order an answer in writing....A respondent failing to file an answer within the time allowed shall be deemed in default, and relevant facts stated in the order to show cause may be deemed admitted.

1 Pa. Code § 35.37.

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FINDINGS OF FACT

1. Respondent holds a license to practice as a medical physician and surgeon in the Commonwealth of Pennsylvania, license number MD451806. (Official Notice of Board records[5]; OTSC ¶ 1)

2. Respondent's medical license was originally issued on May 2, 2014, expired on December 31, 2014, and absent further Board action, may be renewed, reactivated or reinstated upon the filing of the appropriate documentation and payment of the necessary fees. (Board records; OTSC ¶ 2)

3. At all times pertinent to the factual allegations in the Commonwealth's *OTSC*, Respondent held a license to practice as a medical physician and surgeon in the Commonwealth of Pennsylvania. (Board records; OTSC ¶ 3)

4. Respondent's last known address on file with the Board is 2900 N. Green Valley Parkway, Suite 114, Henderson, NV 89014. (Board records; OTSC ¶ 4)

Virginia Disciplinary Action

5. At all relevant and material times, Respondent was authorized to practice as a physician in the Commonwealth of Virginia. (OTSC ¶ 6)

6. On November 14, 2019, the Virginia Board and Respondent entered into a Consent Order by which Respondent admitted that he violated Virginia Code § 54.1-2915(A)(3), (13), (16), and (17) and 54.1-3303(B) in that he prescribed several Schedule VI controlled substances to multiple individuals (Patients A-F) outside of a bona fide practitioner-patient relationship. (OTSC

[5] Official notice of the Board's records may be taken pursuant to the General Rules of Administrative Practice and Procedure (GRAPP), 1 Pa. Code § 31.1 *et seq.*, at § 35.173, which permits the presiding officer to take official notice of the Board's own records. *See Gleeson v. State Bd. of Medicine*, 900 A.2d 430, 440 (Pa. Cmwlth. 2006), *appeal denied*, 917 A.2d 316 (Pa. 2007). All citations to "Board records" are based on this taking of official notice.

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¶¶ 7-8; OTSC at Exhibit A)

7. The prescription for Patient A was prescribed on or about May 22, 2017; the prescriptions for Patient B were prescribed between approximately December 2017 and April 2018; the prescriptions for Patient C were prescribed on or about March 15, 2018; the prescriptions for Patient D were prescribed on or about March 14, 2018; the prescriptions for Patient E were prescribed on or about September 18, 2017; and the prescriptions for Patient F were prescribed on or about November 30, 2016. (OTSC ¶¶ 7-8; OTSC at Exhibit A)

8. Pursuant to the Consent Order, Respondent also admitted that he violated Virginia Code § 54.1-111(A)(7), § 54.1-2915(A)(12) and (18), and 18 VAC 85-20-105 of the Regulations Governing the Practice of Medicine, Osteopathic Medicine, Podiatry, and Chiropractic in that he willfully refused to provide records for Patients A-F to the Virginia Board's investigators after their repeated requests for such records from August 2018 through October 2018. (OTSC ¶¶ 7-8; OTSC at Exhibit A)

9. Pursuant to the Consent Order, the Virginia Board reprimanded Respondent and assessed Respondent a monetary penalty of $1,500.00. (OTSC ¶¶ 7-9; OTSC at Exhibit A)

10. At the time Respondent entered into the Consent Order on November 14, 2019, his license to practice medicine and surgery in Virginia was active until October 31, 2020. (OTSC ¶¶ 7-8; OTSC at Exhibit A)

Service of OTSC

11. On November 25, 2019, the Commonwealth filed an *OTSC* alleging that Respondent is subject to disciplinary action under section 41(4) of the Act, 63 P.S. § 422.41(4), because Respondent had a license to practice the profession disciplined by the proper licensing authority of another state, Virginia. (OTSC; MDFA ¶ 1)

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12. On November 25, 2019, the Commonwealth mailed the *OTSC* to Respondent by certified mail, electronic return receipt requested, and by first class mail, postage prepaid, at his last known address on file with the Board: 2900 N. Green Valley Parkway, Suite 114, Henderson, NV 89014. (OTSC ¶ 4; OTSC at Certificate of Service; MDFA ¶ 2)

13. The OTSC that was mailed to Respondent by certified mail, return receipt requested, was delivered on November 29, 2019, and signed for by Respondent or Respondent's agent,[6] as evidenced by the United States Postal Service electronic return receipt for Certified Mail™ item number 9171 9690 0935 0226 6042 63. (MDFA ¶ 3; MDFA at Exhibit A)

Due Process

14. The *OTSC* directed Respondent to file a written answer within thirty (30) days of the date on the *OTSC*, and specifically advised Respondent that the factual allegations of the *OTSC* may be deemed admitted if Respondent failed to file an answer within the time period allowed. (OTSC at Notice and Procedures; MDFA ¶ 4)

15. The *OTSC* also advised Respondent that if he failed to file an answer, the Board may revoke, suspend, or impose other restrictions against his license; and the Board may also impose a civil penalty of up to $10,000.00 for each violation of the Act. (OTSC at Penalties and Procedures)

16. Respondent did not file an answer to the *OTSC*. (File No. 19-49-017073; MDFA ¶ 5)

17. On December 31, 2019, the Commonwealth filed an *MDFA* in this matter and mailed it to Respondent by first class mail, postage prepaid, at the same address at which the *OTSC* had been served: 2900 N. Green Valley Parkway, Suite 114, Henderson, NV 89014. (MDFA at

[6] The recipient's signature is illegible.

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Certificate of Service)

18. Respondent did not file a response to the *MDFA*. (File No. 19-49-017073)

19. On January 21, 2020, an *MDFA Order* was issued, entering judgment by default and deeming the factual allegations in the *OTSC* admitted, on grounds that Respondent received the *OTSC* but failed to file an answer as required. (File No. 19-49-017073)

20. The *MDFA Order* was mailed to Respondent on January 21, 2020, by first class mail, postage prepaid, at 2900 N. Green Valley Pkwy., Suite 114, Henderson, NV 89014; this is the same address where the *OTSC* and *MDFA* had been served. (File No. 19-49-017073)

21. The *MDFA Order* mailed to Respondent at 2900 N. Green Valley Pkwy., Suite 114, Henderson, NV 89014 was not returned to the Department of State Prothonotary and, therefore, it is presumed to have been delivered to Respondent. (File No. 19-49-017073)

22. Respondent was served with the *OTSC*, *MDFA* and *MDFA Order* filed of record in this matter. (File No. 19-49-017073)

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CONCLUSIONS OF LAW

1. The Board has jurisdiction in this matter. (Findings of Fact 1-3)

2. Respondent has been afforded reasonable notice of the charges against him and an opportunity to be heard in this proceeding, in accordance with section 5 of the Administrative Agency Law, 2 Pa.C.S. § 504. (Findings of Fact 4, 11-22)

3. Respondent is subject to disciplinary action under section 41(4) of the Act, 63 P.S. § 422.41(4), in that Respondent had his license to practice medicine disciplined by the proper licensing authority of another state, Virginia, on November 14, 2019. (Findings of Fact 5-10)

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DISCUSSION

Violation

A board-regulated practitioner in Pennsylvania who is disciplined by a proper licensing authority of another state is subject to disciplinary action in Pennsylvania under section 41(4) of the Act as follows:

> **Section 41. Reasons for refusal, revocation, suspension or other corrective actions against a licensee or certificate holder**
>
> The board shall have authority to impose disciplinary or corrective measures on a board-regulated practitioner for any or all of the following reasons:
>
> * * *
>
> (4) **Having a license or other authorization to practice the profession revoked or suspended or having other disciplinary action taken,** or an application for a license or other authorization refused, revoked or suspended by a **proper licensing authority of another state,** territory, possession or country, or a branch of the Federal Government.
>
> * * *

63 P.S. § 422.41(4) (emphasis added).

The facts deemed admitted are based on the factual allegations in the *OTSC* as well as the information contained in what is alleged to be a true and correct copy of the November 14, 2019, Consent Order. These facts conclusively establish that on November 14, 2019, the Virginia Board reprimanded Respondent and assessed Respondent a monetary penalty of $1,500.00. Therefore, the Commonwealth has proven by a preponderance of the evidence[7] that Respondent's medical

[7] The degree of proof required to establish a case before an administrative tribunal in an action of this nature is a preponderance of the evidence. *Lansberry v. Pennsylvania Pub. Util. Comm'n*, 578 A.2d 600, 602 (Pa. Cmwlth. 1990), *appeal denied*, 602 A.2d 863 (Pa. 1992). A preponderance of the evidence is generally understood to mean that the

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May 05 202

license in another state, Virginia, was disciplined by the proper licensing authority of that state, as charged in Count One of the *OTSC*.

Sanction

The Supreme Court of Pennsylvania has recognized that "[r]eciprocal discipline prevents licensed professionals from violating ethical rules, being disciplined, and then transferring to a new jurisdiction to continue to practice with an unblemished record of ethical conduct." *Khan v. State Bd. of Auctioneer Examiners*, 842 A.2d 936, 944 (Pa. 2004). There are a variety of sanctions available to prevent this from happening.

Section 42 of the Act, 63 P.S. § 422.42, sets forth the type of disciplinary or corrective measures that may be imposed for violations of the Act, including Respondent's violation of section 41(4) of the Act. Specifically, section 42(a) of the Act provides, in relevant part, as follows:

> **Section 42. Types of corrective action**
>
> **(a) Authorized actions.**—When the board is empowered to take disciplinary or corrective action against a board-regulated practitioner under the provisions of this act or pursuant to other statutory authority, the board may:
>
> * * *
>
> (2) Administer a public reprimand with or without probation.
>
> (3) Revoke, suspend, limit or otherwise restrict a license or certificate.
>
> (4) Require the board-regulated practitioner to submit to the care, counseling or treatment of a physician or a psychologist designated by the board.

---

evidence demonstrates a fact is more likely to be true than not to be true, or if the burden were viewed as a balance scale, the evidence in support of the Commonwealth's case must weigh slightly more than the opposing evidence. *Se-Ling Hosiery, Inc. v. Margulies*, 70 A.2d 854, 856 (Pa. 1950). The Commonwealth therefore has the burden of proving the charges against Respondent with evidence that is substantial and legally credible, not by mere "suspicion" or by only a "scintilla" of evidence. *Lansberry*, 578 A.2d at 602.

DOS Prothor
May 05 202

> (5) Require the board-regulated practitioner to take refresher educational courses.
>
> (6) Stay enforcement of any suspension, other than that imposed in accordance with section 40, [footnote omitted] and place a board-regulated practitioner on probation with the right to vacate the probationary order for noncompliance.
>
> * * *

63 P.S. § 422.42(a). Additionally, a maximum civil penalty up to ten thousand dollars ($10,000.00) for each violation of the Act is authorized under either section 908 of the Medical Care Availability and Reduction of Error Act,[8] 40 P.S. § 1303.908, or section 5(b)(4) of Act 48,[9] 63 P.S. § 2205(b)(4).

The Board is charged with the responsibility and authority to oversee the profession and to regulate and license professionals to protect the public health and safety. *Barran v. State Bd. of Medicine*, 670 A.2d 765, 767 (Pa. Cmwlth. 1996), *appeal denied*, 679 A.2d 230 (Pa. 1996). With public protection in mind, the Board considers the seriousness of the violations and any mitigating evidence in fashioning a sanction fitted to the circumstances of a given disciplinary matter.

There is no mitigating evidence to consider because, although he has been given appropriate notice and the opportunity to respond, Respondent has not defended himself in the matter now before the Board. Therefore, the Board has only the seriousness of the Virginia disciplinary action to consider when determining the appropriate sanction.

The seriousness of the Virginia disciplinary action can be gauged by the underlying reasons for the disciplinary action and the type of discipline imposed. The Virginia Board disciplined

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[8] Act of March 20, 2002, P.L. 154, No. 13, 40 P.S. §§ 1303.901-1303.910.

[9] Act of July 2, 1993, P.L. 345, No. 48, *as amended*, 63 P.S. §§ 2201-2207

DOS Prothon
May 05 202

Respondent for prescribing several Schedule VI controlled substances to Patients A-F outside of a bona fide practitioner-patient relationship and for willfully refusing to provide records for Patients A-F to the Virginia Board's investigators after their repeated requests for such records from August 2018 through October 2018. For this conduct, the Virginia Board decided not to impose the more serious sanctions of suspension or revocation. Instead, the Virginia Board imposed the less serious sanctions of a reprimand and a monetary penalty.

The hearing examiner believes that it is appropriate to mirror the Virginia Board's imposition of a reprimand. A public reprimand will protect the public health and safety because it will alert Pennsylvania's citizens to Respondent's disciplinary action in Virginia, thereby allowing anyone who inquires to make an informed decision based upon the public information available.

Although the Virginia Board assessed a monetary penalty, the hearing examiner does not believe that it is necessary to impose a monetary penalty in Pennsylvania. Civil penalties are typically imposed for purposes of deterrence. It is understandable that the Virginia Board would want to deter Respondent from committing similar violations in the future in Virginia, given the fact that Respondent had an active license in Virginia at the time he entered into the Consent Order. Respondent is presumably not practicing in Pennsylvania because his Pennsylvania license has been expired since December 31, 2014, prior to his violations of Virginia law. Therefore, it is not necessary to impose a civil penalty in Pennsylvania for purposes of added deterrence.

Accordingly, based upon the foregoing, the following order shall issue:

DOS Prothon
May 05 202

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BEFORE THE STATE BOARD OF MEDICINE

Commonwealth of Pennsylvania, Bureau of Professional and Occupational Affairs	:	
	:	**File No. 19-49-017073**
v.	:	
Sherman Washington, M.D., Respondent	:	

ORDER

AND NOW, this **24th** day of **February 2020,** upon consideration of the foregoing findings of fact, conclusions of law and discussion, it is **ORDERED** that the license to practice medicine and surgery issued to Respondent, **Sherman Washington, M.D., license no. MD451806,** is **REPRIMANDED.**

This order shall take effect 20 days from the date of mailing unless otherwise ordered by the State Board of Medicine.

BY ORDER:

Hope S. Goldhaber
Hearing Examiner

For Respondent:
Sherman Washington, M.D.
2900 N. Green Valley Pkwy., Suite 114
Henderson, NV 89014

For the Commonwealth:
Keith E. Bashore, Esquire
Prosecuting Attorney
GOVERNOR'S OFFICE OF GENERAL COUNSEL
DEPARTMENT OF STATE OFFICE OF CHIEF COUNSEL
PROSECUTION DIVISION
P.O. Box 69521
Harrisburg, PA 17106-9521

Date of Mailing: February 24, 2020

DOS Prothon
May 05 202

NOTICE

REHEARING AND/OR RECONSIDERATION

A party may file an application for rehearing or reconsideration **within 15 days of the mailing date** of this adjudication and order. The application must be captioned *"Application for Rehearing"*, *"Application for Reconsideration"*, or *"Application for Rehearing or Reconsideration"*. It must state specifically and concisely, in numbered paragraphs, the grounds relied upon in seeking rehearing or reconsideration, including any alleged error in the adjudication. If the adjudication is sought to be vacated, reversed, or modified by reason of matters that have arisen since the hearing and decision, the matters relied upon by the petitioner must be set forth in the application.

APPEAL TO BOARD

An application to the State Board of Medicine for review of the hearing examiner's adjudication and order must be filed by a party **within 20 days of the date of mailing** of this adjudication and order. The application must be captioned *"Application for Review"*. It must state specifically and concisely, in numbered paragraphs, the grounds relied upon in seeking the Board's review of the hearing examiner's decision, including any alleged error in the adjudication. Within an application for review a party may request that the Board hear additional argument and take additional evidence.

An application to the Board to review the hearing examiner's decision may be filed irrespective of whether an application for rehearing or reconsideration is filed. However, the filing of an application for rehearing and/or reconsideration does not extend, or in any other manner affect, the time period in which an application for review may be filed.

STAY OF HEARING EXAMINER'S ORDER

Neither the filing of an application for rehearing and/or reconsideration nor the filing of an application for review operates as a stay of the hearing examiner's order. To seek a stay of the hearing examiner's order, the party must file an application for stay directed to the Board.

FILING AND SERVICE

An original and three (3) copies of all applications shall be filed with:

Prothonotary
P.O. Box 2649
Harrisburg, PA 17105-2649

A copy of all applications must also be served on all parties.

Applications must be received for filing by the Prothonotary within the time limits specified. The date of receipt at the office of Prothonotary, and not the date of deposit in the mail, is determinative.

DOS Prothon
May 05 202

NOTICE

The attached Final Order represents the final agency decision in this matter. It may be appealed to the Commonwealth Court of Pennsylvania by the filing of a Petition for Review with that Court within 30 days after the entry of the order in accordance with the Pennsylvania Rules of Appellate Procedure. See Chapter 15 of the Pennsylvania Rules of Appellate Procedure entitled "Judicial Review of Governmental Determinations," Pa. R.A.P 1501 – 1561. Please note: An order is entered on the date it is mailed. If you take an appeal to the Commonwealth Court, you must serve the Board with a copy of your Petition for Review. The agency contact for receiving service of such an appeal is:

Board Counsel
P.O. Box 69523
Harrisburg, PA 17106-9523

The name of the individual Board Counsel is identified on the Final Order.

DOS Prothon
May 05 202

NOV 12 2019
DHP

BEFORE THE VIRGINIA BOARD OF MEDICINE

IN RE: **SHERMAN WASHINGTON, M.D.**
License Number: 0101-256005
Case Number: 187506

CONSENT ORDER

JURISDICTION AND PROCEDURAL HISTORY

The Virginia Board of Medicine ("Board") and Sherman Washington, M.D., as evidenced by their signatures hereto, in lieu of proceeding to an informal conference, enter into the following Consent Order affecting Dr. Washington's license to practice medicine and surgery in the Commonwealth of Virginia.

FINDINGS OF FACT AND CONCLUSIONS OF LAW

1. Sherman Washington, M.D., was issued License Number 0101-256005 to practice medicine and surgery on March 31, 2014, which is scheduled to expire on October 31, 2020.

2. Dr. Washington violated Virginia Code § 54.1-2915(A)(3), (13), (16), and (17) and 54.1-3303(B) in that he prescribed several Schedule VI controlled substances to multiple individuals outside of a bona fide practitioner-patient relationship. Specifically:

a. On or about May 22, 2017, Dr. Washington prescribed Livixil Pak (C-VI) to Patient A, a 46-year-old female, without ever performing an examination of Patient A in person, by face-to-face interactive, two-way, real time communications, or by store-and-forward technology.

b. Between approximately December 2017 and April 2018, Dr. Washington prescribed Livixil Pak, fluocinonide (C-VI), and NuDiclo (C-VI) to Patient B, a male whose age is unknown, pursuant to a telephone questionnaire that Patient B completed without ever performing an examination of Patient B in person, by face-to-face interactive, two-way, real time communications, or by store-and-forward technology.

21-104 Virginia Discipline

c. On or about March 15, 2018, Dr. Washington prescribed DermacinRx Lexitral (C-VI), Fenortho (C-VI), Livixil Pak, lidocaine (C-VI), diclofenac sodium (C-VI), and clobetasol propionate (C-VI) to Patient C, a 52-year-old male, without ever performing an examination of Patient C in person, by face-to-face interactive, two-way, real time communications, or by store-and-forward technology.

d. On or about March 14, 2018, Dr. Washington prescribed DermacinRx Lexitral, DermacinRx Silazone (C-VI), Fenortho, and Livixil Pak to Patient D, a female whose age is unknown, pursuant to an online survey regarding pain that Patient D completed without ever performing an examination of Patient D in person, by face-to-face interactive, two-way, real time communications, or by store-and-forward technology.

e. On or about September 18, 2017, Dr. Washington prescribed lidocaine, fluocinonide, diclofenac sodium, and calcipotriene (C-VI) to Patient E, a 53-year-old male, pursuant to an online survey about back pain that Patient E completed without ever performing an examination of Patient E in person, by face-to-face interactive, two-way, real time communications, or by store-and-forward technology.

f. On or about November 30, 2016, Dr. Washington prescribed fluocinonide, Lidopril (C-VI), and lidocaine to Patient F, a 60-year-old female, for a diagnosis of chronic pain without ever performing an examination of Patient F in person, by face-to-face interactive, two-way, real time communications, or by store-and-forward technology.

3. Dr. Washington violated Virginia Code § 54.1-111(A)(7), § 54.1-2915(A)(12) and (18), and 18 VAC 85-20-105 of the Regulations Governing the Practice of Medicine, Osteopathic Medicine, Podiatry, and Chiropractic in that Dr. Washington willfully refused to provide records for Patients A-F

to the Board's investigators after their repeated requests for such records from August 2018 through October 2018.

CONSENT

Sherman Washington, M.D., by affixing his signature to this Consent Order, agrees to the following:

1. I have been advised to seek advice of counsel prior to signing this document;

2. I am fully aware that without my consent, no legal action can be taken against me or my license except pursuant to the Virginia Administrative Process Act, Virginia Code § 2.2-4000 *et seq.*;

3. I acknowledge that I have the following rights, among others: the right to an informal fact-finding conference before the Board; and the right to representation by counsel;

4. I waive my right to an informal conference;

5. I admit to the Findings of Fact and Conclusions of Law contained herein and waive my right to contest such Findings of Fact and Conclusions of Law and any sanction imposed hereunder in any future judicial or administrative proceeding in which the Board is a party;

6. I consent to the entry of the following Order affecting my license to practice medicine and surgery in the Commonwealth of Virginia.

ORDER

Based on the foregoing Findings of Fact and Conclusions of Law, the Virginia Board of Medicine hereby ORDERS as follows:

1. Sherman Washington, M.D., is REPRIMANDED.

2. Dr. Washington is assessed a MONETARY PENALTY of One Thousand Five Hundred Dollars and Zero Cents ($1,500.00). This penalty shall be paid to the Board by certified check or money order made payable to the Treasurer of Virginia within sixty (60) days from the date of entry of this

Order. Failure to pay the full monetary penalty by the due date may cause the matter to be sent for collection and constitutes grounds for an administrative proceeding and further discipline.

Pursuant to Virginia Code §§ 2.2-4023 and 54.1-2400.2, the signed original of this Order shall remain in the custody of the Department of Health Professions as a public record, and shall be made available for public inspection and copying upon request.

FOR THE BOARD

Jennifer L. Deschenes

Jennifer Deschenes, J.D., M.S.
Deputy Executive Director, Discipline
Virginia Board of Medicine

ENTERED: 11/14/19

SEEN AND AGREED TO:

Sherman Washington, M.D.

STATE OF NEVADA
COUNTY/CITY OF Clark, TO WIT:

Subscribed and sworn to before me, a notary public in and for the State of Nevada at large, on this 31st day of October, 2019.

GRANT J. PORUSA
Notary Public - State of Nevada
County of Clark
APPT. NO. 18-4189-1
My App. Expires Sept. 18, 2022

Notary Public

My commission expires: Sept 18, 2022

Registration No.: 18-4189-1

COMMONWEALTH of VIRGINIA

David E. Brown, D.C.
Director

Department of Health Professions
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463

www.dhp.virginia.gov
TEL (804) 367-4400
FAX (804) 527-4475

February 21, 2020

DUPLICATE COPY
VIA FIRST CLASS MAIL
DATE 2/21/2020

Sherman Washington, M.D.
2900 North Green Valley Parkway, Suite 114
Henderson, NV 89014

RE: License Number: 0101-256005
Case Number: 202478

Dear Sherman Washington:

Pursuant to Virginia Code § 54.1-2409, you are hereby given notice that your license to practice medicine and surgery in the Commonwealth of Virginia has been mandatorily suspended by the enclosed Order entered February 14, 2020. You are hereby advised that you may not practice medicine and surgery or hold yourself out as a licensed physician and surgeon unless and until the Board of Medicine has notified you in writing that your license has been reinstated. Please return your license to William L. Harp, M.D., Executive Director of the Virginia Board of Medicine ("Board"), at the above address, immediately upon receipt of this letter.

You may apply to the Board for reinstatement of your license, and you shall be entitled to a formal administrative hearing not later than the next regular meeting of the Board after the expiration of 60 days from the Board's receipt of your reinstatement application. The reinstatement of your license shall require the affirmative vote of three-fourths of the members of the Board present at the hearing. You may contact Tamika Hines at (804) 367-4513 to obtain the reinstatement application.

If you have any questions about this matter, you can contact me at (804) 367-4474 or anne.joseph@dhp.virginia.gov.

Sincerely,

Anne Joseph

Anne Joseph, Deputy Director
Administrative Proceedings Division

cc: William L. Harp, M.D., Executive Director, Virginia Board of Medicine
Enclosures

BEFORE THE VIRGINIA DEPARTMENT OF HEALTH PROFESSIONS

IN RE: SHERMAN WASHINGTON, M.D.
License Number: 0101-256005
Case Number: 202478

ORDER OF MANDATORY SUSPENSION

In accordance with Virginia Code § 54.1-2409, the Director of the Virginia Department of Health Professions received evidence that the Washington Medical Commission suspended the license of Sherman Washington, M.D., to practice as a physician and surgeon in the State of Washington. A copy of the Findings of Fact, Conclusions of Law and Final Order of Default is attached hereto as **Commonwealth's Exhibit 1.**

WHEREUPON, by the authority vested in the Director of the Department of Health Professions pursuant to Virginia Code § 54.1-2409, it is hereby ORDERED that the license of Sherman Washington, M.D., to practice medicine and surgery in the Commonwealth of Virginia is hereby SUSPENDED.

Upon entry of this Order, the license of Sherman Washington, M.D., will be recorded as suspended. Should Dr. Washington seek reinstatement of his license pursuant to Virginia Code § 54.1-2409, he shall be responsible for any fees that may be required for the reinstatement of the license prior to issuance of the license to resume practice.

Pursuant to Virginia Code § 2.2-4023 and § 54.1-2400.2, the signed original of this Order shall remain in the custody of the Department of Health Professions as a public record and shall be made available for public inspection or copying on request.

David E. Brown, D.C., Director
Virginia Department of Health Professions

ENTERED:
4.14.2020

CERTIFICATION OF DUPLICATE RECORDS

As Director of the Department of Health Professions, I hereby certify that the attached Findings of Fact, Conclusions of Law, and Final Order of Default entered January 28, 2020, regarding Sherman Washington, M.D., is a true copy of the records received from the Washington Medical Commission.

David E. Brown, D.C.

2.14.2020
Date

STATE OF WASHINGTON
WASHINGTON MEDICAL COMMISSION

In the Matter of the License to Practice as a Physician and Surgeon of:	No. M2019-234
SHERMAN WASHINGTON, MD License No. MD.MD.60404594 Respondent.	STATEMENT OF CHARGES

FILED
JUL 31 2019
Adjudicative Clerk Office

The Executive Director of the Washington Medical Commission (Commission) is authorized to make the allegations below, which are supported by the evidence contained in file number 2018-6936.

1. ALLEGED FACTS

1.1 On October 30, 2013, the state of Washington issued Respondent a license to practice as a physician and surgeon. Respondent's license is expired. Respondent is board certified in emergency medicine.

1.2 On or about April 25, 2018, the Commission received a complaint regarding Respondent's prescribing practices. On June 22, 2018, a Commission investigator mailed Respondent a letter of cooperation to the address on file with the Commission requesting six patient records.

1.3 The Commission's investigator contacted the Respondent by phone on July 18, 2018, and the Respondent acknowledged receipt of the letter of cooperation and requested that the letter be emailed to him. The investigator emailed the letter of cooperation to the Respondent that same day. No response was received.

1.4 Additional attempts were made to contact Respondent by phone, email and mail to the address on file with the Commission. On September 11, 2018, a follow up letter (requiring a response within 3 days) was sent to Respondent by certified mail. The signed green card was returned on September 24, 2018. No response was received.

1.5 The Commission's investigator conducted an address search for Respondent through an external database and on October 9, 2018, sent another copy of the follow up letter by certified mail to an address found through the search. On October 25, 2018, the letter was returned "unable to forward."

ORIGINAL

21-104 Washington State Discipline

1.6 Although the Respondent acknowledged actual receipt of the letter of cooperation and certified mail confirms receipt of the follow up three day letter; Respondent has failed to provide the requested records or respond to the Commission's request for information.

2. ALLEGED VIOLATIONS

2.1 Based on the Alleged Facts, Respondent has committed unprofessional conduct in violation of RCW 18.130.180(8)(a) which provides:

> **RCW 18.130.180 Unprofessional conduct.** The following conduct, acts, or conditions constitute unprofessional conduct for any license holder under the jurisdiction of this chapter:
>
> (8) Failure to cooperate with the disciplining authority by:
>
> (a) Not furnishing any papers, documents, records, or other items;
> ... .

2.2 The above violations provide grounds for imposing sanctions under RCW 18.130.160.

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3. NOTICE TO RESPONDENT

The charges in this document affect the public health and safety.. The Executive Director of the Commission directs that a notice be issued and served on Respondent as provided by law, giving Respondent the opportunity to defend against these charges. If Respondent fails to defend against these charges, Respondent shall be subject to discipline and the imposition of sanctions under Chapter 18.130 RCW.

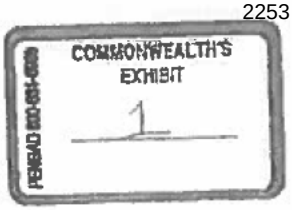
DATED: July 31, 2019

STATE OF WASHINGTON
WASHINGTON MEDICAL COMMISSION

MELANIE DE LEON
EXECUTIVE DIRECTOR

ROBERT W. FERGUSON
ATTORNEY GENERAL

KRISTIN G. BREWER, WSBA NO. 38494
SENIOR COUNSEL



STATE OF WASHINGTON
WASHINGTON MEDICAL COMMISSION

In the Matter of the License to Practice as a Physician and Surgeon of: **SHERMAN WASHINGTON, MD** License No. MD.MD.60404594 Respondent.	**No. M2019-234** **FINDINGS OF FACT, CONCLUSIONS OF LAW, AND FINAL ORDER OF DEFAULT (Failure to Respond)**

The Washington Medical Commission (Commission) has delegated this matter to the Health Law Judge, Presiding Officer, for Findings of Fact, Conclusions of Law, and Final Order of Default (Default Order). The Presiding Officer, on designation by the Commission, enters this Default Order based on the record.

1. FINDINGS OF FACT

1.1 On September 30, 2013, the state of Washington issued Respondent a license to practice as a physician and surgeon. Respondent's license is expired. However, Respondent is eligible for renewal until October 23, 2020. Respondent is board certified in emergency medicine.

1.2 The Commission has filed the Declaration of Staff Attorney Gordon Wright, Regarding Failure to Respond with attached exhibits.

1.3 On or about April 25, 2018, the Commission received a complaint regarding Respondent's prescribing practices. On June 22, 2018, a Commission investigator mailed Respondent a letter of cooperation to the address on file with the Commission requesting six patient records.

1.4 The Commission's investigator contacted the Respondent by phone on July 18, 2018. Respondent acknowledged receipt of the letter of cooperation, indicated he left the letter in another state and requested that the letter be emailed to him. The investigator emailed the letter of cooperation to the Respondent that same day. No response was received.

1.5 Additional attempts were made to contact Respondent by phone, email and mail to the address on file with the Commission. On September 11, 2018, a follow up

letter (requiring a response within three days) was sent to Respondent by certified mail. The signed reciept was returned on September 24, 2018. No response was received.

1.6 The Commission's investigator conducted an address search for Respondent through an external database and on October 9, 2018, sent another copy of the follow up letter by certified mail to an address found through the search. On October 25, 2018, the letter was returned "unable to forward."

1.7 Although the Respondent acknowledged actual receipt of the letter of cooperation and certified mail confirms receipt of the follow up three day letter, Respondent has failed to provide the requested records or respond to the Commission's request for information.

1.8 On July 31, 2019, the Commission served Respondent with a copy of the following documents at Respondent's last known address:

A. Statement of Charges;

B. Notice of Your Legal Rights and Request for Interpreter; and

C. Answer to Statement of Charges (Answer) form.

1.9 The Statement of Charges alleged Respondent committed unprofessional conduct in violation of RCW 18.130.180(8)(a).

1.10 The Answer to the Statement of Charges was due in the Adjudicative Clerk Office by August 20, 2019.

1.11 To date, the Adjudicative Clerk Office has not received an answer to the Statement of Charges. On August 26, 2019, the Adjudicative Clerk Office issued a Notice of Failure to Respond.

1.12 The Commission has no reason to believe Respondent is now or was in active military service, or a dependent of a person in active military service at the time the Statement of Charges was served.

2. CONCLUSIONS OF LAW

2.1 The Commission has jurisdiction over Respondent and over the subject matter of this case, RCW 18.130.040.

2.2 Respondent did not file a response to the Statement of Charges within the time allowed. WAC 246-11-270(1)(a)(i) or WAC 246-11-270(3). Respondent is in default

and the Commission may issue a final order based on the evidence presented, RCW 18.130.090(1) and RCW 34.05.440.

2.3 Based upon the Findings of Fact, Respondent has engaged in unprofessional conduct in violation of RCW 18.130.180(8)(a).

2.4 Sufficient grounds exist to take disciplinary action against Respondent's license. RCW 18.130.160 and 18.130.180.

3. ORDER

THE COMMISSION ORDERS:

3.1 Respondent's license to practice as a physician and surgeon in the state of Washington is INDEFINITELY SUSPENDED.

3.2 Respondent shall immediately return all licenses to the Commission within ten (10) days of receipt of this Default Order.

3.3 If Respondent violates any provision of this Default Order in any respect, the Commission may take further action against Respondent's license.

3.4 The effective date of this Default Order is that date the Adjudicative Clerk Office places the signed order into the United States mail. Respondent shall not submit any fees or compliance documents until after the effective date of this Default Order.

4. COMPLIANCE WITH SANCTION RULES

4.1 The disciplining authority applies WAC 246-16-800, *et seq.*, to determine appropriate sanctions in final orders pursuant to RCW 18.130.110. WAC 246-16-800(2) and (3) require the Presiding Officer to apply sanctions based on the appropriate sanction schedule(s).

4.2 WAC 246-16-800(2)(b)(iv) provides that "indefinite suspension may be imposed in default and waiver of hearing orders." The sanction of indefinite suspension adequately addresses the facts of this case and is an appropriate sanction.

5. NOTICE TO PARTIES

This Default Order will be reported to the National Practitioner Data Bank (45 CFR Part 60), the Federation of State Medical Boards' Physician Data Center and elsewhere as required by law. This Default Order is a public document. It will be placed on the Department of Health's website, disseminated via the Commission's electronic mailing list, and disseminated according to the Uniform Disciplinary Act

(Chapter 18.130 RCW). It is subject to disclosure under the Public Records Act, Chapter 42.56 RCW, and shall remain part of Respondent's file according to the state's records retention law and cannot be expunged.

Either Party may file a **petition for reconsideration**, RCW 34.05.461(3); 34.05.470. The petition must be filed within **ten (10) days** of service of this Order with the following offices:

Adjudicative Clerk Office
PO Box 47879
Olympia, WA 98504-7879

And a copy must be sent to:

State of Washington
Washington Medical Commission
PO Box 47866
Olympia WA 98504-7866

The petition must state the specific grounds upon which reconsideration is requested and the relief requested. The petition for reconsideration is considered denied **twenty (20) days** after the petition is filed if the Adjudicative Clerk Office has not responded to the petition or served written notice of the date by which action will be taken on the petition.

A petition for judicial review must be filed and served within **thirty (30) days** after service of this Order. RCW 34.05.542. The procedures are identified in chapter 34.05 RCW, Part V, Judicial Review and Civil Enforcement. A petition for reconsideration is not required before seeking judicial review. If a petition for reconsideration is filed, however, the **thirty (30) day** period will begin to run upon the resolution of that petition, RCW 34.05.470(3).

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The Order remains in effect even if a petition for reconsideration or petition for review is filed. "Filing" means actual receipt of the document by the Adjudicative Clerk Office, RCW 34.05.010(6). This Order was "served" upon you on the day it was deposited in the United States mail, RCW 34.05.010(19).

DATED: JANUARY 28 2020

STATE OF WASHINGTON
WASHINGTON MEDICAL COMMISSION

HEALTH LAW JUDGE

PRESENTED BY:

GORDON WRIGHT, WSBA NO. 32997
COMMISSION STAFF ATTORNEY

Jan. 27, 2020
DATE

STATE OF WASHINGTON
WASHINGTON MEDICAL COMMISSION

In the Matter of the License to Practice as a Physician and Surgeon of: **SHERMAN WASHINGTON,MD** License No. MD.MD. 60404594 Respondent.	**No. M2019-234** **STATEMENT OF ALLEGATIONS AND SUMMARY OF EVIDENCE**

The Executive Director of the Washington Medical Commission (Commission), on designation by the Commission, makes the allegations below, which are supported by evidence contained in Commission file number 2018-6936. The patients referred to in this Statement of Allegations and Summary of Evidence is identified in the attached Confidential Schedule.

1. ALLEGATIONS

1.1 On September 30, 2013, the state of Washington issued Respondent a license to practice as a physician and surgeon. Respondent's license is currently suspended. Respondent is board certified in emergency medicine.

Failure to Cooperate

1.2 On or about April 25, 2018, the Commission received a complaint regarding Respondent's prescribing practices. On June 22, 2018, a Commission investigator mailed Respondent a letter of cooperation to the address on file with the Commission requesting six patient records.

1.3 The Commission's investigator contacted the Respondent by phone on July 18, 2018, and the Respondent acknowledged receipt of the letter of cooperation and requested that the letter be emailed to him. The investigator emailed the letter of cooperation to the Respondent that same day. No response was received.

1.4 Additional attempts were made to contact Respondent by phone, email and mail to the address on file with the Commission. On September 11, 2018, a follow up letter (requiring a response within 3 days) was sent to Respondent by certified mail. The signed green card was returned on September 24, 2018. No response was received.

1.5 The Commission's investigator conducted an address search for Respondent through an external database and on October 9, 2018, sent another copy of

the follow up letter by certified mail to an address found through the search. On October 25, 2018, the letter was returned "unable to forward."

1.6 Although the Respondent acknowledged actual receipt of the letter of cooperation and certified mail confirms receipt of the follow up three day letter, Respondent has failed to provide the requested records or respond to the Commission's request for information.

Improper Prescribing

1.7 Between January 2017 and April 2018 Respondent worked for HealthRight, a telemedicine company, where he prescribed topical applications and other high cost medications (pain patches, ointments and creams).

1.8 The patients to whom Respondent prescribed the medications were solicited by the HealthRight who obtained the patient's contact information after the patient completed an online survey about their pain. Representatives of the HealthRight "cold called" the patients who shared their insurance information. Subsequently the "electronic consultations" were completed and Respondent then reviewed the consultation notes and wrote prescriptions.

1.9 Respondent has acknowledged working for "four or five" different telemedicine companies and having "thousands of patients." At least six of such patients, Patients A through F, resided in the State of Washington.

No Physician-Patient Relationship.

1.10 At no point before, during, or after prescribing medication did Respondent speak with Patients A through F, in person or on the phone, to establish a physician-patient relationship or to discuss treatment history, plan of care, and treatment options.

1.11 Respondent did not conduct a physical examination or document any evaluation of the patient's health history in the health record prior to prescribing medication. There was no interaction whatsoever between Respondent and the patients.

//

//

No Informed Consent.

1.12 At no point before, during, or after prescribing medication did Respondent meet or speak with the patients, in person or on the phone, to obtain informed consent for the prescriptions he wrote. At no time was it ever conveyed to the patients that prescriptions would be sent. More importantly, there was never a clear discussion of *what* prescriptions would be sent, *how* to use them, expected outcomes, risks and benefits, and rationale for prescribing.

2. SUMMARY OF EVIDENCE

2.1 Complaint with attachments from Express Scripts dated April 25, 2018.

2.2 Interview of Complainant

2.3 Memo of Attempts to Contact Respondent dated July 17, 2018

2.4 Emails with Respondent

2.5 Notice of Failure to Respond

2.6 Notice of Default Judgment

2.7 Interview with personnel from HealthRight

2.8 Interview with Respondent

2.9 Prescription Spreadsheet and Prescription Profile of Respondent received from Express Scripts.

3. ALLEGED VIOLATIONS

3.1 The facts alleged in Section 1, if proven, would constitute unprofessional conduct in violation of RCW 18.130.180(1), (4), (6), and 8(a) which provide:

> **RCW 18.130.180 Unprofessional conduct.** The following conduct, acts, or conditions constitute unprofessional conduct for any license holder under the jurisdiction of this chapter:
>
> (1) The commission of any act involving moral turpitude, dishonesty, or corruption relating to the practice of the person's profession, whether the act constitutes a crime or not. If the act constitutes a crime, conviction in a criminal proceeding is not a condition precedent to disciplinary action. Upon such a conviction, however, the judgment and sentence is conclusive evidence at the ensuing disciplinary hearing of the guilt of the license holder of the crime described in the indictment or information, and of the person's violation of the statute on which it is based. For the purposes of this section, conviction includes all instances in which a plea of guilty or nolo contendere

is the basis for the conviction and all proceedings in which the sentence has been deferred or suspended. Nothing in this section abrogates rights guaranteed under chapter 9.96A RCW;

...

(4) Incompetence, negligence, or malpractice which results in injury to a patient or which creates an unreasonable risk that a patient may be harmed. The use of a nontraditional treatment by itself shall not constitute unprofessional conduct, provided that it does not result in injury to a patient or create an unreasonable risk that a patient may be harmed;

...

(6) Except when authorized by RCW 18.130.345, the possession, use, prescription for use, or distribution of controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes, diversion of controlled substances or legend drugs, the violation of any drug law, or prescribing controlled substances for oneself;

...

(8) Failure to cooperate with the disciplining authority by:

(a) Not furnishing any papers, documents, records, or other items;

....

4. NOTICE TO RESPONDENT

4.1 The Commission has determined that this case may be appropriate for resolution through a Stipulation to Informal Disposition pursuant to RCW 18.130.172(2). A proposed Stipulation to Informal Disposition is attached, which contains the disposition the Commission believes is necessary to address the conduct alleged in this Statement of Allegations and Summary of Evidence.

4.2 If Respondent agrees that the disposition imposed by the Stipulation to Informal Disposition is appropriate, Respondent should sign and date the Stipulation to Informal Disposition and return it within **twenty-eight (28) days** to the Washington Medical Commission at P.O. Box 47866, Olympia, Washington 98504-7866.

4.3 If Respondent does not agree that the terms and conditions contained in the Stipulation to Informal Disposition are appropriate, Respondent should contact Gordon Wright, Staff Attorney for the Washington Medical Commission, P.O. Box 47866, Olympia, Washington 98504-7866, (360) 236-2798 within **twenty-eight (28) days**.

4.4 If Respondent does not respond within **twenty-eight (28) days**, the Commission will assume Respondent has declined to resolve the allegations by means of a Stipulation to Informal Disposition.

STATE OF WASHINGTON
WASHINGTON MEDICAL COMMISSION

In the Matter of the License to Practice as a Physician and Surgeon of: **SHERMAN WASHINGTON, MD** License No. MD.MD60404594 Respondent.	**No. M2019-234** **NOTICE AND ORDER FOR WITHDRAWAL OF STATEMENT OF CHARGES**

1. FACTS

1.1 On or about July 7, 2019, the Medical Quality Assurance Commission (Commission) served a Statement of Charges to Respondent.

1.2 Negotiations with Respondent resulted in the decision to re-file this matter as a Statement of Allegations and Stipulation of Informal Disposition.

1.3 Based on further review of the matter, the Executive Director, through the Office of the Attorney General, requests withdrawal of the Statement of Charges without prejudice.

Dated: July 8, 2020.

Kristin G Brewer

KRISTIN G. BREWER, WSBA #38494
ASSISTANT ATTORNEY GENERAL

2. ORDER

2.1 Based on the Foregoing, the Commission hereby ORDERS that the Statement of Charges is WITHDRAWN WITHOUT PREJUDICE.

DATED: July 16, 2020.

STATE OF WASHINGTON
WASHINIGTON MEDICAL COMMISSION

PANEL CHAIR

STATE OF WASHINGTON
WASHINGTON MEDICAL COMMISSION

In the Matter of the License to Practice as a Physician and Surgeon of: **SHERMAN WASHINGTON, MD** License No. MD.MD.60404594 Respondent.	**No. M2019-234** **STATEMENT OF CHARGES**

FILED
JUL 17 2019
Adjudicative Clerk Office

The Executive Director of the Washington Medical Commission (Commission) is authorized to make the allegations below, which are supported by the evidence contained in file number 2018-6936.

1. ALLEGED FACTS

1.1 On October 30, 2013, the state of Washington issued Respondent a license to practice as a physician and surgeon. Respondent's license is expired. Respondent is board certified in emergency medicine.

1.2 On or about April 25, 2018, the Commission received a complaint regarding Respondent's prescribing practices. On June 22, 2018, a Commission investigator mailed Respondent a letter of cooperation to the address on file with the Commission requesting six patient records.

1.3 The Commission's investigator contacted the Respondent by phone on July 18, 2018, and the Respondent acknowledged receipt of the letter of cooperation and requested that the letter be emailed to him. The investigator emailed the letter of cooperation to the Respondent that same day. No response was received.

1.4 Additional attempts were made to contact Respondent by phone, email and mail to the address on file with the Commission. On September 11, 2018, a follow up letter (requiring a response within 3 days) was sent to Respondent by certified mail. The signed green card was returned on September 24, 2018. No response was received.

1.5 The Commission's investigator conducted an address search for Respondent through an external database and on October 9, 2018, sent another copy of the follow up letter by certified mail to an address found through the search. On October 25, 2018, the letter was returned "unable to forward."

ORIGINAL

1.6 Although the Respondent acknowledged actual receipt of the letter of cooperation and certified mail confirms receipt of the follow up three day letter, Respondent has failed to provide the requested records or respond to the Commission's request for information.

2. ALLEGED VIOLATIONS

2.1 Based on the Alleged Facts, Respondent has committed unprofessional conduct in violation of RCW 18.130.180(8)(a) which provides:

> **RCW 18.130.180 Unprofessional conduct.** The following conduct, acts, or conditions constitute unprofessional conduct for any license holder under the jurisdiction of this chapter:
>
> (8) Failure to cooperate with the disciplining authority by:
>
> (a) Not furnishing any papers, documents, records, or other items;
> ... .

2.2 The above violations provide grounds for imposing sanctions under RCW 18.130.160.

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3. NOTICE TO RESPONDENT

The charges in this document affect the public health and safety. The Executive Director of the Commission directs that a notice be issued and served on Respondent as provided by law, giving Respondent the opportunity to defend against these charges. If Respondent fails to defend against these charges, Respondent shall be subject to discipline and the imposition of sanctions under Chapter 18.130 RCW.

DATED: July 31, 2019

STATE OF WASHINGTON
WASHINGTON MEDICAL COMMISSION

MELANIE DE LEON
EXECUTIVE DIRECTOR

ROBERT W. FERGUSON
ATTORNEY GENERAL

KRISTIN G. BREWER, WSBA NO. 38494
SENIOR COUNSEL

Back To Dashboard

Renewal Application
Controlled Substance

Application Fee : $200.00
Convenience Fee : $10 00
License Number : CS24310
License Type : Controlled Substance
New Expiration Date : 10/31/2022

Personal Information

First Name : SHERMAN
Middle (initial only) :
Last Name : WASHINGTON
License # : CS24310

If you make an unnecessary change to your address, it will delay the processing of your renewal. Only make the change if it is a true address change. Example: Do not add punctuation or change St to Street.

Practice Address :

Name/Practice Name/DBA : Transformation Medispa
Military Address :
Street : 2900 N. Green Valley Parkway #114
Country : United States
City : Henderson
State : Nevada
Zip : 89014
Practice Phone : (818) 424-9276
Practice Fax : (XXX) XXX-XXXX
Email Address : [redacted]
Sex : Male
Practice License Number: 15168
Specialty: Emergency Medicine

Child Support Information – Check appropriate answer

- (●) I am **NOT SUBJECT** to a court order for the support of a child.
- ( ) I am **SUBJECT** to a court order for the support of one or more children and am in compliance with the order or am in compliance wi h a plan approved by the district attorney or other public agency enforcing the order for the repayment of he amount owed pursuant to the order.
- ( ) I am **SUBJECT** to a court order for the support of one or more children and am NOT in compliance with the order or am NOT in compliance with a plan approved by the district attorney or other public agency enforcing the order for he repayment of he amount pursuant to he order.

Military Service Information

Have you ever served on active duty in the Armed Forces of the United States and separated from such service under condition o her han dishonorable — ( ) Yes (●) No

Have you ever been assigned to duty for minimum of 6 continuous years in National Guard or a reserve component of the Armed Forces of he United States and separated from such service under conditions other than dishonorable — ( ) Yes (●) No

Have you ever served the Commissioned Corp of the United States Public Service or the Commissioned Corp of the National Oceanic and Atmospheric Administra ion of the United States in the capacity of the commissioned officer while on active duty in defense of he United States and separated from such service under conditions other than dishonorable? — ( ) Yes (●) No

Legal Information

1. Since your last renewal or recent licensure have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition hat would impair your ability to perform the essential func ions of your license? — ( ) Yes (●) No

2. Since your last renewal or recent licensure have you been charged, arrested or convicted of a felony or misdemeanor in any state? — ( ) Yes (●) No

3. Since your last renewal or recent licensure have you been he subject of a board cita ion or an administrative action whether completed or pending in any state? — ( ) Yes (●) No

4. Since your last renewal or recent licensure have you had your license subjected to any discipline for violation of pharmacy or drug laws in any state? — ( ) Yes (●) No

Acknowledgement and Declaration

By signing and submitting this renewal applica ion, I cer ify that: 1. My DEA certificate is CURRENT and reflects my current NV prac icing address, and 2. I hold an active and current Nevada license with my professional licensing board

It is a violation of Nevada Statute to falsify this application and sanctions will be imposed for misrepresentation. I hereby certify that I have read this application. I certify that all statements made are true and correct.

Signature : Sherman Washington

Date Of Application : 10/13/2020

Please type only he First and Last Name that are listed at he top of the page.

Fee Detail(s)

The fees for license renewal are NON REFUNDABLE. Please ensure the accuracy of your information.

Description	Fee Type	Fee
Renewal Period from 11/1/2020 to 10/31/2022	License Renewal Fee	$200.00
	Convenience Fee	$10.00
	Late Fee	$0.00
	Total :	**$210.00**

Fee and Payment

Payment Method : Credit / Debit Card

Application Fees : 200

Reinstatement Fee : 0

Transaction Fee : 10

Late Fees : 0

Reference Number : 62610233682

InvoiceDate : 10/13/2020

Paid

Pay & Submit

5N

FILED 2269
APR 26 2022
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **LAS VEGAS SCRIPTS RX,** **Pharmacy License No. PH03930,** **NATHAN EDOUARD, RPH,** **Certificate of Registration No. 19462, and** **SHERMAN WASHINGTON, MD,** **Certificate of Registration No. CS24310,** **Respondents.**	**CASE NOS. 19-243-PH-S** **19-243-RPH-S** **19-243-CS-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter because at the time of the events alleged herein, Respondent Las Vegas Scripts Rx ("LV Scripts") held a Nevada Pharmacy License No. PH03930, Respondent Nathan Edouard, RPh, ("Edouard") held a Nevada Pharmacist Certificate of Registration No. 19462, and Respondent Sherman Washington, MD, ("Washington") held a Controlled Substance Registration No. CS24310, all issued by the Board.

FACTUAL ALLEGATIONS

2. Respondent LV Scripts is a pharmacy located at 2920 N. Green Valley Parkway, #814, in Henderson, Nevada.

3. Respondent Edouard was/is the owner of LV Scripts and was/is employed as the managing pharmacist during the alleged and relevant timeframes.

4. Respondent Washington was/is a physician who wrote prescriptions with copied signatures filled by LV Scripts during the relevant timeframes.

5. On or about June 10, 2019, LV Scripts received a prescription written by Dr. M.B. for patient M.W. for "Cold Cough & Chest rub 240 grams". The prescription was designated prescription #4000099 and was compounded with Dimethyl Sulfoxide Liquid and Promethazine-Codeine Syrup, which were not written on the prescription. The ingredients and percentages of each drug were not identified on the prescription label.

6. On or about September 25, 2019, Board inspectors completed their annual inspection at LV Scripts. At the inspection, the following violations were discovered:

a. LV Scripts was shipping prescriptions to California and Arizona where LV Scripts is not licensed.

b. LV Scripts appeared to be filling faxed prescriptions that were not signed by practitioners, but contained copied signatures.

c. LV Scripts did not include the required documentation on prescriptions received by telephone from practitioners. The prescriptions also lacked the name(s) of the person(s) who telephoned the prescription, the date(s) the prescription(s) were received and/or the name(s) of the pharmacist(s) who received the order(s).

d. LV Scripts is providing pre-printed prescription forms for marketing purposes in efforts to promote sales to patients and/or practitioners.

e. Respondent Eduoard was improperly documenting prescriptions received by telephone orders on transferred prescriptions.

APPLICABLE LAW

7. A pharmacy must be managed by a registered pharmacist who is responsible for compliance by the pharmacy and personnel with all state, and federal laws and regulations regarding the operation of the pharmacy. NRS 639.220(1).

8. Unprofessional conduct includes a licensee failing strictly to follow the instructions of the prescribing practitioner in filling of and/or placing contents on the label of the prescription. NRS 585.485(2)(b)(1); NAC 639.6703(1)(a); NAC 639.945(1)(c), (d).

9. Unprofessional conduct includes a licensee performing his or her duties in an "incompetent, unskillful, or negligent manner." NAC 639.945(1)(i).

10. Unprofessional conduct includes a licensee performing any act, task, or operation for which licensure, certification, or registration is required without the required licensure, certification, or registration. NAC 639.945(1)(k).

11. Unprofessional conduct includes the use of secret formulas and failure to strictly follow the instructions of the person writing, making, or ordering a prescription, and to specify the content on the label of the prescription. NAC 639.6703(1)(a); NAC 639.945(1)(c), (d).

12. No pharmacist or owner of a pharmacy may offer an unearned rebate. The furnishing to a practitioner by a pharmacist or pharmacy of prescription blanks bearing the name and address of the pharmacy is an unearned rebate. NRS 639.264.

13. A pharmacy owner is responsible for violations committed by the pharmacy's employees. NRS 639.230; NAC 639.702; NAC 639.945.

14. Respondents are subject to discipline for violations pursuant to NRS 453.236, NRS 453.241, NRS 639.210 and/or NRS 639.255.

COUNT ONE
Unprofessional Conduct – Failure to Strictly Follow Instructions of Prescribing Practitioner (Respondent Edouard)

15. Respondent Edouard engaged in unprofessional conduct when he failed to strictly follow the directions of the prescribing practitioner when compounding prescription #4000099 for patient M.W., which were compounded with Dimethyl Sulfoxide Liquid, a substance not to be used for medicinal purposes on humans, and Promethazine-Codeine Syrup; the ingredients were not written on the prescription in violation of NRS 585.485(2)(b)(1), NAC 639.6703(1)(a), and NAC 639.945(1)(c)(d), and (i), and Respondent Edouard is therefore subject to discipline pursuant to NRS 639.210(4), (12), and/or NRS 639.255.

COUNT TWO
Unprofessional Conduct – Incompetent, Unskillful and Negligent Conduct (Respondents Edouard and Washington)

16. Respondent Edouard engaged in unprofessional conduct and conduct contrary to the public interest, and performed his duties in an incompetent, unskillful or negligent manner when he processed copied signatures on prescriptions for Respondent Washington in violation of NAC 453.440(2), NAC 454.060, and is therefore subject to discipline pursuant to NRS 453.236, NRS 453.241, NRS 639.210, and/or NRS 639.255.

17. Respondent Washington engaged in unprofessional conduct and conduct contrary to the public interest, and performed his duties in an incompetent, unskillful or negligent manner when he allowed his copied signature to be used on prescriptions in violation of NAC 453.440(2), NAC 454.060, and is therefore subject to discipline pursuant to NRS 453.236, NRS 453.241, NRS 639.210, and/or NRS 639.255.

COUNT THREE
Failure to Properly Document Prescriptions on Telephoned Orders (Respondent Edouard)

18. Respondent Edouard failed to provide proper documentation of telephoned orders in violation of NAC 639.707(1), (2), and (6)(b), and is therefore subject to discipline pursuant to NRS 639.210(12), (15), and/or NRS 639.255.

COUNT FOUR

Unprofessional Conduct – Utilization of Pre-printed Forms as Unearned Rebate
(Respondent Edouard)

19. As a pharmacy owner/pharmacist registered with the Board, Respondent Edouard engaged in unprofessional conduct and conduct contrary to the public interest when he utilized pre-printed forms as unearned rebates in marketing his business in violation of NRS 639.264, NAC 639.945(1)(i), and is therefore subject to discipline pursuant to NRS 639.210 and/or NRS 639.255.

COUNT FIVE

Unprofessional Conduct – Unlicensed Activity
(Respondent Edouard)

20. As a pharmacy owner/pharmacist registered with the Board, Respondent Edouard engaged in unprofessional conduct and conduct contrary to the public interest when he shipped prescriptions to California and Arizona without valid licenses in those jurisdictions in violation of NAC 639.945(1)(k), and is therefore subject to discipline pursuant to NRS 639.210 and/or NRS 639.255.

COUNT SIX

Pharmacy/Pharmacy Owner Responsibility
(Respondent LV Scripts)

21. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, LV Scripts is responsible for those violations, including those of the pharmacy's employees, pursuant to NAC 639.702, NAC 639.945(2) and is therefore subject to discipline pursuant to NRS 639.210 and/or NRS 639.255.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of license(s)/registration(s) of these Respondents.

Signed this 26th day of April 2022.

J. David Wiest, 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.** **LAS VEGAS SCRIPTS RX,** **Pharmacy License No. PH03930,** **Respondent.**	**CASE NO. 19-243-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, June 1, 2022, at 9:00 AM PST or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 26th day of April, 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 28th day of April 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Sherman Washington, MD
[redacted] S. Rainbow Blvd. Suite 100
Las Vegas, NV 89118

Sherman Washington, MD
Transforming Arts
[redacted] N. Green Valley Pkwy., Suite 114
Henderson, NV 89014

Sherman Washington, MD
[redacted] E Lake Mead Blvd Ste M
North Las Vegas, NV 89030

Nathan Edouard, RPH
[redacted] N. Green Valley Pkw Bldg. 8 Ste# 814
Henderson, NV 89014

Las Vegas Scripts Rx
2920 N. Green Valley Pkwy #814
Henderson, NV 89014

SHIRLEY HUNTING

RSPN
CHANDON S. ALEXANDER, ESQ.
Nevada Bar No. 12033
SPARTACUS LAW FIRM
2777 S. Paradise Rd., Suite 3006
Las Vegas, Nevada 89109
Phone: (702) 660-1234
Facsimile: (702) 441-1626
Chandon@spartacuslawfirm.com

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY Petitioner, v. LAS VEGAS SCRIPTS RX, Pharmacy License No. PH03930 NATHAN EDOUARD RPH, Certificate of Registration No. 19462, and SHERMAN WASHINGTON, MD., Certificate of Registration CS24310, Respondents.	CASE NO(s).: 19-243-PH-S 19-243-RPH-S 19-243-CS-S

ANSWER TO SPECIFIC ALLEGATIONS CONTAINED IN THE NOTICE OF INTENDED ACTION AND ACCUSTATION

COMES NOW the Petitioners LAS VEGAS SCRIPTS RX, and NATHAN EDOUARD RPH, Respondents and hereby respond as follows:

JURISDICTION

1. Admit.

FACTUAL ALLEGATIONS

2. Admit.
3. Admit.
4. Respondent is without knowledge and therefore denied.
5. Denied.

SPARTACUS LAW FIRM
2777 S. Paradise Rd.; Suite 3006
Las Vegas, NV 89109
P: 702-660-1234 F: (702) 441-1626

SPARTACUS LAW FIRM
2777 S. Paradise Rd.; Suite 3006
Las Vegas, NV 89109
P: 702-660-1234 F: (702) 441-1626

6. Respondent is without knowledge and therefore denied, this response is applicable to all sub-elements of this allegation.

APPLICABLE LAW

7. Paragraph 7 makes no allegations against Las Vegas Scripts RX nor Nathan Edouard, RPH, and asserts legal conclusions, consequently, no response is required. To the extent a response is required, Respondents deny the allegations of Paragraph 7 to the extent they are asserted against Las Vegas Scripts RX, or against Nathan Edouard RPH, in relation to alleged conduct, statements, or omissions by Las Vegas Scripts RX or Nathan Edouard RPH.
8. Paragraph 8 makes no allegations against Las Vegas Scripts RX nor Nathan Edouard, RPH, and asserts legal conclusions, consequently, no response is required. To the extent a response is required, Respondents deny the allegations of Paragraph 8 to the extent they are asserted against Las Vegas Scripts RX, or against Nathan Edouard RPH, in relation to alleged conduct, statements, or omissions by Las Vegas Scripts RX or Nathan Edouard RPH.
9. Paragraph 9 makes no allegations against Las Vegas Scripts RX nor Nathan Edouard, RPH, and asserts legal conclusions, consequently, no response is required. To the extent a response is required, Respondents deny the allegations of Paragraph 9 to the extent they are asserted against Las Vegas Scripts RX, or against Nathan Edouard RPH, in relation to alleged conduct, statements, or omissions by Las Vegas Scripts RX or Nathan Edouard RPH.
10. Paragraph 10 makes no allegations against Las Vegas Scripts RX nor Nathan Edouard, RPH, and asserts legal conclusions, consequently, no response is required. To the extent a response is required, Respondents deny the allegations of Paragraph 10 to the extent they are asserted against Las Vegas Scripts RX, or against Nathan Edouard RPH, in relation to alleged conduct, statements, or omissions by Las Vegas Scripts RX or Nathan Edouard RPH.

SPARTACUS LAW FIRM
2777 S. Paradise Rd.; Suite 3006
Las Vegas, NV 89109
P: 702-660-1234 F: (702) 441-1626

11. Paragraph 11 makes no allegations against Las Vegas Scripts RX nor Nathan Edouard, RPH, and asserts legal conclusions, consequently, no response is required. To the extent a response is required, Respondents deny the allegations of Paragraph 11 to the extent they are asserted against Las Vegas Scripts RX, or against Nathan Edouard RPH, in relation to alleged conduct, statements, or omissions by Las Vegas Scripts RX or Nathan Edouard RPH.
12. Paragraph 12 makes no allegations against Las Vegas Scripts RX nor Nathan Edouard, RPH, and asserts legal conclusions, consequently, no response is required. To the extent a response is required, Respondents deny the allegations of Paragraph 12 to the extent they are asserted against Las Vegas Scripts RX, or against Nathan Edouard RPH, in relation to alleged conduct, statements, or omissions by Las Vegas Scripts RX or Nathan Edouard RPH.
13. Paragraph 13 makes no allegations against Las Vegas Scripts RX nor Nathan Edouard, RPH, and asserts legal conclusions, consequently, no response is required. To the extent a response is required, Respondents deny the allegations of Paragraph 13 to the extent they are asserted against Las Vegas Scripts RX, or against Nathan Edouard RPH, in relation to alleged conduct, statements, or omissions by Las Vegas Scripts RX or Nathan Edouard RPH.
14. Denied.

COUNT ONE

15. Respondent is without knowledge and therefore denies.

COUNT TWO

16. Respondent is without knowledge and therefore denies.
17. Respondent is without knowledge and therefore denies.

COUNT THREE

18. Said allegations are vague, ambiguous, and incorrect and therefore denied.

COUNT FOUR

19. Respondent is without knowledge and therefore denies.

COUNT FIVE

20. Said allegations are vague, ambiguous, and incorrect and therefore are denied.

COUNT SIX

21. Denied.

DATED on this 17th day of June, 2022.

SPARTACUS LAW FIRM

/s/Chandon S. Alexander
CHANDON S. ALEXANDER, ESQ.
Nevada Bar #12033
2777 S. Paradise Rd., Suite 3006
Las Vegas, NV 89109

SPARTACUS LAW FIRM
2777 S. Paradise Rd.; Suite 3006
Las Vegas, NV 89109
P: 702-660-1234 F: (702) 441-1626

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **LAS VEGAS SCRIPTS RX,** **Pharmacy License No. PH03930,** **NATHAN EDOUARD, RPH,** **Certificate of Registration No. 19462, and** **SHERMAN WASHINGTON, MD,** **Certificate of Registration No. CS24310,** **Respondents.**	**CASE NOS. 19-243-PH-S** **19-243-RPH-S** **19-243-CS-S** **STIPULATED FACTS**

Courtney K. Lee, General Counsel for Petitioner, the Nevada State Board of Pharmacy ("Board"), and Respondent Las Vegas Scripts Rx ("LV Scripts"), Pharmacy License No. PH03930, and Nathan Edouard, RPh ("Edouard"), Certificate of Registration No. 19462, by and through counsel, Alexander Chandon, Esq. of Spartacus Law Firm, **HEREBY STIPULATE AND AGREE TO THE FOLLOWING FACTS**:

1. The Board has jurisdiction over Respondents and this matter.

2. Respondent Las Vegas Scripts Rx is a pharmacy located 2920 N. Green Valley Parkway, #814, in Henderson, Nevada.

3. Respondent Edouard was/is the owner of LV Scripts and was/is employed as the managing pharmacist during the alleged and relevant timeframes.

4. Respondent Washington was/is a physician who wrote prescriptions with copied signatures filled by LV Scripts during the relevant timeframes.

5. On or about June 10, 2019, LV Scripts received a prescription written by Dr. M.B. for patient M.W. for "Cold Cough & Chest rub 240 grams". The prescription was designated prescription #4000099 and was compounded with Dimethyl Sulfoxide Liquid and Promethazine-Codeine Syrup, which were not written on the prescription.

6. On or about September 25, 2019, Board inspectors completed their annual inspection at LV Scripts. At the inspection, the following violations were discovered:

a. LV Scripts was shipping prescriptions to California and Arizona where LV Scripts is not licensed.

b. LV Scripts appeared to be filling faxed prescriptions that were not signed by practitioners, but contained copied signatures.

c. LV Scripts did not include the required documentation on prescriptions received by telephone from practitioners. The prescriptions also lacked the name(s) of the person(s) who telephoned the prescription, the date(s) the prescription(s) were received and/or the name(s) of the pharmacist(s) who received the order(s).

d. LV Scripts is providing pre-printed prescription forms.

e. Respondent Eduoard was improperly documenting prescriptions received by telephone orders on transferred prescriptions.

/ / /

/ / /

/ / /

AGREED:

APPROVED AS TO FORM
AND CONTENT

this 24th day of August, 2022

ALEXANDER CHANDON, ESQ.
Counsel for Respondents Las Vegas
Scripts Rx and Nathan Edouard, RPh

Signed this 24th day of August, 2022

COURTNEY K. LEE, ESQ.
General Counsel
Nevada State Board of Pharmacy

CASE NO. 19-243

NEVADA STATE BOARD OF PHARMACY V. LAS VEGAS SCRIPTS RX, NATHAN EDOUARD, RPH, AND SHERMAN WASHINGTON, MD

LIST OF STIPULATED EXHIBITS

Exhibit	Bate #	Description
1	LV Script 001-005	State-based dispensing report between 1/1/2019 through 12/31/2019
2	LV Script 006-008	Arizona State Board of Pharmacy print-out for Las Vegas Scripts Rx permit issued on 7/24/2020
3	LV Script 009	California licensing print-out for Las Vegas Scripts Rx and Nathan Edouard (indicating no license/permit)
4	LV Script 010-013	Prescription and compounding worksheet for patient M.W. dated 6/10/2019, prescription number 4000099
5	LV Script 0014	Las Vegas Scripts Rx policies and procedures 6.14 marketing to prescribers with pre-printed prescription pads
6	LV Script 0015	Sample of a completed pre-printed prescription
7	LV Script 0046-0059	Prescriptions written by Dr. Sherman Washington on pre-signed, copied prescription forms filled by Las Vegas Scripts Rx
8	LV Script 006	Transferred prescription from First Class Rx Pharmacy to Las Vegas Scripts Rx with wrong prescriber's name and lacking required information

Case No. 19-243

Nevada State Board of Pharmacy v. Las Vegas Scripts Rx, Nathan Edouard, RPH, Sherman Washington, MD

EXHIBIT "1"

National Report

State Based Dispensing Report

(833) 834-2779
2920 N. Green Valley Pkwy
Henderson, NV 89014

Conditions
Select records where all of the following succeed
1 Dispense Date within 1/1/2019 and 12/31/2019
2 Primary Address State is in list FL, AZ, AK, VA, CA

#	Prescription	Patient Name	Primary Address	Prescriber Name	Dispense Date	Has Signature
1	2000036	H[redacted]R, F[redacted]	[redacted]	SPANGLER, JUSTIN PETER	4/27/2019	Yes
2	2000043	D[redacted], C[redacted]D		SPANGLER, JUSTIN PETER	5/18/2019	Yes
3	6000382	J[redacted] T[redacted]		WOOLERY-LLOYD, HEATHEF	6/7/2019	Yes
4	6000378	C[redacted] S[redacted]		EL-SAYED, DENA	6/11/2019	Yes
5	6000377	Ga[redacted], S[redacted]		EL-SAYED, DENA	6/11/2019	Yes
6	6000376	G[redacted] S[redacted]		EL-SAYED, DENA	6/11/2019	Yes
7	6000374	G[redacted] S[redacted]		EL-SAYED, DENA	6/11/2019	Yes
8	6000386	C[redacted] S[redacted]		EL-SAYED, DENA	6/11/2019	Yes
9	6000382	J[redacted] Th[redacted]		WOOLERY-LLOYD, HEATHEF	6/23/2019	Yes
10	6000442	E[redacted] P[redacted]		FIGUEIRO, JOSE MARIA	7/8/2019	Yes
11	6000444	E[redacted] P[redacted]		BENT, DONNA MARIE	7/8/2019	Yes
12	6000443	E[redacted] P[redacted]		BENT, DONNA MARIE	7/8/2019	Yes
13	6000445	E[redacted] P[redacted]		BENT, DONNA MARIE	7/8/2019	Yes
14	6000446	Ed[redacted] P[redacted]		FIGUEIRO, JOSE MARIA	7/8/2019	Yes
15	6000447	E[redacted] P[redacted]		FIGUEIRO, JOSE MARIA	7/8/2019	Yes
16	6000448	E[redacted] Ph[redacted]		FIGUEIRO, JOSE MARIA	7/9/2019	Yes
17	6000449	E[redacted] P[redacted]		FIGUEIRO, JOSE MARIA	7/9/2019	Yes
18	6000450	E[redacted] P[redacted]		BENT, DONNA MARIE	7/9/2019	Yes
19	6000427	E[redacted] P[redacted]		GUERRA, GISELLE	7/9/2019	Yes
20	6000451	Ed[redacted] P[redacted]		FIGUEIRO, JOSE MARIA	7/9/2019	Yes

National Report

dispensing based on state

(833) 834-2779
2920 N. Green Valley Pkwy
Henderson, NV 89014

#	Prescription	Patient Name	Primary Address	Prescriber Name	Dispense Date	Has Signature
21	6000452	E[redacted] P[redacted]	[redacted]	FIGUEIRO, JOSE MARIA	7/9/2019	Yes
22	6000467	S[redacted] L[redacted]		WASHINGTON, SHERMAN MI	7/20/2019	Yes
23	6000454	Si[redacted] L[redacted]		WASHINGTON, SHERMAN MI	7/25/2019	Yes
24	2000056	H[redacted] D[redacted]		WASHINGTON, SHERMAN MI	7/30/2019	Yes
25	6000470	H[redacted] D[redacted]		WASHINGTON, SHERMAN MI	7/30/2019	Yes
26	4000119	H[redacted] D[redacted]		SPANGLER, JUSTIN PETER	7/30/2019	Yes
27	4000120	H[redacted] D[redacted]		SPANGLER, JUSTIN PETER	7/30/2019	Yes
28	6000452	E[redacted] P[redacted]		FIGUEIRO, JOSE MARIA	8/20/2019	Yes
29	6000452	Ed[redacted] P[redacted]		FIGUEIRO, JOSE MARIA	8/20/2019	Yes
30	6000449	E[redacted] P[redacted]		FIGUEIRO, JOSE MARIA	8/20/2019	Yes
31	6000447	E[redacted] P[redacted]		FIGUEIRO, JOSE MARIA	8/20/2019	Yes
32	6000446	Ed[redacted] P[redacted]		FIGUEIRO, JOSE MARIA	8/20/2019	Yes
33	6000448	E[redacted] P[redacted]		FIGUEIRO, JOSE MARIA	8/20/2019	Yes
34	6000451	E[redacted] P[redacted]		FIGUEIRO, JOSE MARIA	8/20/2019	Yes
35	6000444	E[redacted] P[redacted]		BENT, DONNA MARIE	8/20/2019	Yes
36	6000467	S[redacted] L[redacted]		WASHINGTON, SHERMAN MI	8/25/2019	Yes
37	6000564	T[redacted] M[redacted]		SPANGLER, JUSTIN PETER	9/6/2019	Yes
38	6000565	T[redacted] M[redacted]		SPANGLER, JUSTIN PETER	9/6/2019	Yes
39	2000071	T[redacted] M[redacted]		SPANGLER, JUSTIN PETER	9/6/2019	Yes
40	6000452	Ed[redacted] P[redacted]		FIGUEIRO, JOSE MARIA	9/10/2019	Yes
41	6000594	P[redacted] W[redacted]		WASHINGTON, SHERMAN MI	9/16/2019	Yes
42	6000595	P[redacted] W[redacted]		WASHINGTON, SHERMAN MI	9/16/2019	Yes

National Report

dispensing based on state

(833) 834-2779
2920 N. Green Valley Pkwy
Henderson, NV 89014

#	Prescription	Patient Name	Primary Address	Prescriber Name	Dispense Date	Has Signature
43	6000592	[redacted]	[redacted]	WASHINGTON, SHERMAN MI	9/16/2019	Yes
44	6000597	[redacted]		WASHINGTON, SHERMAN MI	9/18/2019	Yes
45	6000604	[redacted]		WASHINGTON, SHERMAN MI	9/20/2019	Yes
46	6000651	[redacted]		FIGUEIRO, JOSE MARIA	9/27/2019	Yes
47	6000467	[redacted]		WASHINGTON, SHERMAN MI	10/8/2019	Yes
48	6000452	[redacted]		FIGUEIRO, JOSE MARIA	10/16/2019	Yes
49	6000446	[redacted]		FIGUEIRO, JOSE MARIA	10/16/2019	Yes
50	6000673	[redacted]		TAYLOR-SANDERSON, LEOR	10/18/2019	Yes
51	6000673	[redacted]		TAYLOR-SANDERSON, LEOR	11/5/2019	Yes
52	4000227	[redacted]		WASHINGTON, SHERMAN MI	11/7/2019	Yes
53	6000467	[redacted]		WASHINGTON, SHERMAN MI	11/7/2019	Yes
54	6000529	[redacted]		EDOUARD, DR. NATHAN	11/7/2019	Yes
55	6000530	[redacted]		EDOUARD, DR. NATHAN	11/7/2019	Yes
56	2000081	[redacted]		WASHINGTON, SHERMAN MI	11/8/2019	Yes
57	6000706	[redacted]		WASHINGTON, SHERMAN MI	11/8/2019	Yes
58	6000707	[redacted]		WASHINGTON, SHERMAN MI	11/8/2019	Yes
59	6000710	[redacted]		DOTY, JULIANNE CHRISTINE	11/11/2019	Yes
60	6000711	[redacted]		DOTY, JULIANNE CHRISTINE	11/11/2019	Yes
61	6000651	[redacted]		FIGUEIRO, JOSE MARIA	11/12/2019	Yes
62	6000731	[redacted]		WASHINGTON, SHERMAN MI	11/15/2019	Yes
63	6000730	[redacted]		WASHINGTON, SHERMAN MI	11/15/2019	Yes
64	4000276	[redacted]		WASHINGTON, SHERMAN MI	12/5/2019	Yes

LV Script 003

National Report

dispensing based on state

(833) 834-2779
2920 N. Green Valley Pkwy
Henderson, NV 89014

#	Prescription	Patient Name	Primary Address	Prescriber Name	Dispense Date	Has Signature
65	6000651	E[redacted] P[redacted]	[redacted]	FIGUEIRO, JOSE MARIA	12/12/2019	Yes
66	6000452	E[redacted] P[redacted]		FIGUEIRO, JOSE MARIA	12/12/2019	Yes
67	6000446	E[redacted] P[redacted]		FIGUEIRO, JOSE MARIA	12/12/2019	Yes
68	6000444	E[redacted] P[redacted]		BENT, DONNA MARIE	12/12/2019	Yes
69	6000730	S[redacted] L[redacted]		WASHINGTON, SHERMAN MI	12/16/2019	Yes
70	6000731	S[redacted] L[redacted]		WASHINGTON, SHERMAN MI	12/16/2019	Yes
71	6000529	S[redacted] L[redacted]		EDOUARD, DR. NATHAN	12/16/2019	Yes
72	6000467	S[redacted] L[redacted]		WASHINGTON, SHERMAN MI	12/16/2019	Yes
73	6000801	S[redacted] L[redacted]		KATZ, BRYAN JASON	12/16/2019	Yes
74	6000810	N[redacted] T[redacted]		LAMPRECHT, SCOTT WALTE	12/20/2019	Yes

Kenneth C. Scheuber

From: Sal Calabrese <drsal@lvscripts.com>
Sent: Tuesday, October 20, 2020 4:51 PM
To: Kenneth C. Scheuber
Cc: Dr. Nathan Edouard
Subject: State based dispensing report
Attachments: bop dispense report.pdf

Hey Ken,

Here is a report showing the dispenses for the year of 2019 for FL, AZ, AK, VA, and CA. Hope this is sufficient, if you have any questions please let us know.

Respectfully,

Dr. Sal Calabrese, Pharm. D., R.Ph | Pharmacist In Charge

LAS VEGAS SCRIPTS Rx | A Remarkable Innovative Experience!

2920 N. Green Valley Parkway | Bldg.# 8 | STE# 814 | 89014 | Henderson | NV

P: 702.832.3600 | **F:** 702.832.5733 | DrSal@lvscripts.com

State Licensed | Arizona | Nevada

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Attachments area

Case No. 19-243

Nevada State Board of Pharmacy v. Las Vegas Scripts Rx, Nathan Edouard, RPH, Sherman Washington, MD

EXHIBIT "2"

Arizona State Board of Pharmacy

Physical Address: 1616 W. Adams, Suite 120, Phoenix, AZ 85007
Mailing Address: P.O. Box 18520, Phoenix, AZ 85005
(P): 602-771-2727 (F): 602-771-2749 www.azpharmacy.gov

CERTIFICATION OF ARIZONA STATE BOARD OF PHARMACY PERMIT FOR THE ENTITY LISTED BELOW :

This document is not a license/permit but serves as the primary source of verification.

Name :	Las Vegas Scripts Rx
Address :	2920 N. Green Valley Parkway Ste. 814 Henderson NV 89014
License No :	Y008331
Permit Type :	Pharmacy
Sub Type :	Independent
Date Issued :	07/24/2020
Expiration Date :	10/31/2021
Status :	OPEN
Discipline :	No

Name	LICENSE #	Permit Type	Sub Type	STATUS	ISSUED	EXPIRATION	Address	CSZ	Print	Discipline	Non-Discipline
Filters	Filters	Filters	Filters	Filters	Filters	Filters	Filters	Filters		Filters	Filters
Modern Rx LLC dba Modern Rx	Y008140	Pharmacy	Independent	OPEN	07/31/2019	10/31/2022	1050 S. Rainbow Blvd #200	Las Vegas NV 89145		N	N
OnePoint Patient Care, LLC	Y008183	Pharmacy	Independent	OPEN	09/25/2019	10/31/2022	444 Warm Springs Road Suite 112	Las Vegas NV 89119		N	N
CVS/specialty	Y008280	Pharmacy	Chain	OPEN	02/06/2020	10/31/2021	7251 S. Eastern Ave.	Las Vegas NV 89119		N	N
Las Vegas Scripts Rx	Y008331	Pharmacy	Independent	OPEN	07/24/2020	10/31/2021	2920 N. Green Valley Parkway Ste. 814	Henderson NV 89014		N	N
Shri Krishna Inc (dba Family Care Pharmacy)	Y008353	Pharmacy	Independent	OPEN	05/13/2020	10/31/2021	5625 South Rainbow Blvd Suite F	Las Vegas NV 89118		N	N
CMH Pharmacy LLC	Y008371	Pharmacy	Independent	OPEN	05/21/2020	10/31/2021	6445 W Sunset Road Suite 168	Las Vegas NV 89118		N	N
Guadalupe Pharmacy Inc dba Santa Maria Pharmacy	Y008380	Pharmacy	Independent	APPLIED - AWAITING BOARD APPROVAL	05/01/2020	10/31/2021	3827 E Sunset Rd. Suite L	Las Vegas NV 89120		N	N
PipelineRx	Y008392	Pharmacy	Independent	CLOSED - OWNERSHIP CHANGE	10/01/2020	10/31/2021	7455 Arroyo PKWY Suite # 89113	Las Vegas NV 89113		N	N
Consonus Pharmacy Services LLC dba Consonus Pharmacy Services Nevada	Y008428	Pharmacy	Limited Service	OPEN	07/16/2020	10/31/2021	6351 N Fort Apache Rd Suite 200	Las Vegas NV 89149		N	N

Page size : 20 Records : 61 - 80 of 84 Pages : 4 of 5 « < 4 > »

Mailing Address: P.O. Box 18520, Phoenix, AZ 85005. Phone: (602) 771-2727

Privacy Policy (https://www.i3verticals.com/privacypolicy)

(https://pharmacy.az.gov/)

Arizona State Board of Pharmacy (https://pharmacy.az.gov/)

Application Status | License Verification | Permit Verification

PERMIT VERIFICATION ONLINE APPLICATION

(Please click on the Print option to view the full permit details.)

* Permit Type: Pharmacy

License Number: License Number

Business Name: Las Vegas Scripts Rx

City: Las Vegas

Zip: 89014

Verification Code: Verification Code

Search | Clear

Pursuant to A.R.S. 32-3214(C), a person may obtain additional public records related to any licensee or certificate holder, including dismissed complaints and nondisciplinary actions and orders, by contacting the Board directly (https://pharmacy.az.gov/public-records-request)

Permit Lookup Search

Name	LICENSE #	Permit Type	Sub Type	STATUS	ISSUED	EXPIRATION	Address	CSZ	Print	Discipline	Non-Discipline
Filters	Filters	Filters	Filters	Filters	Filters	Filters	Filters	Filters		Filters	Filters
Pipeline Rx	Y008541	Pharmacy	Independent	OPEN	12/08/2020	10/31/2022	7455 Arroyo Crossing PWY Suite 220	Las Vegas NV 89113		N	N
Optum Frontier Therapies II, LLC	Y008615	Pharmacy	Independent	OPEN	03/30/2021	10/31/2022	6425 Santa Margarita St. Unit 110	Las Vegas NV 89118		N	N
LIFECARE SPECIALTY PHARMACY	Y008613	Pharmacy	Independent	APPLIED - AWAITING BOARD APPROVAL	03/12/2021	10/31/2022	3050 East Desert Inn Road Suite# 124	Las Vegas NV 89121		N	N
Optum Infusion Services 501, Inc.	Y008574	Pharmacy	Limited Service	APPLIED - AWAITING BOARD APPROVAL	01/08/2021	10/31/2022	1650 Spring Gate Lane Suite 100	Las Vegas NV 89134		N	N

Page size : 20 Records : 81 - 84 of 84 Pages : 5 of 5 « ‹ 5 › »

Mailing Address: P.O. Box 18520, Phoenix, AZ 85005. Phone: (602) 771-2727

Privacy Policy (https://www.i3verticals.com/privacypolicy)

Case No. 19-243

Nevada State Board of Pharmacy v. Las Vegas Scripts Rx, Nathan Edouard, RPH, Sherman Washington, MD

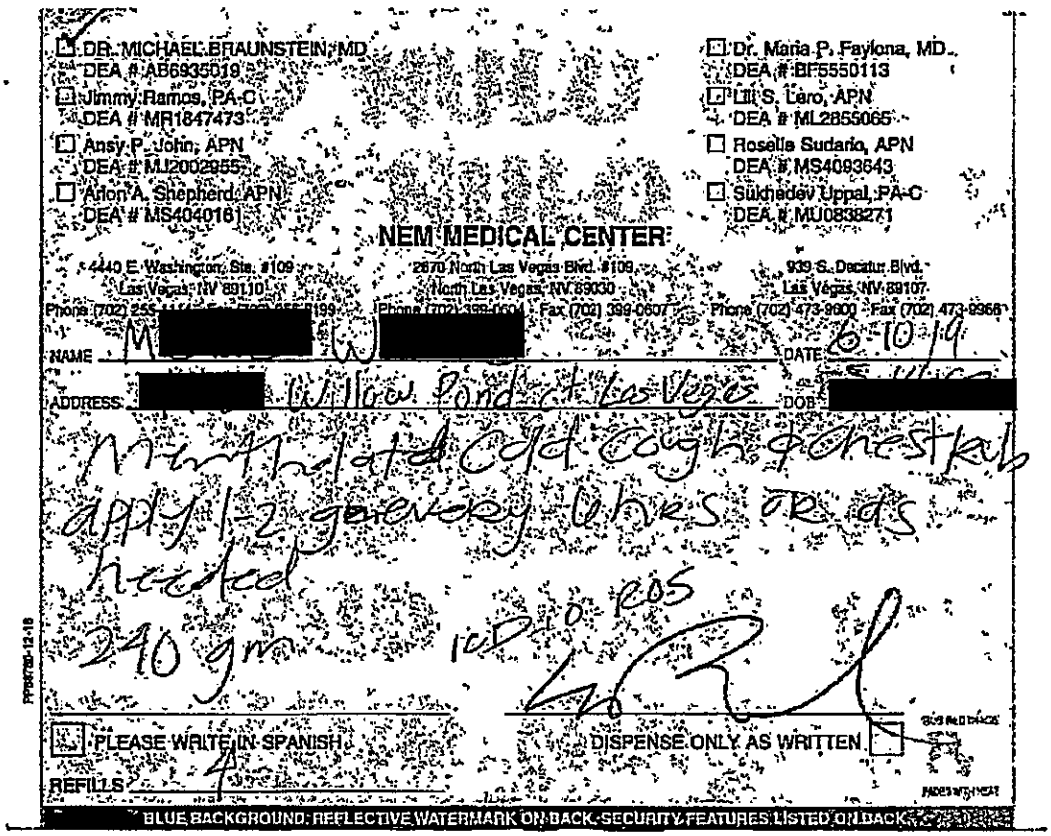
EXHIBIT "3"

NO RESULTS MATCHED YOUR SEARCH CRITERIA.

Case No. 19-243

Nevada State Board of Pharmacy v. Las Vegas Scripts Rx, Nathan Edouard, RPH, Sherman Washington, MD

EXHIBIT "4"



☐ DR. MICHAEL BRAUNSTEIN, MD
DEA # AB6935019
☐ Jimmy Ramos, PA-C
DEA # MR1847473
☐ Ansy P. John, APN
DEA # MJ2002955
☐ Arlon A. Shepherd, APN
DEA # MS404016

☐ Dr. Maria P. Faylona, MD
DEA # BF5550113
☐ Lili S. Lero, APN
DEA # ML2855065
☐ Roselle Sudario, APN
DEA # MS4093643
☐ Sukhadev Uppal, PA-C
DEA # MU0838271

NEM MEDICAL CENTER

4440 E. Washington, Ste. #109
Las Vegas, NV 89110
Phone (702) 255-[redacted]199

2670 North Las Vegas Blvd. #109
North Las Vegas, NV 89030
Phone (702) 399-[redacted]
Fax (702) 399-0607

939 S. Decatur Blvd.
Las Vegas, NV 89107
Phone (702) 473-9600 Fax (702) 473-9366

NAME M[redacted] W[redacted] DATE 6-10-19

ADDRESS [redacted] 11 Willow Pond ct Las Vegas DOB [redacted]

Nebulized Cold Cough & Chest Rub
apply 1-2 gel every 6 hrs PRN
needed
240 gm 100.0 R05

☒ PLEASE WRITE IN SPANISH ☐ DISPENSE ONLY AS WRITTEN

REFILLS 4

BLUE BACKGROUND, REFLECTIVE WATERMARK ON BACK, SECURITY FEATURES LISTED ON BACK

PPSR700-12-18

Compound Worksheet

Rx #:4000099 6/10/2019 Dr. MICHAEL
W[redacted], M[redacted]
#C - Mentholated C&C Chest Rub
QTY: 240

2300

Patient: W[redacted] M[redacted] [redacted]
Allergies:

Compound Name: #C - Mentholated C&C Chest

Rx Number: 4000099
Height: Weight:

Qty Dispensed: 240.000
Date Written: 6/10/2019
Prepared By Rph: DR. NATHAN
Rx Expiration Date: 12/7/2019
Prepared By Tech:
Use By Date: 7/[redacted]/2019
Prepared Date/Time: 6/10/2019
Compound Lot #: 06102019@03
Lot Expiration: 7/9/2019

Compound Name: #C - Mentholated C&C Chest Rub

Type: 99 - Other

This Formula Makes: 240.0000 **Dispense Unit:** Grams **Refrigerate:** No **Dose Form:** 03 - Cream

Route: 45890007 - Transderm

Sig: Apply 2 - 4 grams to chest , nasal, and throat for cough and congestion every 6 hours or as needed for sinus pain and cold relief.

Imprint:

Notes:

NDC	Description	Amount/Qty	Unit	Lot#	Prepared By Initials	RPh Approved
79243005	DIMETHYL SULFOXIDE LIQUID	13.800000	Milliliters	160061/D		
	Manufacturer: MEDISCA INC. Expiration Date:4/1/2022					
60121000094	#O - Ananda HE 600mg	2.300000	Milliliters	51Y18G1		
	Manufacturer: Ananda Expiration Date:6/30/2020					
00121148800	GUAIFENESIN 200 MG/10 ML SOLN	11.500000	Milliliters	LF12574		
	Manufacturer: PHARMACEUTICAL Expiration Date:6/20/2020					
38779052108	MENTHOL CRYSTALS	4.600000	Grams	1811210		
	Manufacturer: MEDISCA INC. Expiration Date:10/30/2021					
50383080416	PROMETHAZINE-CODEINE SYRUP	138.000000	Milliliters	365148		
	Manufacturer: HI-TECH/AKORN C Expiration Date:7/20/2020					
40366921016	Cloves Coarse Gound Extract	2.300000	Milliliters	000000		
	Manufacturer: Expiration Date:3/9/2021					

Compound Worksheet

Patient: W[redacted], M[redacted] ([redacted]) **Allergies:**

Compound Name: #C - Mentholated C&C Chest

Rx Number: 4000099 **Height:** **Weight:**

Qty Dispensed: 240.000

Date Written: 6/10/2019 **Prepared By Rph:** DR. NATHAN

Rx Expiration Date: 12/7/2019 **Prepared By Tech:**

Use By Date: 7/[redacted]/2019 **Prepared Date/Time:** 6/10/2019

Compound Lot #: 06102019@03 **Lot Expiration:** 7/9/2019

Compound Name: #C - Mentholated C&C Chest Rub

Type: 99 - Other

This Formula Makes: 240.0000 **Dispense Unit:** Grams **Refrigerate:** No **Dose Form:** 03 - Cream

Route: 45890007 - Transderm

Sig: Apply 2 - 4 grams to chest , nasal, and throat for cough and congestion every 6 hours or as needed for sinus pain and cold relief.

Imprint:

Notes:

NDC	Description	Amount/Qty	Unit	Lot	Prepared By Initials	RPh Approved
79252903	VERSAPRO CREAM BASE	103.500000	Grams	150756/A		

Manufacturer: MEDISCA INC.
Expiration Date: 3/31/2020

W[redacted] M[redacted]
DOB [redacted]
Date Written 6/10/2019 DAW 0 - No Product Selection
SC - Menthol-ated C&C Chest Rub
00000-0000-56 QTY: 240
4 Refills Before 12/7/2019

4000099
New Rx
NE

Acq	Cst	Profit
$18.00	$41.00	$23.00

Apply 2 - 4 grams to chest , nasal and throat for cough and congestion every 6 hours or as needed for sinus pain and cold relief.

Dr. MICHAEL CRAIG BRAUNSTEIN
4440 E WASHINGTON AVE STE 109
LAS VEGAS, NV 89110-6793
(702) 255-1114

DEA: AB8935019
NPI: 1558454041

6/10/2019

Rx image on this Electronic color-temporarily-
ften rubbed Lunsiy with finger
ument has a blue background on white paper
ll "Security Prescription watermark in grain
n be viewed at a 45 degree angle
rm appears across face when color copied,
ter the prescription
Payor stain appears where attempts are
er magnification, the border of the face of this
RIGINAL DOCUMENT"
nt Fibers visible only under ultraviolet light.

Case No. 19-243

Nevada State Board of Pharmacy v. Las Vegas Scripts Rx, Nathan Edouard, RPH, Sherman Washington, MD

EXHIBIT "5"

Title: Clinical Documentation Supporting Compounded Preparations
Policy/Procedure Number: 6.14



Responsibility:
This procedure is the responsibility of the Pharmacist-in-Charge.

Purpose:

The purpose of this procedure is to provide a method for locating information supporting the "clinical/therapeutic value of ingredient(s) contained in compounded preparations that are "marketed" via providing prescribers with pre-printed prescription pads or are promoted using sales efforts to patients and/or physicians".

Procedure:

1 Determine which ingredients are "active pharmaceutical ingredients (APIs)" in a formulation.
2. Determine whether or not the ingredient(s) are contained in FDA- approved/recognized commercially available drug products in a similar dosage form.
3. If the response to #2 is "yes", then use the FDA-approved/recognized package insert as the supporting information.
4. If the response to #2 is "no", then conduct a search on "MEDLINE/PubMed" using appropriate search terms (API, Therapeutics or similar) to locate abstracts that are applicable.
5. Evaluate the obtained abstracts for appropriateness for the specific compounded formulation.
6. Print out the abstract or provide the literature citation (or the MEDLINE/PubMed URL).
7. Provide the obtained information to the requestor and input the appropriate information resources on the Formulation Record.

Note: The phrase "FDA-approved/recognized commercially available drug products" is used because there are many manufactured products on the market that may not have been FDA-approved but are "recognized" by the FDA and manufacturing is allowed (Pre-1938 drugs, OTC drugs, etc).

Case No. 19-243

Nevada State Board of Pharmacy v. Las Vegas Scripts Rx, Nathan Edouard, RPH, Sherman Washington, MD

EXHIBIT "6"

☐ Pharmacy NCPDP: 2995150
☐ Pharmacy NPI: 1841786415

FAX TO: 702-832-5733
Phone: 702-832-3600

Las Vegas Scripts Rx
2920 N. Green Valley Parkway
Henderson, Nevada, 89109

SCRIPT DATE: 06/01/2018
OFFICE #: 818-424-9176
NAME OF PRACTICE: Transformations Auth

Patient Name: D[redacted] S[redacted]
DOB: [redacted]
☐ Male ☒ Female
Address: [redacted] Acacia Lane
Phone: [redacted]
Cell: [redacted]
City: Sylmar State: CA
Zip: 91342
Allergies: None
Apt / Ste #:
Diagnosis Code(s):

A copy of patient demographic form and Rx insurance card (front/back) to be included

☐ MALE SEXUAL ENHANCEMENTS - RX REQUIRED

☐ ***SILDENAFIL TROCHES*** - *Prescription Required*

- o 30mg
- o 75mg
- o 110mg
- o 150mg

SIG: DISSOLVE 1 TROCHE BY MOUTH 30 MINUTES BEFORE SEXUAL ACTIVITY.

Quantity:_____ REFILLS:_____

☐ ***TADALAFIL TROCHES*** - *Prescription Required*

- o 7mg
- o 15mg
- o 25mg
- o 50mg

SIG: DISSOLVE 1 TROCHE BY MOUTH 30 MINUTES BEFORE SEXUAL ACTIVITY.

Quantity:_____ REFILLS:_____

☐ SILDENAFIL + TADALAFIL COMBO TROCHES
- Prescription Required -

SILDENAFIL o 30mg o 75mg o 110mg o 150mg
TADALAFIL o 7mg o 15mg o 25mg o 50mg

SIG: DISSOLVE 1 TROCHE BY MOUTH 30 MINUTES BEFORE SEXUAL ACTIVITY.

Quantity:_____ REFILLS:_____

☐ WEIGHT LOSS / WEIGHT MANAGEMENT - RX REQUIRED

o ***Phentermine 10mg + Hemp Oil 10mg*** - *Prescription Required*
SIG: TAKE ONE TROCHE BY MOUTH DAILY FOR APPETITE SUPPRESSION.

OR

o ***Phentermine 20mg + Hemp Oil 20mg*** - *Prescription Required*
SIG: TAKE ONE TROCHE BY MOUTH DAILY FOR APPETITE SUPPRESSION.

OR

o ***Phentermine 30mg + Hemp Oil 30mg*** - *Prescription Required*
SIG: TAKE ONE TROCHE BY MOUTH DAILY FOR APPETITE SUPPRESSION.

OR

o ***Phentermine 40mg + Hemp Oil 40mg*** - *Prescription Required*
SIG: TAKE ONE TROCHE BY MOUTH DAILY FOR APPETITE SUPPRESSION.

o ***Phentermine Troches WITHOUT HEMP*** - *Prescription Required*
SIG: TAKE ONE TROCHE BY MOUTH DAILY FOR APPETITE SUPPRESSION.

- O 10mg
- O 20mg
- O 30mg
- O 40mg
- O other _____

Refills ☐ 1 ☐ 2 ☐ 3 ☐ 6 ☐ PRN

ICD-10 E66.0

Quantity Written: 90 Ninety

☐ DETOX THERAPY

Activated Charcoal Weekly Detox Drink

Directions: Drink one bottle weekly and keep refrigerated

Detox Kit:
- ✓ *Immune boost*
- ✓ *30 day Pro-biotics*
- ✓ *30 day Liver Cleanse*

Directions: Take one capsule daily for detox

Contains a blend of Dandelion, Ginger, Lemon Extract, Milk Thistle, Echinacea, Elderberry

REFILLS # _____

☐ PAIN MANAGEMENT

HEMPRx o 10gm o 30gm o 50gm

HEMPRx + DMSO o 10gm o 30gm o 50gm

PRODUCT CONTAINS LIDOCAINE, IBUPROPHEN, MENTHOL, HEMP OIL, VIT. E + ALOE VERA

APPLY 1 - 2 PUMPS TO AFFECTED AREA TWICE DAILY FOR TOPICAL OR TRANSDERMAL ALTERNATIVE PAIN THERAPY.

REFILLS # _____

TESTOSTERONE THERAPY - RX REQUIRED -

o 30MG o OTHER_____

DISSOLVE ONE TROCHE BY MOUTH DAILY & FOLLOW UP WITH PROVIDER

Quantity:_____ | REFILLS:_____

INSURANCE COVERAGE

BIN #: _____

GROUP #: _____

RX PCN #: _____

As the authorizing practitioner, as reflected by my signature above, I authorize a qualified licensed pharmacist to make the necessary therapeutic interchange, as long as the pharmacist adheres to all state and federal laws. The pharmacist shall notify the patient of the change, reason for the change, whom to contact for questions and where to return if necessary. In addition, the pharmacist will properly document same in the pharmacy patient's profile. In conclusion the authorized pharmacist shall notify me or my agent, whom I identified in writing, (telephonically, by fax, e-mail, etc.) in each case, as soon as possible, identifying which drug was actually dispensed, so as the change can be properly documented in my patient's medical records.

Letter of Medical Necessity/FDA Disclaimer: I, the undersigned, certify that the above prescribed compounded medication is medically necessary as part of my treatment for this patient. In my opinion, the medication prescribed is reasonable and necessary for accepted standards of medical practice and treatment of this patients condition. The FDA does not approve compounds to cure, treat, or mitigate disease. All Compounds prepared in accordance with state and federal regulation governing compounding and are available by prescription only. Compounded formulations listed above are patent pending, trademarked, and copyright protected. all right reserved.

Prescriber's Signature: _____ NPI:_____ DEA: BW0 79[illegible]

Case No. 19-243

Nevada State Board of Pharmacy v. Las Vegas Scripts Rx, Nathan Edouard, RPH, Sherman Washington, MD

EXHIBIT "7"

Male Medical Centers

Sherman Washington, MD

LIC# 15168 DEA# BW1079032

2900 N. Green Valley Pkwy #114

Henderson, NV. 89014

Phone: (702) 982-6800

Name: N[redacted] Date: 9/16/19.

Date of Birth: [redacted]

Address: [redacted] Binney Dr. #B

Ft. Peirce FLA 34949

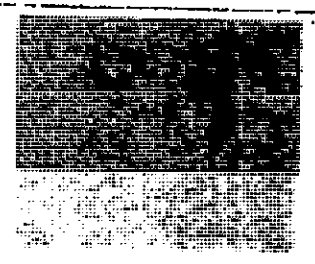
[redacted]

Rx

☑ **Sildenafil Liquid Drops (600mg/3ml)**

☑ **Tadalafil Liquiid Drops (120mg/3ml)**

Sig: Apply 2-4 drops under tongue as needed per 36 hours.



CAUTION: DO NOT USE WITH ALCOHOL OR NONPRESCRIPTION DRUGS WITHOUT CONSULTING THE PRESCRIBING PRACTITIONER

P[redacted] N[redacted] 6000634
DOB [redacted] New Rx NE
Date Written 9/16/2019 DAW 0 - No Product Selection Indicated
#C - Tadalafil 120MG / 3ML
00000-0000-97 QTY: 3
No Refills

Acq	Cst	Profit
$8.66	$18.00	$9.34

TAKE 2 - 4 DROPS UNDER THE TONGUE AS NEEDED EVERY 36 HOURS.

Dr. SHERMAN WASHINGTON JR
2900 N GREEN VALLEY PKWY STE
HENDERSON, NV 89014-0408
(702) 982-8900
DEA: BW1079032
NPI: 1396853202
9/24/2019

Las Vegas Scripts Rx (702) 832-3600
2920 N. Green Valley Pkwy | Bldg #8 | Suite #814 Henderson, NV 89014

THIS IS YOUR RECEIPT. PLEASE RETAIN FOR YOUR TAX OR INSURANCE.

Rx # 6000634 Dr. SHERMAN WASHINGTON

P[redacted] N[redacted]
[redacted] Emney Dr, Ft. Pierce, FL 34949
[redacted]

New
9/24/201

#C - Tadalafil 120MG / 3ML

Total: $18.00

SAFETY CAP: Yes

Quantity: 3 Original Date: 9/16/2019 00000-0000-97

Rx # 6000634 9/24/2019 Dr. SHERMAN
P[redacted] N[redacted]
No Refills
#C - Tadalafil 120MG / 3ML QTY: 3

Rx # 6000634 9/24/2019

P[redacted] N[redacted]

RECEIVED CONSULTATION FROM RPH : X

#C - Tadalafil 120MG / 3ML LVS RX
TADALAFIL POWDER Lot Number: 10149943 Lot Expiration: 11/1/2022 Amount: 0.132000
SORBITOL 70% SOLUTION Lot Number: 164197/D Lot Expiration: 4/30/2022 Amount: 3.300000
#C - PURE PEPPERMINT EXTRACT Lot Number: 87-9104 Lot Expiration: 9/30/2019 Amount: 0.150000

LV Script 0047

Male Medical Centers

Sherman Washington, MD

LIC# 15168 DEA# BW1079032

2900 N. Green Valley Pkwy #114

Henderson, NV. 89014

Phone: (702) 982-6800

Name: [redacted] Date: 9/19/19

Date of Birth: [redacted]

Address: [redacted] N. 23rd Av. [redacted]

Phoenix AZ 85085

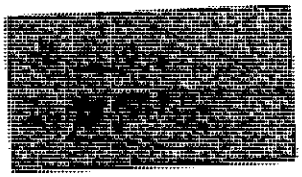
[redacted]

Rx

☐ **Sildenafil Liquid Drops (600mg/3ml)**

☑ **Tadalafil Liquiid Drops (120mg/3ml)** 1 refill

Sig: Apply 2-4 drops under tongue as needed per 36 hours.



S[redacted] K[redacted]
DOB [redacted]
Date Written 9/19/2019 DAW 0-No Product
#C - Tadalafil 120MG / 3ML
00000-0000-97 QTY: 6
No Refills
TAKE 2 - 4 DROPS UNDER THE TONGUE AS NEEDED EVERY 36 HOURS.

Refill Rx 6000640 NE

Acq	Cst	Profit
$17.32	541.00	$23.68

Dr. SHERMAN WASHINGTON JR DEA: BW1070032
2800 N GREEN VALLEY PKWY STE NPI: 1396893202
HENDERSON, NV 89014-0408
(702) 832-3600

9/24/2019

Rx # 6000640 9/24/2019 Dr. SHERMAN
S[redacted] K[redacted]
#C - Tadalafil 120MG / 3ML
No Refills QTY: 6

Rx # 6000640 9/24/2019

S[redacted] K[redacted]
RECEIVED CONSULTATION FROM RPH :

LVS RX

#C - Tadalafil 120MG / 3ML
TADALAFIL POWDER Lot Number: 10149943 Lot Expiration: 11/1/2022 Amount: 0.132000
SORBITOL 70% SOLUTION Lot Number: 154197/D Lot Expiration: 4/30/2022 Amount: 3.300000
#C - PURE PEPPERMINT EXTRACT Lot Number: 87-9104 Lot Expiration: 9/30/2019 Amount: 0.150000

Las Vegas Scripts Rx (702) 832-3600

2920 N. Green Valley Pkwy [Bldg #3] Suite #814 Henderson, NV 89014

THIS IS YOUR RECEIPT. PLEASE RETAIN FOR YOUR TAX OR INSURANCE.

Dr. SHERMAN WASHINGTON

Rx # 6000640 New 9/24/201

S[redacted] K[redacted]
[redacted] N. 23rd Ave [redacted] Phoenix, AZ 85085
[redacted]

#C - Tadalafil 120MG / 3ML

Total: $41.00

SAFETY CAP: Yes

Quantity: 6 Original Date: 9/19/2019 00000-0000-97

Male Medical Centers

Sherman Washington, MD

LIC# 15168 DEA# BW1079032

2900 N. Green Valley Pkwy #114

Henderson, NV. 89014

Phone: (702) 982-6800

Name: C[redacted] H[redacted] Date: 9/19/19.

Date of Birth: [redacted]

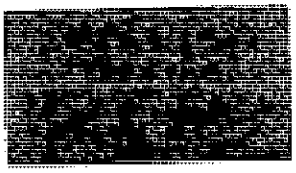
Address: [redacted] Pony Ridge Turn
Dumfries, VA 22026.

Rx

☐ **Sildenafil Liquid Drops (600mg/3ml)**

☑ **Tadalafil Liquiid Drops (120mg/3ml)** refill

Sig: Apply 2-4 drops under tongue as needed per 36 hours.



H[redacted] C[redacted] 6000637
DOB [redacted] Refill Rx NE
Date Written 9/10/2019 DAW [redacted]
#C - Tadalafil 120MG / 3ML
00000-0000-97 QTY: 6 Acq Cst Profit
No Refills $17.32 $41.00 $23.68
TAKE 2 - 4 DROPS UNDER THE TONGUE AS NEEDED EVERY 36 HOURS.

Dr. SHERMAN WASHINGTON JR DEA: BW1079032
2300 N GREEN VALLEY PKWY STE NPI: 1396893212
HENDERSON, NV 89014-0408 9/24/2019
(702) 982-6800

Rx # 6000637 9/24/2019 Dr. SHERMAN
H[redacted] C[redacted] No Refills
#C - Tadalafil 120MG / 3ML QTY: 6

Rx # 6000637 9/24/2019

H[redacted] C[redacted]
RECEIVED CONSULTATION FROM RPH : X

#C - Tadalafil 120MG / 3ML LVS RX
TADALAFIL POWDER Lot Number: 10149943 Lot Expiration: 11/1/2022 Amount: 0.132000
SORBITOL 70% SOLUTION Lot Number: 154197/D Lot Expiration: 4/30/2022 Amount: 3.300000
#C - PURE PEPPERMINT EXTRACT Lot Number: 87-9104 Lot Expiration: 9/30/2019 Amount: 0.150000

Las Vegas Scripts Rx (702) 832-3600
2920 N. Green Valley Pkwy | Bldg #8 | Suite #814 Henderson, NV 89014

THIS IS YOUR RECEIPT. PLEASE RETAIN FOR YOUR TAX OR INSURANCE.

Rx # 6000637 Dr. SHERMAN WASHINGTON

H[redacted] C[redacted] New
[redacted] Pony Ridge Turn Dumfries, VA 22026 9/24/201
[redacted]

#C - Tadalafil 120MG / 3ML Total: $41.00

SAFETY CAP: Yes

Quantity: 6 Original Date: 9/19/2019 00000-0000-97

Male Medical Centers

Sherman Washington, MD

LIC# 15168 DEA# BW1079032

2900 N. Green Valley Pkwy #114

Henderson, NV. 89014

Phone: (702) 982-6800

Name: H[redacted] H[redacted] Date: 9/18/19

Date of Birth: [redacted]

Address: [redacted] West Links

Williamsburg VA 23188

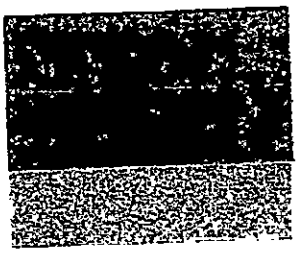
[redacted]

Rx

☐ **Sildenafil Liquid Drops (600mg/3ml)**

☑ **Tadalafil Liquiid Drops (120mg/3ml)**

Sig: Apply 2-4 drops under tongue as needed per 36 hours.



H[redacted] H[redacted] 6000638
DOB [redacted] New Rx NE
Date Written 9/18/2019 DAW 0 - No Product Selection Indicated
#C - Tadalafil 120MG / 3ML
00000-0000-97 QTY: 3 Acq Cst Profit
$8.66 $18.00 $9.34
No Refills
TAKE 2 - 4 DROPS UNDER THE TONGUE AS NEEDED EVERY 36 HOURS.

Dr. SHERMAN WASHINGTON JR DEA: BW1079032
2300 N GREEN VALLEY PKWY STE NPI: 1396893202
HENDERSON, NV 89014-0408 9/24/2019
(702) 982-8800

CAUTION: DO NOT USE WITH ALCOHOL OR NON-PRESCRIPTION DRUGS WITHOUT CONSULTING THE PRESCRIBING PRACTITIONER

Las Vegas Scripts Rx (702) 832-3600
2020 N. Green Valley Pkwy | Bldg #8 | Suite #814 Henderson, NV 89014

THIS IS YOUR RECEIPT. PLEASE RETAIN FOR YOUR TAX OR INSURANCE.

Rx # 6000638 Dr. SHERMAN WASHINGTON New 9/24/201

H[redacted] H[redacted]
[redacted] West Links Williamsburg, VA 23188
[redacted]

Total: $18.00

#C - Tadalafil 120MG / 3ML

SAFETY CAP: Yes

Quantity: 3 Original Date: 9/18/2019 00000-0000-97

Rx # 6000638 9/24/2019 Dr. SHERMAN No Refills QTY: 3
H[redacted] H[redacted]
#C - Tadalafil 120MG / 3ML

Rx # 6000638 9/24/2019

H[redacted] H[redacted]
RECEIVED CONSULTATION FROM RPH : x

LVS RX

#C - Tadalafil 120MG / 3ML
TADALAFIL POWDER Lot Number: 101499-13 Lot Expiration: 11/1/2022 Amount: 0.132000
SORBITOL 70% SOLUTION Lot Number: 154197/D Lot Expiration: 4/30/2022 Amount: 3.300000
#C - PURE PEPPERMINT EXTRACT Lot Number: 87-9104 Lot Expiration: 9/30/2019 Amount: 0.150000

Male Medical Centers

Sherman Washington, MD

LIC# 15168 DEA# BW1079032

2900 N. Green Valley Pkwy #114

Henderson, NV. 89014

Phone: (702) 982-6800

Name: P[redacted] F[redacted] Date: 09/24/19

Date of Birth: [redacted]

Address: [redacted] Bastion Ct

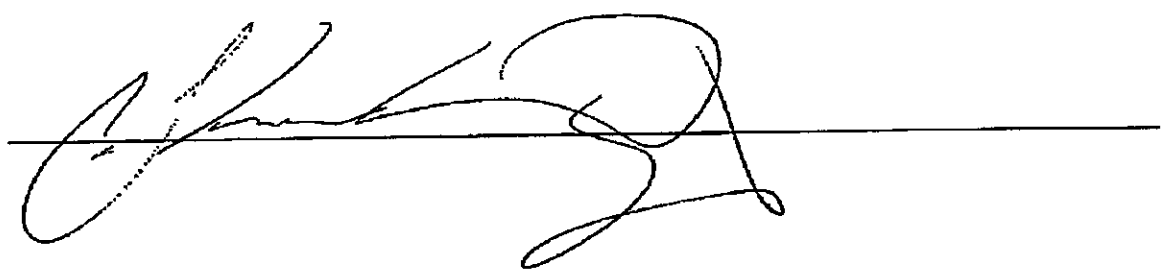
Virginia Beach, VA 23454

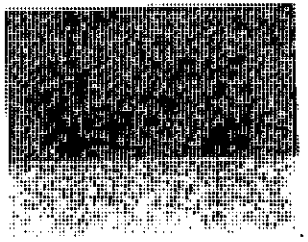
Rx

☐ **Sildenafil Liquid Drops (600mg/3ml)**

☑ **Tadalafil Liquiid Drops (120mg/3ml)**

Sig: Apply 2-4 drops under tongue as needed per 36 hours.





CAUTION: DO NOT USE WITH ALCOHOL OR OTC PRESCRIPTION DRUGS WITHOUT CONSULTING THE PRESCRIBING PRACTITIONER

Las Vegas Scripts Rx (702) 832-3600
2920 N. Green Valley Pkwy | Bldg #8 | Suite #814 Henderson, NV 89014

THIS IS YOUR RECEIPT. PLEASE RETAIN FOR YOUR TAX OR INSURANCE.

Rx # 6000642 Dr. SHERMAN WASHINGTON

F[redacted] P[redacted] New
[redacted] Bastion Ct Virginia Beach, VA 23454 9/24/201
(757) 351-6872

#C - Tadalafil 120MG / 3ML

Total: $0.00

SAFETY CAP: Yes

Quantity: 3 Original Date: 9/24/2019 00000-0000-97

F[redacted] P[redacted] 6000642
DOB [redacted] New Rx NE
Date Written 9/24/2019 DAW [redacted]
#C - Tadalafil 120MG / 3ML
00000-0000-97 QTY: 3 Acq Cst Profit
No Refills $8.66 $0.00 ($8.66)
TAKE 2 - 4 DROPS UNDER THE TONGUE AS NEEDED EVERY 36 HOURS.

Dr. SHERMAN WASHINGTON JR DEA: BW1078032
2900 N GREEN VALLEY PKWY STE NPI: 1396893202
HENDERSON, NV 89014-0406 9/24/2019
(702) 982-6800

Rx # 6000642 9/24/2019 Dr. SHERMAN
F[redacted] P[redacted] No Refills
#C - Tadalafil 120MG / 3ML QTY: 3
Rx # 6000642 9/24/2019

F[redacted] P[redacted]
RECEIVED CONSULTATION FROM RPH : _____ X

#C - Tadalafil 120MG / 3ML LVS RX
TADALAFIL POWDER Lot Number: 10149943 Lot Expiration: 11/1/2022 Amount: 0.132000
SORBITOL 70% SOLUTION Lot Number: 154197/D Lot Expiration: 4/30/2022 Amount: 3.300000
#C - PURE PEPPERMINT EXTRACT Lot Number: 87-9104 Lot Expiration: 9/30/2019 Amount: 0.150000

Male Medical Centers

Sherman Washington, MD

LIC# 15168 DEA# BW1079032

2900 N. Green Valley Pkwy #114

Henderson, NV. 89014

Phone: (702) 982-6800

Name: Z[redacted] A[redacted] Date: 9/19/19.

Date of Birth: [redacted]

Address: [redacted] Broadway #[redacted]

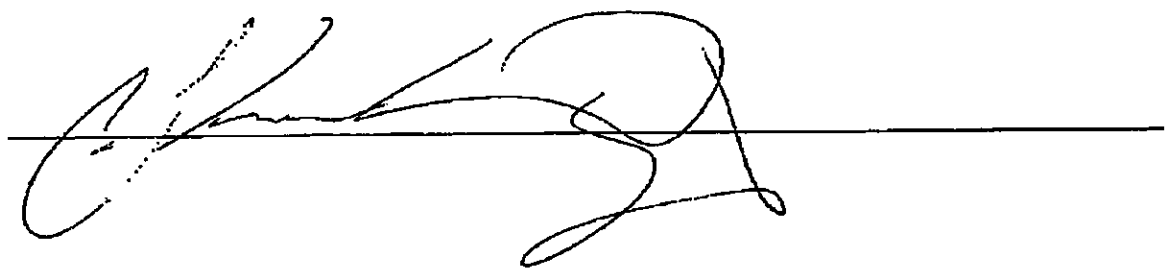
Santa Monica, CA 90401

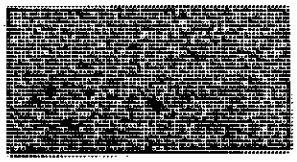
Rx

☑ **Sildenafil Liquid Drops (600mg/3ml)** refill 1

☑ **Tadalafil Liquid Drops (120mg/3ml)** refill 1

Sig: Apply 2-4 drops under tongue as needed per 36 hours.





Z[redacted] A[redacted] 6000639
DOB [redacted] Refill Rx NE
Date Written 9/19/2019 DAW 0 - No Product Selection Indicated
#C - Tadalafil 120MG / 3ML
00000-0000-97 QTY: 6 Acq Col Profit
No Refills $17.32 $41.00 $23.68
TAKE 2 - 4 DROPS UNDER THE TONGUE AS NEEDED EVERY 36 HOURS.

Dr. SHERMAN WASHINGTON JR DEA: BW1079032
2900 N GREEN VALLEY PKWY STE NPI: 1396893202
HENDERSON, NV 89014-0400
(702) 982-6800 9/24/2019

Las Vegas Scripts Rx (702) 832-3600
2920 N. Green Valley Pkwy | Bldg #8 | Suite #314 Henderson, NV 89014

THIS IS YOUR RECEIPT. PLEASE RETAIN FOR YOUR TAX OR INSURANCE.

Rx # 6000639 Dr. SHERMAN WASHINGTON

Z[redacted] A[redacted] New
[redacted]roadway [redacted] Santa Monica, CA 90401 9/24/201
(215) 582-7388

#C - Tadalafil 120MG / 3ML Total: $41.00

SAFETY CAP: Yes

Quantity: 6 Original Date: 9/19/2019 00000-0000-97

Rx # 6000639 9/24/2019 Dr. SHERMAN
Z[redacted] A[redacted] No Refills
#C - Tadalafil 120MG / 3ML QTY: 6

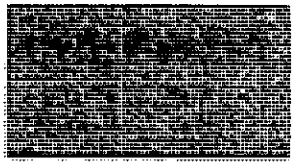
Rx # 6000639 9/24/2019

Z[redacted] A[redacted]

RECEIVED CONSULTATION FROM RPH : X

#C - Tadalafil 120MG / 3ML LVS RX

TADALAFIL POWDER Lot Number: 10149943 Lot Expiration: 11/1/2022 Amount: 0.132000
SORBITOL 70% SOLUTION Lot Number: 154197/D Lot Expiration: 4/30/2022 Amount: 3.300000
#C - PURE PEPPERMINT EXTRACT Lot Number: 87-9104 Lot Expiration: 9/30/2019 Amount: 0.150000



Z[redacted] A[redacted] 6000630
DOB [redacted] Refill Rx NE
Date Written 9/19/2019 DAW 0 - No Product Selection Indicated
#C - Sildenafil 600mg / 3ML
00000-0000-00 QTY: 6 Acq Col Profit
No Refills $16.22 $41.00 $24.78
TAKE 2 - 4 DROPS UNDER THE TONGUE AS NEEDED EVERY 36 HOURS.

Dr. SHERMAN WASHINGTON JR DEA: BW1079032
2900 N GREEN VALLEY PKWY STE NPI: 1396893202
HENDERSON, NV 89014-0400
(702) 982-6800 9/24/2019

Las Vegas Scripts Rx (702) 832-3600
2920 N. Green Valley Pkwy | Bldg #8 | Suite #314 Henderson, NV 89014

THIS IS YOUR RECEIPT. PLEASE RETAIN FOR YOUR TAX OR INSURANCE.

Rx # 6000630 Dr. SHERMAN WASHINGTON

Z[redacted] Ad[redacted] New
[redacted]Broadway [redacted] Santa Monica, CA 90401 9/24/201
[redacted]

#C - Sildenafil 600mg / 3ML Total: $41.00

SAFETY CAP: Yes

Quantity: 6 Original Date: 9/19/2019 00000-0000-96

Rx # 6000630 9/24/2019 Dr. SHERMAN
Z[redacted] A[redacted] No Refills
#C - Sildenafil 600mg / 3ML QTY: 6

Rx # 6000630 9/24/2019

Z[redacted] A[redacted]

RECEIVED CONSULTATION FROM RPH : X

#C - Sildenafil 600mg / 3ML LVS RX

Kenneth C. Scheuber

From: Sherman washington <[redacted]
Sent: Thursday, September 16, 2021 1:20 PM
To: Kenneth C. Scheuber
Cc: Sherman Washington
Subject: Re: Review of 6 prescriptions with copied or computer generated signatures

To Whom it may concern:

I have reviewed the prescription that have been brought t to my attention . I have no knowledge as to how these prescriptions appear identical . This prescriptions were over year ago and my memory is not that sharp. This could never happen in my office in the present and the future , because i have converted 100 percent to electronic prescriptions .
Sherman washington
d[redacted]

On Aug 29, 2021, at 3:19 PM, Kenneth C. Scheuber <KSCHEUBER@pharmacy.nv.gov> wrote:

Dr. Washington,

I have attached 6 of the prescriptions located during a inspection at Las Vegas Scripts. The signatures are either computer generated or copied prescription blanks. Either way, they are in violation of NAC 454.060 and NRS 454.223. Please review the prescriptions and call me so we can discuss them. My contact information is listed below. Monday morning I will be available between 9:00amd and noon. Also between 2:30pm and 5:00pm in the afternoon Monday. I am unavailable Tuesday to Thursday because of Board meetings. I will be available most of the day on Friday.

<image001.png>

Kenneth Scheuber, Investigator

Nevada State Board of Pharmacy
1050 E Flamingo Rd Ste E-217
Las Vegas, NV, 89119

Office: 702.486.6420 ext 153
Cell: 702.683.4785
Fax: 702.486.7903
E-mail: kscheuber@pharmacy.nv.gov
Web Page: www.bop.nv.gov

CONFIDENTIALITY NOTICE: This message and any accompanying documents are intended only for the use of the individual or entity to which they are addressed. They may contain information that is proprietary, privileged, confidential or exempt from disclosure under applicable Federal or State law. If the reader of this message is not the intended recipient, you are hereby notified that you are strictly prohibited from reading, using, sharing or copying this communication or its contents. If you have

received this email in error, please notify the sender immediately and destroy the original transmission. Thank you.

This information is provided as a courtesy on behalf of the Nevada State Board of Pharmacy. This information does not constitute legal advice and does not override the specific provisions of Nevada law as applied to a particular set of facts.

<Dr. Sherman Washington, MD - 6 prescriptions.pdf><NAC 454.060 & NRS 454.223 Requirements for written prescription.pdf>

Case No. 19-243

Nevada State Board of Pharmacy v. Las Vegas Scripts Rx, Nathan Edouard, RPH, Sherman Washington, MD

EXHIBIT "8"

First Class Rx Pharmacy

3785 E Desert Inn Rd Las Vegas, NV 89121

Phone :702-534-0325 Fax :702-534-0336 DEA # : FF5063108

Transfer Authorization Request

Transferred TO: LV SCRIPTS RX

Fax [redacted] 702.852.5933

Patient :B[redacted] N[redacted]

Address [redacted]NNIE OAKLEY DR [redacted]

City/Zip HENDERSON, NV 89014

DOB [redacted]

Phone [redacted]

Medication Information

Request Date 4/17/2020

Transferred From: First Class Rx Pharmacy

DEA # FF5063108 RPH JD

RxNumber	DrugName	QtyW	QtyD	Refills	+QtyR =	TQtyR	Orig Date	LastFilled	Doctor
403898	ACETAMINOPHEN-COD 64 TABLET M.22.2 / 30 days. TAKE ONE TABLET BY MOUTH EVERY 6 HOURS AS NEEDED	120	120	1	0	120	1/17/2020	3/18/2020	ALVARADO,ISRAEL J (BA7524146) 1900 E DESERT INN RD LAS VEGAS 89169 (702) 463-1804 Fax (702) 963-2656 DEA BA7524146 NPI 1427096069
682798	PRAZOSIN 2 MG CAPSULE TAKE 1 CAPSULE BY MOUTH TWICE DAILY	60	60	2	0	120	4/2/2020	4/2/2020	HYDER,MUHAMMED (BH7793830) NEVADA PSYCHIATRIC SERVICES (702) 119-3600 Fax DEA BH7793830 NPI 1013083257
682794	MIRTAZAPINE 45 MG TABLET TAKE 1 TABLET BY MOUTH AT BEDTIME	30	30	2	0	60	4/2/2020	4/2/2020	HYDER,MUHAMMED (BH7793830) NEVADA PSYCHIATRIC SERVICES (702) 119-3600 Fax DEA BH7793830 NPI 1013083257
404734	CLONAZEPAM 1 MG TABLET F 41.9 TAKE 1 AND A HALF TABLET BY MOUTH TWICE A DAY AS NEEDED	90	90	2	0	180	4/2/2020	4/2/2020	HYDER,MUHAMMED (BH7793830) NEVADA PSYCHIATRIC SERVICES (702) 119-3600 Fax DEA BH7793830 NPI 1013083257

R.P.H JAIME DORSETT

The information contained in this transmittal belongs to the First Class Rx Pharmacy and may include information that is confidential, privileged and protected from disclosure under applicable law. It is intended only for the use of Dr. HYDER,MUHAMMED. If you are not the intended recipient of this information, you are hereby notified that any disclosure,copying, or distribution of this information is strictly prohibited. If you have received this transmittal in error, please immediately notify us by telephone at 702-534-0325. Thank you.

B[redacted] N[redacted]

DOB [redacted]

Date Written 4/2/2020 DAW

New 4000325 SRC

ACCORD HEALTHCA

CLONAZEPAM 1 MG TABLET

16729-013-00 QTY 90

No Refills

TAKE 1.5MG (1 AND A 1/2 TABLETS) BY MOUTH TWICE A DAY AS NEEDED.

Dr. ISRAEL J ALVARADO DEA BA7524146 239

1900 E DESERT INN RD NPI 1427096069

LAS VEGAS, NV 89169-3211 5/26/2020

(702) 463-1804 5/26/2020

50

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **NATHAN EDOUARD, RPH,** **Certificate of Registration No. 19462,** **Respondent.**	**CASE NO. 19-243-RPH-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, June 1, 2022, at 9:00 AM PST or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 26th day of April, 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 28th day of April 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Sherman Washington, MD
[redacted] S. Rainbow Blvd. Suite 100
Las Vegas, NV 89118

Sherman Washington, MD
Transforming Arts
[redacted] N. Green Valley Pkwy., Suite 114
Henderson, NV 89014

Sherman Washington, MD
[redacted] E Lake Mead Blvd Ste M
North Las Vegas, NV 89030

Nathan Edouard, RPH
[redacted] N. Green Valley Pkw Bldg. 8 Ste# 814
Henderson, NV 89014

Las Vegas Scripts Rx
2920 N. Green Valley Pkwy #814
Henderson, NV 89014

SHIRLEY HUNTING

RSPN
CHANDON S. ALEXANDER, ESQ.
Nevada Bar No. 12033
SPARTACUS LAW FIRM
2777 S. Paradise Rd., Suite 3006
Las Vegas, Nevada 89109
Phone: (702) 660-1234
Facsimile: (702) 441-1626
Chandon@spartacuslawfirm.com

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY Petitioner, v. LAS VEGAS SCRIPTS RX, Pharmacy License No. PH03930 NATHAN EDOUARD RPH, Certificate of Registration No. 19462, and SHERMAN WASHINGTON, MD., Certificate of Registration CS24310, Respondents.	CASE NO(s).: 19-243-PH-S 19-243-RPH-S 19-243-CS-S

ANSWER TO SPECIFIC ALLEGATIONS CONTAINED IN THE NOTICE OF INTENDED ACTION AND ACCUSTATION

COMES NOW the Petitioners LAS VEGAS SCRIPTS RX, and NATHAN EDOUARD RPH, Respondents and hereby respond as follows:

JURISDICTION

1. Admit.

FACTUAL ALLEGATIONS

2. Admit.
3. Admit.
4. Respondent is without knowledge and therefore denied.
5. Denied.

SPARTACUS LAW FIRM
2777 S. Paradise Rd.; Suite 3006
Las Vegas, NV 89109
P: 702-660-1234 F: (702) 441-1626

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Las Vegas, NV 89109
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6. Respondent is without knowledge and therefore denied, this response is applicable to all sub-elements of this allegation.

APPLICABLE LAW

7. Paragraph 7 makes no allegations against Las Vegas Scripts RX nor Nathan Edouard, RPH, and asserts legal conclusions, consequently, no response is required. To the extent a response is required, Respondents deny the allegations of Paragraph 7 to the extent they are asserted against Las Vegas Scripts RX, or against Nathan Edouard RPH, in relation to alleged conduct, statements, or omissions by Las Vegas Scripts RX or Nathan Edouard RPH.
8. Paragraph 8 makes no allegations against Las Vegas Scripts RX nor Nathan Edouard, RPH, and asserts legal conclusions, consequently, no response is required. To the extent a response is required, Respondents deny the allegations of Paragraph 8 to the extent they are asserted against Las Vegas Scripts RX, or against Nathan Edouard RPH, in relation to alleged conduct, statements, or omissions by Las Vegas Scripts RX or Nathan Edouard RPH.
9. Paragraph 9 makes no allegations against Las Vegas Scripts RX nor Nathan Edouard, RPH, and asserts legal conclusions, consequently, no response is required. To the extent a response is required, Respondents deny the allegations of Paragraph 9 to the extent they are asserted against Las Vegas Scripts RX, or against Nathan Edouard RPH, in relation to alleged conduct, statements, or omissions by Las Vegas Scripts RX or Nathan Edouard RPH.
10. Paragraph 10 makes no allegations against Las Vegas Scripts RX nor Nathan Edouard, RPH, and asserts legal conclusions, consequently, no response is required. To the extent a response is required, Respondents deny the allegations of Paragraph 10 to the extent they are asserted against Las Vegas Scripts RX, or against Nathan Edouard RPH, in relation to alleged conduct, statements, or omissions by Las Vegas Scripts RX or Nathan Edouard RPH.

SPARTACUS LAW FIRM
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P: 702-660-1234 F: (702) 441-1626

11. Paragraph 11 makes no allegations against Las Vegas Scripts RX nor Nathan Edouard, RPH, and asserts legal conclusions, consequently, no response is required. To the extent a response is required, Respondents deny the allegations of Paragraph 11 to the extent they are asserted against Las Vegas Scripts RX, or against Nathan Edouard RPH, in relation to alleged conduct, statements, or omissions by Las Vegas Scripts RX or Nathan Edouard RPH.
12. Paragraph 12 makes no allegations against Las Vegas Scripts RX nor Nathan Edouard, RPH, and asserts legal conclusions, consequently, no response is required. To the extent a response is required, Respondents deny the allegations of Paragraph 12 to the extent they are asserted against Las Vegas Scripts RX, or against Nathan Edouard RPH, in relation to alleged conduct, statements, or omissions by Las Vegas Scripts RX or Nathan Edouard RPH.
13. Paragraph 13 makes no allegations against Las Vegas Scripts RX nor Nathan Edouard, RPH, and asserts legal conclusions, consequently, no response is required. To the extent a response is required, Respondents deny the allegations of Paragraph 13 to the extent they are asserted against Las Vegas Scripts RX, or against Nathan Edouard RPH, in relation to alleged conduct, statements, or omissions by Las Vegas Scripts RX or Nathan Edouard RPH.
14. Denied.

COUNT ONE

15. Respondent is without knowledge and therefore denies.

COUNT TWO

16. Respondent is without knowledge and therefore denies.
17. Respondent is without knowledge and therefore denies.

COUNT THREE

18. Said allegations are vague, ambiguous, and incorrect and therefore denied.

COUNT FOUR

19. Respondent is without knowledge and therefore denies.

COUNT FIVE

20. Said allegations are vague, ambiguous, and incorrect and therefore are denied.

COUNT SIX

21. Denied.

DATED on this 17th day of June, 2022.

SPARTACUS LAW FIRM

/s/Chandon S. Alexander
CHANDON S. ALEXANDER, ESQ.
Nevada Bar #12033
2777 S. Paradise Rd., Suite 3006
Las Vegas, NV 89109

SPARTACUS LAW FIRM
2777 S. Paradise Rd.; Suite 3006
Las Vegas, NV 89109
P: 702-660-1234 F: (702) 441-1626

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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SHERMAN WASHINGTON, MD,** **Certificate of Registration No. CS24310,** **Respondent.**	**CASE NO. 19-243-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, June 1, 2022, at 9:00 AM PST or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 26th day of April, 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. SHERMAN WASHINGTON, MD, Certificate of Registration No. CS24310, Respondent.	CASE NO. 19-243-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.

_____

SHERMAN WASHINGTON, MD,

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 28th day of April 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Sherman Washington, MD
4966 S. Rainbow Blvd. Suite 100
Las Vegas, NV 89118

Sherman Washington, MD
Transforming Arts
2906 N. Green Valley Pkwy., Suite 114
Henderson, NV 89014

Sherman Washington, MD
1820 E Lake Mead Blvd Ste M
North Las Vegas, NV 89030

Nathan Edouard, RPH
2920 N. Green Valley Pkw Bldg. 8 Ste# 814
Henderson, NV 89014

Las Vegas Scripts Rx
2920 N. Green Valley Pkwy #814
Henderson, NV 89014

SHIRLEY HUNTING

5Q

FILED
AUG 02 2022
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **DAVID ALLEN EDWARDS, MD,** **Certificate of Registration No. CS01332,** **Respondent.**	**Case No. 22-133-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 NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter and this respondent because at the time of the alleged events, Respondent DAVID ALLEN EDWARDS, M.D. ("Respondent"), held a closed Nevada controlled substance registration, Certificate of Registration No. CS01332, issued by the Board.

FACTUAL ALLEGATIONS

2. Respondent's Controlled Substance Registration, Certificate of Registration No. CS01332, expired on November 1, 2020.

3. Respondent wrote one or more controlled substance prescriptions for Nevada patients after November 1, 2020, without a valid Nevada Controlled Substance Registration.

APPLICABLE LAW

4. It is unlawful to prescribe a controlled substance except as authorized by law. NRS 453.321(1)(a).

5. No other 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).

6. A prescription for a controlled substance may be issued only for a legitimate medical purpose and in the usual course of professional practice by an individual practitioner who holds a DEA registration and is authorized to prescribe controlled substances by the jurisdiction which issued his or her license to practice. 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03(a)(1); NRS 453.226(1); NRS 453.236(1)(c); NRS 453.321(1)(a); NRS 639.100(1); and/or NRS 639.235(1).

7. Falsely representing oneself as a practitioner entitled to write prescriptions in this state is a felony offense. 21 U.S.C. § 841(a); 21 U.S.C. § 842(a); NRS 453.232; NRS 453.321(1)(a); and/or NRS 639.2813(1).

8. Performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration constitutes unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(k) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 453.236(1)(e) and NRS 639.210(4).

9. The Board may suspend or revoke any certificate, license, registration or permit upon a finding that the holder has violated any provision of the Federal Food, Drug and Cosmetic Act or any other federal or state law or regulation relating to prescription drugs or controlled substances. NRS 453.236(1)(b) and/or NRS 639.210(11).

10. The Board may suspend or revoke any certificate, license, registration or permit upon a finding that the holder has violated, attempted to violate, assisted, or abetted in the violation of or conspired to violate any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy. NRS 639.210(12).

11. The Board may suspend or revoke any certificate, license, registration or permit upon a finding that the holder has failed to renew a certificate of registration by failing to timely submit the application for renewal. NRS 639.210(13).

12. The Board may suspend or revoke any certificate, license, registration or permit upon a finding that the holder has committed an act that would render registration inconsistent with the public interest as determined pursuant to NRS 453.231(1) and NRS 453.236(1)(e) and NRS 453.241(1).

13. The Board may suspend or revoke any certificate, license, registration or permit upon a finding that the holder has performed or in any way been 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). NRS 639.210(4).

14. The Board may impose a fine upon the holder of a certificate, license, or permit issued by the Board for up to $10,000.00 for each violation of NRS 639.255(4).

COUNT ONE

Failure to Timely Renew Nevada Controlled Substance Registration- Violation of State Law

15. By failing to timely renew his Nevada Controlled Substance Registration, CS01332, Respondent is subject to discipline pursuant to NRS 639.210(13).

COUNT TWO

Violation of Federal Controlled Substances Act

16. By prescribing controlled substances without a valid DEA Registration and/or Nevada Controlled Substance Registration as alleged herein, Respondent falsely represented himself as a practitioner entitled to write prescriptions in this state and violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a) and/or 21 CFR § 1306.03(a)(1), and is subject to discipline pursuant to NRS 639.210(11).

COUNT THREE

Violation of State Controlled Substances Act

17. By prescribing controlled substances without a valid Nevada Controlled Substance Registration as alleged herein, Respondent falsely represented himself as a practitioner entitled to write prescriptions in this state and violated, attempted to violate, assisted, or abetted in the violation of or conspired to violate NRS 453.226(1), NRS 453.232, NRS 453.321(1)(a), NRS 639.100(1), NRS

639.235(1) and/or NRS 639.2813(1), and is subject to discipline pursuant to NRS 453.236(1)(e) and/or NRS 639.210(12) and/or NRS 639.255(3).

COUNT FOUR

Unprofessional Conduct – Prescribing without a Valid Controlled Substance Registration

18. By prescribing controlled substances without a valid Controlled Substance Registration as alleged herein, Respondent engaged in unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(k) and is subject to discipline pursuant to NRS 453.231(1), NRS 453.236(1)(e), and/or NRS 639.210(4) and/or NRS 639.255(3).

COUNT FIVE

Commission of Acts that Render Registration Inconsistent with the Public Interest

19. By prescribing controlled substances without a valid Controlled Substance Registration as alleged herein, and by falsely representing himself as a practitioner entitled to write prescriptions in this state, Respondent has committed acts that render his Nevada controlled substance registration inconsistent with the public interest and is subject to discipline pursuant to NRS 453.236(1)(e) and NRS 453.241(1).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this respondent.

DATED this 2nd day of AUGUST 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 ALLEN EDWARDS, MD,** **Certificate of Registration No. CS01332,** **Respondent.**	**CASE NO. 22-133-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 Thursday, September 8, 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 AUGUST 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 3rd day of August, 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

David Edwards, M.D.
[redacted] Sierra Rose Dr., Ste. #3
Reno, Nevada 89511

Darlene Nases
DARLENE NASES

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. DAVID ALLEN EDWARDS, MD, Certificate of Registration No. CS01332, Respondent.	CASE NO. 22-133-CS-N ANSWER AND NOTICE OF DEFENSE

FILED
AUG 23 2022
NEVADA STATE BOARD OF PHARMACY

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").

none.

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I acknowledge the facts as presented in this Stipulated agreement. I have no Excuse, but I did not Knowingly Violate any State/Federal statute or ~~State~~/Federal Administrative regulation, as evidenced by the fact that I continued using the PMP for password changes and patient information until blocked in April/MAY of 2022. Apparently, in the clinical fog of the Covid 19 Pandemic I missed the board's announcement that it was going paperless and would no longer notify licensees of license expiration/renewal being due. my intention was simply to care for my patients as I have been doing for the past 47 YEARS.

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 19 day of August, 2022.

David A. Edwards, MD

DAVID ALLEN EDWARDS, MD

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **DAVID ALLEN EDWARDS, M.D.** **Certificate of Registration No. CS01332,** **Respondent.**	**Case No. 22-133-CS-N** **STIPULATION AND ORDER**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, by and through its Assistant General Counsel, Peter K. Keegan, Esq., and Respondent DAVID ALLEN EDWARDS, M.D., ("Respondent") Certificate of Registration No. CS01332, **HEREBY STIPULATE AND AGREE AS FOLLOWS:**

1. The Board has jurisdiction over Respondent and this matter.

2. On or about August 3, 2022, Board Staff properly served Respondent with the Notice of Intended Action and Accusation ("Accusation") on file in this matter together with the Statement to Respondent and Notice of Hearing.

3. Respondent is fully aware of his right to seek the advice of counsel in this matter prior to entering into this Stipulation.

4. Respondent is aware of his right to a hearing on the matters alleged in the Accusation, his right to reconsideration, his right to appeal and any and all other rights which may be accorded to him pursuant to NRS Chapter 233B ("Nevada Administrative Procedure Act"), NRS Chapter 622A ("Administrative Procedure Before Certain Regulatory Bodies"), and NRS Chapter 639 ("Nevada Pharmacy Act").

5. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondent has failed to comply with the provisions of paragraphs below, Respondent hereby freely and voluntarily waives his rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to him

by NRS Chapter 233B ("Nevada Administrative Procedure Act"), NRS Chapter 622A ("Administrative Procedure Before Certain Regulatory Bodies"), and NRS Chapter 639 ("Nevada Pharmacy Act").

6. Respondent admits that evidence exists, and that Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for the violations alleged in the Accusation, *to wit,* that:

A. Respondent failed to timely renew his Nevada Controlled Substance Registration No. CS01332, which expired on November 1, 2020;

B. Respondent continued to prescribe controlled substances to Nevada patients during the period while his Controlled Substance Registration was expired, from November 1, 2020 through approximately April 2022, in violation of 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03(a)(1); NRS 453.226(1); NRS 453.236(1)(c); NRS 453.321(1)(a); NRS 639.100(1); NRS 639.235(1); and

C. These violations are grounds for disciplinary action pursuant to NRS 453.236(1)(c); NRS 453.241(1); NRS 639.210(4), (11), (12), and (13); and NRS 639.255.

7. In order to resolve this matter without incurring any further costs or the expenses associated with a hearing, the Board and Respondent stipulate to the following penalties. Respondent Dr. David Edwards, M.D., Certificate of Registration No. CS01332 shall:

A. Pay a fine of Five-Thousand Dollars ($5000.00) for the violations; and

B. Pay Five-Hundred and Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

8. Any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause, pursuant to NAC 639.965, directing Respondent to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by Respondent, the Board may impose additional discipline upon Respondent not inconsistent with the provisions of NRS Chapter 639.

9. The Board's Assistant General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on September 8, 2022, in Las Vegas, Nevada. Respondent will appear at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent or his counsel are not present at the meeting.

10. The Board may accept this Stipulation but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 U.S.C. § 1396r–2 and 45 CFR Part 60.

11. If the Board rejects any part or all this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

12. Upon approval of this Stipulation by the Board, Respondent shall pay the $5,000.00 in agreed upon fines by *cashier's check* or *certified check* or *money order* **made payable to "State of Nevada, Office of the Treasurer,"** in five (5) equal payments of ONE THOUSAND DOLLARS ($1,000.00) to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. The first payment shall be received within thirty (30) days of the effective date of this Order, with each of the four remaining payment installments due in thirty (30) day increments thereafter.

13. Upon approval of this Stipulation by the Board, Respondent shall pay the $500.00 in attorney's fees and costs agreed to herein by *personal, cashiers,* or *certified check* or *money order* **made payable to "Nevada State Board of Pharmacy,"** to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Order.

14. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release each other from any and all additional claims arising from the facts set forth in the Accusation

on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 19 day of August 2022.

DAVID ALLEN EDWARDS, M.D.
Certificate of Registration No. CS01332

Signed this 23 day of August 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 David A. Edwards, M.D., Certificate of Registration No. CS01332, in Case No. 22-133-CS-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 September 2022.

Helen Park, President
Nevada State Board of Pharmacy

Nevada State Board of Pharmacy

985 Damonte Ranch Parkway, Suite 206 • Reno, NV 89521
(775) 850-1440 • FAX (775) 850-1444
Web Page: bop.nv.gov

July 26, 2022

VIA CERTIFIED U.S. MAIL
Dr. David Edwards M.D.
Certificate of Registration No. CS01332
[redacted] Sierra Rose Dr., Ste. #3
Reno, Nevada 89511

CEASE-AND-DESIST ORDER: Case No. 22-133-CS-S

Dr. David Edwards:

The Nevada State Board of Pharmacy ("Board") has determined that you wrote and/or authorized controlled substance prescriptions for Nevada patients without an active Nevada Controlled Substance Registration, which expired on October 31, 2020.

This constitutes a violation of federal and state law, including, without limitation, NRS 453.226(1), NRS 453.321(1)(a), NRS 453.331(1)(e), NRS 639.100(1), NRS 639.235(1), NRS 639.281(1), NRS 639.2813(1), 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a) and 21 CFR § 1306.03. Falsely representing oneself as a practitioner entitled to write prescriptions in this state is a felony offense. 21 U.S.C. § 841(a); 21 U.S.C. § 842(a); NRS 453.321(1)(a); NRS 453.232; NRS 639.2813(1).

YOU ARE HEREBY ORDERED pursuant to NRS 639.2895(1) to immediately CEASE- and-DESIST prescribing controlled substances for Nevada patients until you hold the requisite controlled substance registration.

Please be aware that the forgoing cease and desist order does not preclude further investigation or the filing of administrative or criminal charges. If you have any questions, please do not hesitate to contact me at 775-850-1440 or p.keegan@pharmacy.nv.gov.

Best regards,

Peter Keegan
Assistant General Counsel
Nevada State Board of Pharmacy

9171 9690 0935 0279 8320 57

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FILED
AUG 02 2022
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **GRAHAM DUNDAS SIMPSON, MD,** **Certificate of Registration No. CS01982,** **Respondent.**	**CASE NO. 22-199-CS-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter and this respondent because at the time of the alleged events, Respondent Graham Dundas Simpson, M.D. ("Respondent"), held a closed Nevada controlled substance registration, Certificate of Registration No. CS01982, issued by the Board.

FACTUAL ALLEGATIONS

2. Respondent's Controlled Substance Registration, Certificate of Registration No. CS01982, was closed on October 22, 2010.

3. Respondent wrote one or more controlled substance prescriptions for Nevada patients after October 31, 2010, without a valid Nevada Controlled Substance Registration.

4. Respondent's Drug Enforcement Agency ("DEA") Registration FS8627359 expired on February 28, 2022.

5. Respondent wrote one or more controlled substance prescriptions for Nevada patients after February 28, 2022, without a valid DEA Registration had expired.

6. On or about December 2, 2011, Respondent entered into a settlement, waiver, and consent agreement with the Nevada State Board of Medical Examiners in Case No. 11-5013-1 wherein

Respondent paid $3,150.25 and agreed to attend six (6) hours of CME in hormone therapy to resolve allegations that Respondent failed to use the reasonable care, skill, or knowledge as a physician under the same of similar circumstances

7. On or about June 4, 2019, Respondent submitted a Controlled Substance Application and falsely certified to the Board that he had not been the subject of a board citation or an administrative action whether completed or pending in any state.

8. Respondent's June 2019 application was incomplete, and no Controlled Substance Registration was issued.

9. On or about October 5, 2022, Respondent submitted a Controlled Substance Application and falsely certified to the Board that he had not been the subject of a board citation or an administrative action whether completed or pending in any state.

10. Respondent has never held a Prescription Monitoring Program ("PMP") account associated with his DEA Registration FS8627359 and consequently has been unable to run any PMP inquires for patients to whom he prescribed controlled substances..

APPLICABLE LAW

11. No other 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).

12. It is unlawful to prescribe a controlled substance except as authorized by law. NRS 453.321(1)(a).

13. A prescription for a controlled substance may be issued only for a legitimate medical purpose and in the usual course professional practice by an individual practitioner who holds a DEA registration and is authorized to prescribe controlled substances by the jurisdiction which issued his or her license to practice. 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03(a)(1); NRS 453.226(1); NRS 453.236(1)(c); NRS 453.321(1)(a); NRS 639.100(1); NRS 639.235(1).

14. Falsely representing oneself as a practitioner entitled to write prescriptions in this state is a felony offense. 21 U.S.C. § 841(a); 21 U.S.C. § 842(a); NRS 453.232; NRS 453.321(1)(a); NRS 639.2813(1).

15. Performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration constitutes unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(k) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 453.236(1)(e) and NRS 639.210(4).

16. The Board may suspend or revoke any certificate, license, registration or permit upon a finding that the holder has violated any provision of the Federal Food, Drug and Cosmetic Act or any other federal or regulation relating to prescription drugs. NRS 639.210(11).

17. The Board may suspend or revoke any certificate, license, registration or permit upon a finding that the holder has violated, attempted to violate, assisted, or abetted in the violation of or conspired to violate any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy. NRS 639.210(12).

18. The Board may suspend or revoke any certificate, license, registration or permit upon a finding that the holder has failed to renew a certificate of registration by failing to timely submit the application for renewal. NRS 639.210(13).

19. The Board may suspend or revoke any certificate, license, registration or permit upon a finding that the holder has committed an act that would render registration inconsistent with the public interest as determined pursuant to NRS 453.231. NRS 453.236(1)(e) and NRS 453.241(1).

20. Before issuing a license to a pharmacy located outside Nevada, the Board shall consider the qualifications and credentials of the applicant and any suspension or revocation of a license or restriction on a license held by the applicant. NRS 639.23282.

21. It is unlawful for any person to secure registration by making, or causing to be made, any false representation. NRS 639.281(1).

22. The Board may suspend or revoke any certificate, license, registration or permit upon a finding that the holder has performed or in any way been 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). NRS 639.210(4).

23. A practitioner with shall, before issuing an initial prescription for a controlled substance, and at least once every 90 days thereafter for the duration of the course of treatment using the controlled substance, obtain a patient utilization report regarding the patient from the PMP. NRS 639.23507

24. A practitioner registered with the Board to write prescriptions for controlled substances shall, access his or her prescriber activity in the PMP at least once each 6 months to review prescriptions issued by the practitioner and verify to the Board that he or she continues to have access to the PMP. NRS 453.164(7)

25. The Board may suspend or revoke any certificate, license, registration or permit upon a finding that the holder has violated any provision of NRS 453.162 to NRS 453.165, inclusive, or NRS 639.23507.

26. The Board may impose a fine upon the holder of a certificate, license, or permit issued by the Board for up to $10,000.00 for each violation of NRS 639.255(4).

COUNT ONE

Failure to Timely Renew DEA Registration

27. By failing to timely renew his DEA Registration FS8627359 and/or his Nevada Controlled Substance Registration, Respondent is subject to discipline pursuant to NRS 453.236(1)(c) and/or NRS 639.210(13).

COUNT TWO

Violation of Federal Controlled Substances Act

28. By prescribing controlled substances without a valid DEA Registration and/or Nevada Controlled Substance Registration as alleged herein, Respondent falsely represented himself as a practitioner entitled to write prescriptions in this state and violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C.

§ 841(a), 21 U.S.C. § 842(a) and/or 21 CFR § 1306.03(a)(1), and is subject to discipline pursuant to NRS 453.236(1)(c) and/or NRS 639.210(11).

COUNT THREE

Violation of State Controlled Substances Act

29. By prescribing controlled substances without a valid DEA Registration and/or Nevada Controlled Substance Registration as alleged herein, Respondent falsely represented himself as a practitioner entitled to write prescriptions in this state and violated, attempted to violate, assisted, or abetted in the violation of or conspired to violate NRS 453.226(1), NRS 453.232, NRS 453.321(1)(a), NRS 639.100(1), NRS 639.235(1) and/or NRS 639.2813(1), and is subject to discipline pursuant to NRS 453.236(1) and/or NRS 639.210(12) and/or NRS 639.255(3).

COUNT FOUR

Unprofessional Conduct – Prescribing without a Valid DEA Registration

30. By prescribing controlled substances without a valid DEA registration and/or Controlled Substance Registration as alleged herein, Respondent engaged in unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(k) and is subject to discipline pursuant to NRS 453.236(l)(c) and/or NRS 639.210(4) and/or NRS 639.255(3).

COUNT FIVE

Commission of Acts that Render Registration Inconsistent with the Public Interest

31. By prescribing controlled substances without a valid DEA registration and/or Controlled Substance Registration as alleged herein, and by falsely representing himself as a practitioner entitled to write prescriptions in this state, Respondent has committed acts that render his Nevada controlled substance registration inconsistent with the public interest and is subject to discipline pursuant to NRS 453.236(1)(e) and NRS 453.241(1).

COUNT SIX

Securing License by False Representation

32. By falsely certifying to the Board on his 2019 and 2022 Controlled Substance Application that Respondent had not been the subject of a board citation or an administrative action and that its license had not been subjected to any board citation or an administrative action whether

completed or pending in any state, Respondent violated NRS 639.281(1) and is subject to discipline pursuant to NRS 639.210(9) and/or (10) and/or NRS 639.255(3).

COUNT SEVEN

Unprofessional Conduct - Fraudulent/Deceitful Practice/Transaction

33. By falsely certifying to the Board on 2019 and 2022 Controlled Substance Application that Respondent had not been the subject of a board citation or an administrative action and that its license had not been subjected to any discipline for violation of pharmacy or drug laws in any state, Respondent was a party to a fraudulent or deceitful practice or transaction, engaged in unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(h), and is subject to discipline pursuant to NRS 639.210(4) and/or NRS 639.255(3).

COUNT EIGHT

Violations of State Law – Prescription Monitoring Program

34. By failing to query the PMP database to review a patient's utilization report prior to issuing a prescription for a controlled substance and to review her prescriber activity, as alleged in herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.164(7) and NRS 639.23507, and is subject to discipline pursuant to NRS 453.236(1)(d) and (e), NRS 453.241(1), NRS 639.210(12) and/or NRS 639.23916(3)(b) and NRS 639.255(3).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this respondent.

DATED this 2nd day of AUGUST, 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.** **GRAHAM DUNDAS SIMPSON, MD,** **Certificate of Registration No. CS01982,** **Respondent.**	**CASE NO. 22-199-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 Thursday, September 8, 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 AUGUST 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.** **GRAHAM DUNDAS SIMPSON, MD,** **Certificate of Registration No. CS01982,** **Respondent.**	**CASE NO. 22-199-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.

_____

GRAHAM DUNDAS SIMPSON, MD

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 2 day of August, 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Graham Simpson, M.D.
[redacted] Windmill Croft Drive
Las Vegas, NV 89148

Deanna Forbush
1980 Festival Plaza Dr., Ste. 700
Las Vegas, NV 89135

Darlene Nases
DARLENE NASES

Nevada State Board of Pharmacy

985 Damonte Ranch Parkway, Suite 206 • Reno, NV 89521
(775) 850-1440 • FAX (775) 850-1444
Web Page: bop.nv.gov

July 26, 2022

VIA CERTIFIED U.S. MAIL & ELECTRONIC MAIL

Dr. Graham Simpson, M.D.
Certificate of Registration No. CS01982
316 Windmill Croft Drive
Las Vegas, Nevada 89148
GrahamDSimpson@gmail.com

Deanna Forbush
Fox Rothschild LLP
1980 Festival Plaza Dr., Ste. 700
Las Vegas, Nevada 89135
DForbush@foxrothschild.com

CEASE-AND-DESIST ORDER: Case No. 22-199-CS-S

Dr. Graham Simpson:

The Nevada State Board of Pharmacy ("Board") has determined that you wrote and/or authorized controlled substance prescriptions for Nevada patients without an active Nevada Controlled Substance Registration or an active Drug Enforcement Agency Registration.

This constitutes a violation of federal and state law, including, without limitation, NRS 453.226(1), NRS 453.321(1)(a), NRS 453.331(1)(e), NRS 639.100(1), NRS 639.235(1), NRS 639.281(1), NRS 639.2813(1), 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a) and 21 CFR § 1306.03. Falsely representing oneself as a practitioner entitled to write prescriptions in this state is a felony offense. 21 U.S.C. § 841(a); 21 U.S.C. § 842(a); NRS 453.321(1)(a); NRS 453.232; NRS 639.2813(1).

YOU ARE HEREBY ORDERED pursuant to NRS 639.2895(1) to immediately CEASE- and-DESIST prescribing controlled substances for Nevada patients until you hold the requisite controlled substance registration.

Please be aware that the forgoing cease and desist order does not preclude further investigation or the filing of administrative or criminal charges. If you have any questions, please do not hesitate to contact me at 775-850-1440 or p.keegan@pharmacy.nv.gov.

Best regards,

Peter Keegan
Assistant General Counsel
Nevada State Board of Pharmacy

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FILED
AUG 03 2020
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **VINAY KUMAR BARARIA, MD,** **Respondent.**	**Case Nos. 19-003-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 639.2895 and NRS 233B.121-.126, *inclusive*, an order to cease and desist, citation and fine was served upon Respondent Vinay Kumar Bararia, MD (Bararia) alleging violations of Nevada law as set forth herein.

2. On or about July 17, 2020, Bararia appealed the citation and fine and requested a hearing pursuant to NRS 639.2895(2).

FACTUAL ALLEGATIONS

3. Bararia was not registered with the Board to prescribe or dispense controlled substances or dangerous drugs for Nevada patients at the time of the events alleged herein.

4. Bararia voluntarily surrendered his license to practice medicine, License No. 11355, to the Nevada State Board of Medical Examiners (NSBME) on March 8, 2013, and was sentenced in federal court for distribution of controlled substances in September 2014.

5. Bararia has owned and operated Nevada Health Services, LLC aka Trimcare (Trimcare), located at 5375 South Fort Apache Road, Suites 102 and 103, in Las Vegas, since August 2018.

6. Abdel M. Khalek, MD (Khalek), co-owned and/or was employed at Trimcare from at least October 2018 to April 2019. Khalek held a controlled substance registration,

Certificate of Registration No. CS19745, and dispensing practitioner registration, Certificate of Registration No. PD00722.

3. Robert Chancellor, MD (Chancellor), co-owned and/or was employed by Trimcare from at least November 2018 to the present. Chancellor held a controlled substance registration, Certificate of Registration No. CS22616, and dispensing practitioner registration, Certificate of Registration No. PD27416

4. Lindsay Hoffman, PA-C (Hoffman), was employed by Trimcare from at least August 2018 to present. Hoffman held a controlled substance registration, Certificate of Registration No. CS 18262, and dispensing practitioner registration, Certificate of Registration No. PD

5. Bararia colluded with Khalek, Chancellor and Hoffman in the course of operating Trimcare to purchase, access, store, possess, administer, furnish, prescribe and/or dispense controlled substances and dangerous drugs under another practitioner's name, without the prescribing practitioner having a bona fide therapeutic relationship with patients, without the practitioner being present at the time prescriptions were dispensed, and/or otherwise falsely represent himself as a practitioner entitled to write prescriptions in this state.

APPLICABLE LAW

6. 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).

7. A prescription for a controlled substance may be issued only for a legitimate medical purpose and in the usual course of his or her professional practice by an individual practitioner who holds a DEA registration and is authorized to prescribe controlled substances by the jurisdiction in which he is licensed to practice his profession. 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03(a)(1); NRS 453.381(1).

8. It is unlawful for a practitioner to prescribe or dispense a controlled substance or dangerous drug except as authorized by law. NRS 453.226(1); NRS 453.321(1)(a); NRS

454.215; NRS 454.301, NRS 639.100(1); NRS 639.23505; NAC 453.410; NAC 639.742; NAC 639.745.

9. It is unlawful for a person to purchase, possess, administer or furnish a dangerous drug except as authorized by law. NRS 454.213(1); NRS 454.221; NRS 454.311; NRS 454.316; NRS 454.321 and/or NRS 454.356.

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)(c), (d), (f), (h) and (i).

11. Falsely representing oneself as a practitioner entitled to write prescriptions in this state is a felony offense. 21 U.S.C. § 841(a); 21 U.S.C. § 842(a); NRS 639.281(1); NRS 639.2813(1).

12. Conspiring to violate the Controlled Substances Act is a felony offense. 21 U.S.C. § 846; NRS 453.401(l)(a).

VIOLATIONS OF LAW ALLEGED

13. Bararia has purchased, accessed, stored, possessed, administered, furnished, prescribed and/or dispensed controlled substances and dangerous drugs and/or otherwise falsely represent himself as a practitioner entitled to write prescriptions in this state. This constitutes a violation of Nevada law, including NRS 453.226, NRS 453.316, NRS 453.321(1)(a), NRS 453.331 (1)(c)(d)(f)&(i), NRS 453.381(1), NRS 453.401(l)(a), NRS 454.213, NRS 454.215, NRS 454.221, NRS 454.311, NRS 454.316, NRS 454.321, NRS 639.100(1), NRS 639.235, NRS 639.23505, NRS 639.281, NRS 639.2813, and NRS 639.310. This also constitutes a violation of 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a), 21 U.S.C. § 846 and 21 CFR §§ 1306.03–1306.05.

14. Khalek, Chancellor and Hoffman have been charged in a corresponding administrative action, Case Nos. 19-003-A-S, 19-003-B-S, and 19-003-C-S.

NOTICE OF HEARING

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 639.2895(2). You have the right to a hearing before the Board to answer the allegations and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision.

The Board has scheduled your hearing on this matter for Wednesday, September 2, 2020, at 9:00 a.m. or soon thereafter. The hearing will occur at the at the Hilton Garden Inn located at 7830 South Las Vegas Blvd., Las Vegas, Nevada.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

DATED this 31st day of August, 2020.

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 4th day of August, 2020, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Vinay Kumar Bararia, MD
5375 S. Ft. Apache Rd., Ste. 103
Las Vegas, NV 89148

Vinay Kumar Bararia, MD
6850 N DURANGO DR #205
Las Vegas, NV 89149

E. Brent Bryson, Esq.
7730 W. Sahara Avenue – Suite 109
Las Vegas, NV 89117

SHIRLEY HUNTING

Nevada State Board of Pharmacy

985 Damonte Ranch Parkway, Suite 206 • Reno, NV 89521
PHONE (775) 850-1440 • FAX (775) 850-1444
E-mail: bkandt@pharmacy.nv.gov • Web Page: bop.nv.gov

July 7, 2020

VIA CERTIFIED U.S. MAIL AND PERSONAL SERVICE

Vinay Kumar Bararia, MD
Nevada Health Services, LLC aka Trimcare
5375 South Fort Apache Road, Suite 102
Las Vegas, NV 89148

Re: CEASE and DESIST/CITATION: Unlicensed Practice (Case No. 19-003-S)

Dear Dr. Bararia:

The Nevada State Board of Pharmacy (BOP) has determined that you are possessing, administering, prescribing and/or dispensing controlled substances and dangerous drugs for Nevada patients from your practice in violation of federal and state law. Specifically, you do not hold an active license from the Nevada State Board of Medical Examiners since surrendering your License No. 11355 on March 8, 2013, and you are not registered with the BOP.

You have violated, attempted to violate, assisted or abetted in the violation of or conspired to violate, without limitation, NRS 453.226, NRS 453.316, NRS 453.321(1)(a), NRS 453.331 (1)(c)(d)(f)&(i), NRS 453.381(1), NRS 453.401(l)(a), NRS 454.213, NRS 454.215, NRS 454.221, NRS 454.311, NRS 454.316, NRS 454.321, NRS 639.100(1), NRS 639.235, NRS 639.2355, NRS 639.2813, NRS 639.310, 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a), 21 U.S.C. § 846 and 21 CFR §§ 1306.03–1306.05.

You are hereby ordered pursuant to NRS 639.2895(1) to immediately CEASE and DESIST possessing, administering, prescribing and/or dispensing controlled substances and dangerous drugs for Nevada patients from your practice. This letter shall serve as a CITATION pursuant to NRS 639.2895(2) for your unlicensed practice. The Board has assessed you an administrative fine of five thousand dollars ($5,000.00) pursuant to NRS 639.2895(3).

You must pay this administrative fine within 30 days of receipt of this citation, or otherwise contact Board staff to request an alternative payment plan. Payment must be by *cashier's check*, *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received at the Board's Reno office, located at 985 Damonte Ranch Parkway – Suite 206, Reno, NV 89521.

You have the right to appeal this citation by submitting a written request for a hearing to the Board at the Board's Reno office no later than 30 days after receipt of this letter. *See* NRS 639.2895(2).

Please be aware that the forgoing does not preclude the filing of criminal charges. If you have any questions, please do not hesitate to contact me at 775-850-1440 or bkandt@pharmacy.nv.gov.

Regards,



Brett Kandt
General Counsel
Nevada State Board of Pharmacy

9171 9690 0935 0250 5392 65

E. Brent Bryson, LTD.
ATTORNEYS AT LAW

E. BRENT BRYSON, ESQ.

TELEPHONE 702-364-1234
FACSIMILE 702-364-1442
ebbesqltd@yahoo.com

7730 W. SAHARA AVE., SUITE 109
LAS VEGAS, NEVADA 89117

July 17, 2020

Sent Via Email and U.S. Mail

Brett Kandt, General Counsel
Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy., Suite 206
Reno, NV 89521

Re: Vinay Kumar Bararia, MD, Case No. 19-003-S

Dear Mr. Kandt,

This letter serves to inform you that this office has been retained by Vinay Kumar Bararia regarding the above case. Please have no further direct contact with Mr. Bararia regarding this matter. As previously stated during our telephonic conversation regarding this matter, Mr. Bararia denies all allegations contained in your July 7, 2020 correspondence.

Please also accept this letter as a request for a hearing pursuant to NRS 639-2895(2). As we also discussed, give the complexities of this case, this matter will be placed on calendar no earlier than December 2020.

Respectfully,

E. Brent Bryson, Esq.

Approved as to form and content:

Vinay Kumar Bararia, MD

Date: 7/17/2020

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (9/22/2021)

Where is the facility located?

- [x] Nevada
- [ ] Out-of-State

Type of Application (check applicable box)		Ownership Type (check applicable box)
[ ] New Pharmacy	* If making a change, provide current license number:	[ ] Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
[x] Ownership Change*		[x] Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
[ ] Location Change *	PH PHC02705	[ ] Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
[x] Name Change*		[ ] Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: American Wellness Pharmacy

Physical Address: 2775 S. Jones Blvd Ste 100A

City: Las Vegas State: NV Zip: 89146

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 702-405-9500 Toll Free # (NAC 639.708, NRS 639.23286): 855-405-9500

Fax: 702-405-9501 Contact Email: George@americanmalewellness.com

Website: americanwellnesspharmacy.com

Nevada Business License # (if applicable) 2000108-325

Supervising/Managing Pharmacist Name (NRS 639.220): Thomas Schotik

Supervising/Managing Pharmacist NV Pharmacist Registration #: 08312

Type of Pharmacy (check all applicable)

- [x] Retail/Community
- [ ] Hospital (# beds _____)
- [ ] Internet
- [ ] Nuclear
- [ ] Other: _____

Services the Pharmacy will Provide (check all applicable)

- [x] Retail/Community
- [x] Non-sterile Compounding
- [x] Sterile Compounding
- [ ] Mail-Order Service
- [ ] Off-site Cognitive Services
- [ ] Long Term Care
- [ ] Hospital
- [ ] Other:

Days of Operation

- [x] Monday
- [x] Tuesday
- [x] Wednesday
- [x] Thursday
- [x] Friday
- [x] Saturday
- [x] 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: THOMAS SCHOTT	NV Pharmacist Registration #: 9312
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.

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: N/A

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

State of Incorporation/Organization: Nevada

Parent Company (if any): _____

Corporation/Organization Name: Parasun Specialty Pharmacy Corp

Mailing Address: 2775 S Jones Blvd Ste 100H

City: Las Vegas State: NV Zip: 89146

Telephone: 702 463-9500 Email: george@americannaturalwellness.com

Contact Person Name: George Mannino

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Partnership Name: _____

Mailing Address: N/A

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

Owner's Name: _____

Business Name: N/A

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the OWNER (title) for American Wellness 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).

GEORGE MALDONADO

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

4/28/2022

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, GEORGE MAIORANO hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the OWNER (title) for American Wellness Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

STATE OF NEVADA
COUNTY OF CLARK
SUBSCRIBED AND SWORN TO
Before me, a notary public this 9TH day of MAY, 2022
BY. GEORGE JAMES MAIORANO

Notary Public

JOE MANCINI
Notary Public State of Nevada
County of Clark
APPT. NO. 22-1575-01
My App. Expires Feb. 1, 2026

Managing Pharmacist Name: THOMAS SCHOTIK Pharmacist Registration #: 08312

Pharmacy Name: AMERICAN WELLNESS PHARMACY

Initial each statement below to indicate you have read and agree with the following:

TS 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.

TS 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.

TS 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.

TS 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)).

TS 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

1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in <u>any</u> state?		X
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?		X
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?		X

If you marked YES to any questions above, include the following information and provide a <u>signed statement of explanation</u>. <u>Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.</u>

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Original signature of Managing Pharmacist (copies or stamps not accepted)

04/20/2022
Date

Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)**	✓	✓		
• **List the top four stockholders and their percent ownership. NRS 639.231(3)**	✓	✓		
• **List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)**		✓		
• **For General Partnerships, list the name of each partner. NAC 639.214(2)** • **For Limited Partnerships, list the names of (NAC 639.214(3)):** ○ **All General Partners;** ○ **All Limited Partners who hold 10% or more of the interest.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/. NAC 639.5005. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state.		✓	✓	✓
• **Personal History Record Application found at** http://bop.nv.gov/Services/newapps/Business/ must be completed by: **a. For Non-publicly traded** - The top 4 shareholder/stockholders. **b. For Partnerships** - All general partners; all limited partners who hold 10% or more of the interest. **c. For Sole Owner** - The owner.		✓	✓	✓
• **Submit a copy of your most recent pharmacy inspection** from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(f)	✓	✓	✓	✓
• **Submit a copy of your license, certification, permit or registration issued to your pharmacy** from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(a)	✓	✓	✓	✓
• **License Verification** by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the form here: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/2020%20ALL_LicenseVerificationForm(1).pdf **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2238(2)(g)	✓	✓	✓	✓
• **Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)**	✓	✓	✓	✓
• **Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)**	✓	✓	✓	✓
• **Transmit Controlled Substance Prescription Data-** Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

GEORGE MADRANO

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)

4/28/2022

Date

Board Use Only	Date Received: _____	Amount: $500 CC - Charged under American Wellness

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Annual or Amended List and State Business License Application - Continued

Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers:

CORPORATION, INDICATE THE DIRECTOR:

Name	Country
Eytan Klepach	USA

Address	City	State	Zip/Postal Code
2775 S. JONES BLVD 100A	Las Vegas	NV	89146

CORPORATION, INDICATE THE PRESIDENT:

Name	Country
GEORGE MAIORANO	USA

Address	City	State	Zip/Postal Code
2775 S. JONES BLVD 100A	LAS VEGAS	NV	89146

CORPORATION, INDICATE THE SECRETARY:

Name	Country
GEORGE MAIORANO	USA

Address	City	State	Zip/Postal Code
2775 S. JONES BLVD 100A	LAS VEGAS	NV	89146

CORPORATION, INDICATE THE TREASURER:

Name	Country
Eytan Klepach	USA

Address	City	State	Zip/Postal Code
2775 S. JONES BLVD 100A	Las Vegas	NV	89146

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 George Maiorano
Signature of Officer, Manager, Managing Member, General Partner, Managing Partner, Trustee, Subscriber, Member, Owner of Business, Partner or Authorized Signer *FORM WILL BE RETURNED IF UNSIGNED*

President
Title

05/02/2022
Date

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Annual or Amended List and State Business License Application

☐ ANNUAL ☑ AMENDED (check one)

List of Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers:

PRECISION SPECIALTY PHARMACY CORPORATION
NAME OF ENTITY

NV20101896648
Entity or Nevada Business Identification Number (NVID)

TYPE OR PRINT ONLY - USE DARK INK ONLY - DO NOT HIGHLIGHT

IMPORTANT: *Read instructions before completing and returning this form.*

Please indicate the entity type (check only one):

☑ Corporation
- ☐ This corporation is publicly traded, the Central Index Key number is:

☐ Nonprofit Corporation (see nonprofit sections below)

☐ Limited-Liability Company

☐ Limited Partnership

☐ Limited-Liability Partnership

☐ Limited-Liability Limited Partnership

☐ Business Trust

☐ Corporation Sole

Filed in the Office of	Business Number
Barbara K. Cegavske	**E0621132010-2**
	Filing Number
	20222295789
Secretary of State	Filed On
State Of Nevada	**05/03/2022 07:50:08 AM**
	Number of Pages
	2

Additional Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers, may be listed on a supplemental page.

CHECK ONLY IF APPLICABLE

Pursuant to NRS Chapter 76, this entity is exempt from the business license fee.

☐ 001 - Governmental Entity

☐ 006 - NRS 680B.020 Insurance Co, provide license or certificate of authority number

For nonprofit entities formed under NRS chapter 80: entities without 501(c) nonprofit designation are required to maintain a state business license, the fee is $200.00. Those claiming an exemption under 501(c) designation must indicate by checking box below.

☐ Pursuant to NRS Chapter 76, this entity is a 501(c) nonprofit entity and is exempt from the business license fee. Exemption Code 002

For nonprofit entities formed under NRS Chapter 81: entities which are Unit-owners' association or Religious, Charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C $ 501(c) are excluded from the requirement to obtain a state business license. Please indicate below if this entity falls under one of these categories by marking the appropriate box. If the entity does not fall under either of these categories please submit $200.00 for the state business license.

☐ Unit-owners' Association ☐ Religious, charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C. $501(c)

For nonprofit entities formed under NRS Chapter 82 and 80:Charitable Solicitation Information - check applicable box

Does the Organization intend to solicit charitable or tax deductible contributions?

☐ No - no additional form is required

☐ Yes - the "Charitable Solicitation Registration Statement" is required.

☐ The Organization claims exemption pursuant to NRS 82A 210 - the "Exemption From Charitable Solicitation Registration Statement" is required

****Failure to include the required statement form will result in rejection of the filing and could result in late fees.****

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, **PRECISION SPECIALTY PHARMACY CORPORATION**, as a DOMESTIC CORPORATION (78) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 12/27/2010, 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 05/03/2022.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202205032634558
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 & 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

George Maiorano
11254
Las Vegas, NV 89141, USA

Work Order #: W2022050300255
May 3, 2022
Receipt Version: 1

Special Handling Instructions:

Submitter ID: 153468

Charges

Description	Fee Description	Filing Number	Filing Date/Time	Filing Status	Qty	Price	Amount
Certificates	Fees	20222295790	5/3/2022 7:50:23 AM	Approved	1	$50.00	$50.00
Total							$50.00

Payments

Type	Description	Payment Status	Amount
Credit Card	6515893969686127203258	Success	$50.00
Total			$50.00

Credit Balance: $0.00

George Maiorano
11254
Las Vegas, NV 89141, USA

BARBARA K. CEGAVSKE
Secretary of State

KIMBERLEY PERONDI
Deputy Secretary for Commercial Recordings

STATE OF NEVADA

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George Maiorano
11254
Las Vegas, NV 89141, USA

Work Order #: W2022050300255
May 3, 2022
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Total			$50.00

Credit Balance: $0.00

George Maiorano
11254
Las Vegas, NV 89141, USA

BARBARA K. CEGAVSKE
Secretary of State

KIMBERLEY PERONDI
Deputy Secretary for Commercial Recordings

STATE OF NEVADA

OFFICE OF THE SECRETARY OF STATE

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North Las Vegas City Hall
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North Las Vegas, NV 89030
Telephone (702) 486-2880
Fax (702) 486-2888

Business Entity - Filing Acknowledgement

05/03/2022

Work Order Item Number:	W2022050300254 - 2100242
Filing Number:	20222295789
Filing Type:	Amended List
Filing Date/Time:	05/03/2022 07:50:08 AM
Filing Page(s):	2

Indexed Entity Information:

Entity ID: E0621132010-2

Entity Name: PRECISION SPECIALTY PHARMACY CORPORATION

Entity Status: Active

Expiration Date: None

Commercial Registered Agent
LEE ACCOUNTING SERVICES, LLC
8687 W. SAHARA AVE. SUITE 201, LAS VEGAS, NV 89117, 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

KIMBERLEY PERONDI
Deputy Secretary for Commercial Recordings

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George Maiorano
11254
Las Vegas, NV 89141, USA

Work Order #: W2022050300254
May 3, 2022
Receipt Version: 1

Special Handling Instructions:

Submitter ID: 153468

Charges

Description	Fee Description	Filing Number	Filing Date/Time	Filing Status	Qty	Price	Amount
Amended List	Fees	20222295789	5/3/2022 7:50:08 AM	Approved	1	$150.00	$150.00
Total							$150.00

Payments

Type	Description	Payment Status	Amount
Credit Card	6515893960686108703013	Success	$150.00
Total			$150.00

Credit Balance: $0.00

George Maiorano
11254
Las Vegas, NV 89141, USA

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 wellness Pharmacy

Physical Address 241 N Buffalo Dr #204

City Las Vegas State NV Zip 89145

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone N/A Website Americanwellnesspharmacy.com

Licensing Company Email evtan@americanmalewellness.com

Section 2: Personal Information

First THOMAS Middle JOHN Last SCHOTIK

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] SEAN DARIN CIRCLE

City LAS VEGAS State NV Zip 89146

Telephone [redacted] Email THOMAS@PRECISION.VEGAS

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		N/A
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		N/A
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		N/A

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 _____

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
IDAHO STATE UNIVERSITY		08/79 - 06/82	
Address: 921 SOUTH 8th AVENUE	City: POCATELLO	State: ID	Zip: 83209
Diploma/Degree obtained, if any: BS PHARMACY			

School Name		From - To (MM/YY – MM/YY)	
UNIVERSITY OF NEVADA AT LAS VEGAS UNLV		08/77 - 06/79	
Address: 4505 SOUTH MARYLAND PKY	City: LAS VEGAS	State: NV	Zip: 89154
Diploma/Degree obtained, if any:			

School Name		From - To (MM/YY – MM/YY)	
VALLEY HIGH SCHOOL		08/74 - 06/77	
Address: 2839 BURNHAM AVE.	City: LAS VEGAS	State: NV	Zip: 89169
Diploma/Degree obtained, if any: HIGH SCHOOL DIPLOMA			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/14 – PRESENT	[redacted] SEAN DARIN CIRCLE	LAS VEGAS	NV	89146
06/08 – 08/14	[redacted] CARTARO DRIVE	LAS VEGAS	NV	89103

Applicant's initials TS

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)
SMITH'S FOOD AND DRUG		08/82-02/20
Business Address	**City**	**State / Zip**
4015 SOUTH BUFFALO DRIVE	LAS VEGAS	NV 89147
Phone	**Title**	**Number of Employed Hours**
(702) 876-3215	PHARMACIST	~ 78,000

Description of Duties
ALL DUTIES OF STAFF AND MANAGING PHARMACIST OFF AND ON. INCLUDING BUT NOT LIMITED TO DISPENSING, CHECKING, COUNSELING PTS, FAXING AS RECORD KEEPING

Business Name		From - To (MM/YY – MM/YY)
Business Address	**City**	**State / Zip**
Phone	**Title**	**Number of Employed Hours**

Description of Duties

Business Name		From - To (MM/YY – MM/YY)
Business Address	**City**	**State / Zip**
Phone	**Title**	**Number of Employed Hours**

Description of Duties

Business Name		From - To (MM/YY – MM/YY)
Business Address	**City**	**State / Zip**
Phone	**Title**	**Number of Employed Hours**

Description 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 TS

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Applicant's initials TB

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, THOMAS SCHOTIK, **certify that as the designated representative for** AMERICAN WELLNESS 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

THOMAS SCHOTIK
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

02/05/2022
Date

Applicant's initials TS

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to 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, SCHOTIK

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

02/05/2022

Date

Please have this section completed in the presence of a Notary Public.

State of NEVADA, ss. County of CLARK

I, THOMAS SCHOTIK, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

02/05/2022

Date

Subscribed and Sworn to before me this 5 day of FEB. 2022.

BY: THOMAS SCHOTIK

Notary Public Signature

SEAN NEWMARK
Notary Public, State of Nevada
No. 13-10124-1
My Appt. Exp. Feb. 1, 2026

(Seal)

Applicant's initials

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler American Wellness Pharmacy

Physical Address _____

City _____ State _____ Zip _____

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website www.americanwellnesspharmacy.com

Licensing Company Email _____

Section 2: Personal Information

First Eytan Middle Vladislav Last Klepach

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] granger farm Way

City las Vegas State NV Zip 89145

Telephone [redacted] Email eytan@americanmalewellness.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 EK

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		City	State	From - To (MM/YY – MM/YY)
Hertzog High school		Holon	Israel	09/95 - 05/99
Address				Zip
Diploma/Degree obtained, if any: High school diploma				
School Name				From - To (MM/YY – MM/YY)
Open University		Tel-Aviv	Israel	09/03 - 05/05
Address				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
09/18 - Current	[redacted] granger farm Way	las Vegas	NV	89145
09/14 - 09/18	[redacted] Aston Martin Dr	las Vegas	NV	89117
09/12 - 09/14	[redacted] ceremony dr	las Vegas	NV	89117
09/10 - 09/12	[redacted] geyser hill dr	las Vegas	NV	89147
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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 EK

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)
Advanced Male Medical center inc		05/2017 - Current
Business Address	**City**	**State** / **Zip**
241 N Buffalo dr #200	las Vegas	NV / 89145
Phone	**Title**	
702-3477000	President	

Description of Duties: Owner of the company.

Business Name		From - To (MM/YY – MM/YY)
Percepto Managment corp.		08/2012 - Current
Business Address	**City**	**State** / **Zip**
3140 Polaris Ave #8	las Vegas	NV / 89102
Phone	**Title**	
702-6858080	President	

Description of Duties: Owner of 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:

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 EK

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 EK

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)

11/18/2021
Date

Applicant's initials EK

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Eytan Klepach
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/19/2021
Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, George Breaz, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

11/19/2021
Date

Subscribed and Sworn to before me this 19 day of November 2021.

Notary Public Signature

GEORGE BREAZ
Notary Public-State of Nevada
Appointment No. 18-2052-1
My Appointment Expires April 9, 2022

(Seal)

Applicant's initials _____

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler American Wellness Pharmacy

Physical Address 2775 S. Jones Blvd Ste 110A

City Las Vegas State NV Zip 89146

Mailing Address (if different from physical address) ~~—~~

City ~~—~~ State ~~—~~ Zip ~~—~~

Telephone 702-405-9500 Website americanwellnesspharmacy.com

Licensing Company Email ~~george@americanwellnesspharmacy.com~~ george@americanwellness.com

Section 2: Personal Information

First George Middle J Last Maitland

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN _____ Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] Tenaya Ct

City Las Vegas ~~NV~~ State NV Zip 89146

Telephone [redacted] Email george@precision.vegas

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		N/A

Applicant's initials GM

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
ROSEMAN UNIVERSITY			PRESENT	
Address		City	State	Zip
		LAS VEGAS	NV	
Diploma/Degree obtained, if any				
PRESENTLY ACCEPTED TO PHARM PROGRAM STARTING AUG 15, 2022				

School Name			From - To (MM/YY – MM/YY)	
ARIZONA STATE UNIVERSITY			01/20 - 06/22	
Address		City	State	Zip
		TEMPE	AZ	
Diploma/Degree obtained, if any				
MEDICINAL CHEM/BIOCHEM NO DEGREE				

School Name			From - To (MM/YY – MM/YY)	
MARIAN UNIVERSITY			09/17 - 12/19	
Address		City	State	Zip
		Indianapolis	IN	
Diploma/Degree obtained, if any				
PRE-MED NO DEGREE				

School Name			From - To (MM/YY – MM/YY)	
College of Southern Nevada			01/15 - 06/18	
Address		City	State	Zip
		Nevada	NV	
Diploma/Degree obtained, if any				
General Studies NO DEGREE				

School Name			From - To (MM/YY – MM/YY	
Colorado Technical University			01/03 - 06/05	
Address		City	State	Zip
		Colorado Springs	CO	
Diploma/Degree obtained, if any				
CRIMINAL JUSTICE NO DEGREE				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
09/2012 - PRESENT	[redacted] KENRICK	LAS VEGAS	NV	89141
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Precision Specialty Pharmacy			2012 - PRESENT	
Business Address	City	State	Zip	
2775 S. JONES BLVD STE 100A	LAS VEGAS	NV	89146	
Phone	Title			
702-405-9500	Managering / OWNER			
Description of Duties				
MANAGER / OWNER				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip	
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip	
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	City	State	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 _____

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	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) 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.

GEORGE MAIORANO

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

5/4/2022

Date

Please have this section completed in the presence of a Notary Public.

State of NEVADA, ss. County of CLARK

I, ~~JOE MANCINI~~ GEORGE JAMES MAIORANO, 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

5/9/2022

Date

Subscribed and Sworn to before me this 9TH day of MAY 2022

BY: GEORGE JAMES MAIORANO

Notary Public Signature

JOE MANCINI
Notary Public State of Nevada
County of Clark
APPT. NO. 22-1575-01
My App. Expires Feb. 1, 2026

(Seal)

7B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (9/22/2021)

Where is the facility located?

- [X] Nevada
- [ ] Out-of-State

Type of Application (check applicable box)		Ownership Type (check applicable box)
[X] 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_____	[X] 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: CaPsules Rx LLC

Physical Address: 3828-3830 Meadows Lane

City: Las Vegas State: Nevada Zip: 89107

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (818) 261-0097 Toll Free # (NAC 639.708, NRS 639.23286): _____

Fax: _____ Contact Email: CaPsulesRx@gmail.com

Website: _____

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Mana Mazlami

Supervising/Managing Pharmacist NV Pharmacist Registration #: 20584

Type of Pharmacy (check all applicable)

- [X] Retail/Community
- [ ] Hospital (# beds _____)
- [ ] Internet
- [ ] Nuclear
- [ ] Other: _____

Services the Pharmacy will Provide (check all applicable)

- [X] Retail/Community
- [X] Non-sterile Compounding
- [ ] Sterile Compounding
- [X] Mail-Order Service
- [ ] Off-site Cognitive Services
- [ ] Long Term Care
- [ ] Hospital
- [ ] Other:

Days of Operation

[X] Monday [X] Tuesday [X] Wednesday [X] Thursday [X] Friday [X] Saturday [X] 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: Mouna Mazloum	NV Pharmacist Registration #: 20584
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		X
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name:	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: Mona Mazlami & Ani Avetyan

Mailing Address: 1007 Rocky Coast Ct

City: Henderson State: NV Zip: 89002

Telephone: (818) 2101-097 Email: CaPsulesrx@gmail.com

Contact Person Name: Mona Mazlam

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 CO-owner (title) for Carsons RX LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Mouna Mazloumi
Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

03-16-2022
Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Mana Mazlami 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 CO-Owner (title) for CapSules Rx LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

STATE OF Nevada
County of clark

SUBSCRIBED AND SWORN TO
Before me, a notary public this 17 day of March, 2022

Ben Gill
Notary Public

Notary Public - State Of Nevada
COUNTY OF CLARK
BEN GILL
My Appointment Expires
July 9, 2025
No. 16-1928-1

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: Mouna Mazloumi Pharmacist Registration #: 20584

Pharmacy Name: Capsules Rx LLC

Initial each statement below to indicate you have read and agree with the following:

MM 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.

MM 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.

MM 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.

MM 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)).

MM I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	**Yes**	**No**
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in <u>any</u> state?		X
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?		X
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?		X

If you marked YES to any questions above, include the following information and provide a <u>signed statement of explanation</u>. <u>Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.</u>

Board Administrative Action:	**State:**	**Date:**	**Case #:**

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)

03-16-2022
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.

Mona Mazloumi

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)

03-16-2022

Date

Board Use Only	Date Received: _____	Amount: 500 cc

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, **Capsules Rx, 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 02/17/2022, 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 03/16/2022.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202203162495194
You may verify this certificate online at http://www.nvsos.gov

SECRETARY OF STATE

STATE OF NEVADA

NEVADA STATE BUSINESS LICENSE

Capsules Rx, LLC

Nevada Business Identification # NV20222375407

Expiration Date: 02/28/2023

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 02/17/2022.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202202172414394
You may verify this certificate online at http://www.nvsos.gov

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 **Capsules Rx, LLC** did, on 02/17/2022, 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 02/17/2022.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate
Number: B202202172414392
You may verify this certificate online at http://www.nvsos.gov

PARTNERSHIP AGREEMENT

THIS PARTNERSHIP AGREEMENT (the "Agreement") made and entered into this 23rd day of March, 2022 (the "Execution Date"),

BETWEEN:

Mouna Mazloumi of 1007 Rocky Coast Ct, Henderson, NV 89002, USA, and
Ani Avetyan of 17144 Vose St, Van Nuys, CA 91406, USA
(individually the "Partner" and collectively the "Partners").

BACKGROUND:

A. The Partners wish to associate themselves as partners in business.
B. This Agreement sets out the terms and conditions that govern the Partners within the Partnership.

IN CONSIDERATION OF and as a condition of the Partners entering into this Agreement and other valuable consideration, the receipt and sufficiency of which consideration is acknowledged, the parties to this Agreement agree as follows:

Formation

1. By this Agreement the Partners enter into a general partnership (the "Partnership") in accordance with the laws of The State of Nevada. The rights and obligations of the Partners will be as stated in the applicable legislation of The State of Nevada (the 'Act') except as otherwise provided in this Agreement.

Name

2. The firm name of the Partnership will be: Capsules Rx LLC.

Purpose

3. The purpose of the Partnership will be: Pharmacy.

Term

4. The Partnership will begin on March 23rd, 2022 and will continue until terminated as provided in this Agreement.

Place of Business

5. The principal office of the business of the Partnership will be located at 3828 Meadows Ln, Las Vegas, NV 89107, USA or such other place as the Partners may from time to time designate.

Initial Capital Contributions

6. Each of the Partners has contributed or will contribute to the capital of the Partnership, in cash or property or in non-monetary contributions in agreed upon value, as follows (the "Initial Capital Contribution"):

Partner	Contribution Description	Agreed Value
Mouna Mazloumi	- Time and effort: PIC, with an approximate value of $101,000.00 - Other: Business Management with an approximate amount of $ 49,000.00 Initials: MM AA	$150,000.00
Ani Avetyan	- Cash: $150,000.00	$150,000.00

7. All Partners must contribute their respective Initial Capital Contributions fully by March 23, 2022.

Additional Capital

8. The capital contribution of a Partner comprises that Partner's Initial Capital Contribution and any additional capital contribution (the "Additional Capital Contribution") made by that Partner to the Partnership at a later date (together the "Capital Contribution"). No Partner will be required to make an Additional Capital Contribution. When the Partnership requires additional capital, each Partner will have the opportunity to make an Additional Capital Contribution in proportion to that Partner's share of the total Capital Contributions to the Partnership. If an individual Partner is unwilling or unable to meet the additional contribution requirement within a reasonable period, as required by Partnership business obligations, then by a unanimous vote of the Partners the remaining Partner may contribute in proportion to their existing Capital Contributions to resolve the amount in default.

9. Any advance of money to the Partnership by any Partner in excess of the amounts provided for in this Agreement or subsequently agreed to as Additional Capital Contribution will be deemed a debt owed by the Partnership and not an increase in Capital Contribution of the Partner. This liability will be repaid with interest at rates and times to be determined by a majority of the Partners within the limits of what is required or permitted in the Act. This liability will not entitle the lending Partner to any increased share of the Partnership's profits nor to a greater voting power. Such debts may have preference or priority over any other payments to Partners as may be determined by a majority of the Partners.

Withdrawal of Capital

10. No Partner will withdraw any portion of their Capital Contribution without the express written consent of the remaining Partners.

Capital Accounts

11. An individual capital account (the "Capital Accounts") will be maintained for each Partner and their Initial Capital Contribution will be credited to this account. Any Additional Capital Contributions made by any Partner will be credited to that Partner's individual Capital Account.

Interest on Capital

12. No borrowing charge or loan interest will be due or payable to any Partner on their agreed Capital Contribution inclusive of any agreed Additional Capital Contributions.

Financial Decisions

13. Decisions regarding the distribution of profits, allocation of losses, and the requirement for Additional Capital Contributions as well as all other financial matters will be decided by a unanimous vote of the Partners.

Profit and Loss

14. Subject to the other provisions of this Agreement, the net profits and losses of the Partnership, for both accounting and tax purposes, will accrue to and be borne by the Partners in proportion to the Partner's Capital Contributions inclusive of any Additional Capital Contributions (the "Profit and Loss Contribution").

Books of Account

15. Accurate and complete books of account of the transactions of the Partnership will be kept in accordance with generally accepted accounting principles (GAAP) and at all reasonable times will be available and open to inspection and examination by any Partner. The books and records of the Partnership will reflect all the Partnership's transactions and will be appropriate and adequate for the business conducted by the Partnership.

Annual Report

16. As soon as practicable after the close of each fiscal year, the Partnership will furnish to each Partner an annual report showing a full and complete account of the condition of the Partnership. This report will consist of at least the following documents:

    a. a statement of all information as will be necessary for the preparation of each Partner's income or other tax returns;

    b. a copy of the Partnership's federal income tax returns for that fiscal year;

    c. supporting income statement;

    d. a balance sheet;

    e. a cash flow statement;

    f. a breakdown of the profit and loss attributable to each Partner; and

g. any additional information that the Partners may require.

Banking and Partnership Funds

17. The funds of the Partnership will be placed in such investments and banking accounts as will be designated by the Partners. All withdrawals from these bank accounts will be made by the duly authorized agent or agents of the Partners as agreed by unanimous consent of the Partners. Partnership funds will be held in the name of the Partnership and will not be commingled with those of any other person or entity.

Fiscal Year

18. The fiscal year will end on January 1 of each year.

Audit

19. Any of the Partners will have the right to request an audit of the Partnership books. The cost of the audit will be borne by the Partnership. The audit will be performed by an accounting firm acceptable to all the Partners. Not more than one (1) audit will be required by any or all of the Partners for any fiscal year.

Management

20. Except as all of the Partners may otherwise agree in writing, all actions and decisions respecting the management, operation and control of the Partnership and its business will be decided by a unanimous vote of the Partners.

Contract Binding Authority

21. Each Partner will have authority to bind the Partnership in contract.

Tax Elections

22. The Partnership will elect out of the application of Chapter 63 Subchapter C of the Internal Revenue Code of 1986, in each taxable year in which it is eligible to do so in accordance with Section 6221(b), by making that election in a timely filed return for such taxable year disclosing the name and taxpayer identification number of each Partner.

Meetings

23. Regular meetings of the Partners will be held only as required.

24. Any Partner can call a special meeting to resolve issues that require a vote, as indicated by this Agreement, by providing all Partners with reasonable notice. In the case of a special vote, the

meeting will be restricted to the specific purpose for which the meeting was held.

25. All meetings will be held at a time and in a location that is reasonable, convenient and practical considering the situation of all Partners.

Admitting a New Partner

26. No new Partners may be admitted into the Partnership.

Voluntary Withdrawal of a Partner

27. Any Partner will have the right to voluntarily withdraw from the Partnership at any time. Written notice of intention to withdraw must be served upon the remaining Partners at least three (3) months prior to the withdrawal date.

28. The voluntary withdrawal of a Partner will result in the dissolution of the Partnership.

29. A Dissociated Partner will only exercise the right to withdraw in good faith and will act to minimize any present or future harm done to the remaining Partners as a result of the withdrawal.

Involuntary Withdrawal of a Partner

30. Events resulting in the involuntary withdrawal of a Partner from the Partnership will include but not be limited to: death of a Partner; Partner mental incapacity; Partner disability preventing reasonable participation in the Partnership; Partner incompetence; breach of fiduciary duties by a Partner; criminal conviction of a Partner; Expulsion of a Partner; Operation of Law against a Partner; or any act or omission of a Partner that can reasonably be expected to bring the business or societal reputation of the Partnership into disrepute.

31. The involuntary withdrawal of a Partner will result in the dissolution of the Partnership.

32. A trustee in bankruptcy or similar third party who may acquire that Dissociated Partner's interest in the Partnership will only acquire that Partner's economic rights and interests and will not acquire any other rights of that Partner or be admitted as a Partner of the Partnership or have the right to exercise any management or voting interests.

Dissociation of a Partner

33. Where the dissociation of a Partner for any reason results in the dissolution of the Partnership then the Partnership will proceed in a reasonable and timely manner to dissolve the Partnership, with all debts being paid first, prior to any distribution of the remaining funds. Valuation and distribution will be determined as described in the Valuation of Interest section of this Agreement.

34. The remaining Partners retain the right to seek damages from a Dissociated Partner where the dissociation resulted from a malicious or criminal act by the Dissociated Partner or where the Dissociated Partner had breached their fiduciary duty to the Partnership or was in breach of this Agreement or had acted in a way that could reasonably be foreseen to bring harm or damage to the Partnership or to the reputation of the Partnership.

Dissolution

35. Except as otherwise provided in this Agreement, the Partnership may be dissolved only with the unanimous consent of all Partners.

Distribution of Property on Dissolution of Partnership

36. In the event of the dissolution of the Partnership, Partnership assets or liabilities will be shared according to the following dissolution distribution schedule, unless an Additional Capital Contribution has been made which changed the Initial Capital Contribution proportions of the Partners in which case the Partners will share the assets or liabilities in proportion to their respective Capital Contributions (the "Dissolution Distribution").

PARTNER	DISSOLUTION DISTRIBUTION PERCENT
Mouna Mazloumi	51%
Ani Avetyan	49%

37. Upon Dissolution of the Partnership and liquidation of Partnership Property, and after payment of all selling costs and expenses, the liquidator will distribute the Partnership assets to the following groups according to the following order of priority:

a. in satisfaction of liabilities to creditors except Partnership obligations to current Partners;

b. in satisfaction of Partnership debt obligations to current Partners; and then

c. to the Partners according to the Dissolution Distribution described above.

38. The claims of each priority group will be satisfied in full before satisfying any claims of a lower priority group. Any excess of Partnership assets after liabilities or any insufficiency in Partnership assets in resolving liabilities under this section will be shared by the Partners according to the Dissolution Distribution described above.

Valuation of Interest

39. In the absence of a written agreement setting a value, the value of the Partnership will be based on the fair market value appraisal of all Partnership assets (less liabilities) determined in accordance with generally accepted accounting principles (GAAP). This appraisal will be conducted by an independent accounting firm agreed to by all Partners. An appraiser will be appointed within a reasonable period of the date of withdrawal or dissolution. The results of the appraisal will be binding on all Partners. A withdrawing Partner's interest will be based on that Partner's proportion of the Dissolution Distribution described above, less any outstanding liabilities the withdrawing Partner may have to the Partnership. The intent of this section is to ensure the survival of the Partnership despite the withdrawal of any individual Partner.

40. No allowance will be made for goodwill, trade name, patents or other intangible assets, except where those assets have been reflected on the Partnership books immediately prior to valuation.

Goodwill

41. The goodwill of the Partnership business will be assessed at an amount to be determined by appraisal using generally accepted accounting principles (GAAP).

Title to Partnership Property

42. Title to all Partnership Property will remain in the name of the Partnership. No Partner or group of Partners will have any ownership interest in such Partnership Property in whole or in part.

Voting

43. Any vote required by the Partnership will be assessed where each Partner receives one vote carrying equal weight, unless an Additional Capital Contribution has been made which changed the Initial Capital Contribution proportions of the Partners in which case each Partner will have voting strength in proportion to Capital Contributions.

Force Majeure

44. A Partner will be free of liability to the Partnership where the Partner is prevented from executing their obligations under this Agreement in whole or in part due to force majeure, such as earthquake, typhoon, flood, fire, and war or any other unforeseen and uncontrollable event where the Partner has communicated the circumstance of said event to any and all other Partners and taken any and all appropriate action to mitigate said event.

Duty of Loyalty

45. No Partner will engage in any business, venture or transaction, whether directly or indirectly, that might be competitive with the business of the Partnership or that would be in direct conflict of interest to the Partnership without the unanimous written consent of the remaining Partners. Any and all businesses, ventures or transactions with any appearance of conflict of interest must be fully disclosed to all other Partners. Failure to comply with any of the terms of this clause will be deemed an Involuntary Withdrawal of the offending Partner and may be treated accordingly by the remaining Partners.

Duty of Accountability for Private Profits

46. Each Partner must account to the Partnership for any benefit derived by that Partner without the consent of the other Partners from any transaction concerning the Partnership or any use by that Partner of the Partnership property, name or business connection. This duty continues to apply to any transactions undertaken after the Partnership has been dissolved but before the affairs of the Partnership have been completely wound up by the surviving Partner or Partners or their agent or agents.

Duty to Devote Time

47. Each Partner will devote such time and attention to the business of the Partnership as the majority of the Partners will from time to time reasonably determine for the conduct of the Partnership business.

Actions Requiring Unanimous Consent of the Partners

48. The following list of actions will require the unanimous consent of all Partners:

    a. assigning check signing authority;

    b. committing the Partnership to new liabilities or obligations totaling over $5,000.00 USD;

    c. incurring single expenditures that exceed $5,000.00 USD;

    d. firing of any employee except in the case of gross misconduct that exposes the Partnership to possible liability; and

    e. endangering the ownership or possession of Partnership property.

49. Any losses incurred as a result of a violation of this section will be charged to and collected from the individual Partner that acted without unanimous consent and caused the loss.

Forbidden Acts

50. No Partner may do any act in contravention of this Agreement.

51. No Partner may permit, intentionally or unintentionally, the assignment of express, implied or apparent authority to a third party that is not a Partner in the Partnership.

52. No Partner may do any act that would make it impossible to carry on the ordinary business of the Partnership.

53. No Partner may confess a judgment against the Partnership.

54. No Partner will have the right or authority to bind or obligate the Partnership to any extent with regard to any matter outside the intended purpose of the Partnership.

55. Any violation of the above Forbidden Acts will be deemed an Involuntary Withdrawal of the offending Partner and may be treated accordingly by the remaining Partners.

Indemnification

56. All Partners will be indemnified and held harmless by the Partnership from and against any and all claims of any nature, whatsoever, arising out of a Partner's participation in Partnership affairs. A Partner will not be entitled to indemnification under this section for liability arising out of gross negligence or willful misconduct of the Partner or the breach by the Partner of any provisions of this Agreement.

Mediation

57. If any dispute relating to this Agreement between Partners, or between one or more Partners and the Partnership, is not resolved through formal discussion within 14 days from the date a dispute arises, the Partners agree to submit the issue first before a mediator. The decision of the mediator will be non-binding on the Partners. Any mediator must be a neutral party to all Partners. The cost of any mediation will be shared equally by the Partners.

Liability

58. A Partner will not be liable to the Partnership, or to any other Partner, for any mistake or error in judgment or for any act or omission done in good faith and believed to be within the scope of authority conferred or implied by this Agreement or the Partnership.

Liability Insurance

59. The Partnership may acquire insurance on behalf of any Partner, employee, agent or other person engaged in the business interest of the Partnership against any liability asserted against them or incurred by them while acting in good faith on behalf of the Partnership.

Life Insurance

60. The Partnership will have the right to acquire life insurance on the lives of any or all of the Partners, whenever it is deemed necessary by the Partnership. Each Partner will cooperate fully with the Partnership in obtaining any such policies of life insurance.

Amendments

61. This Agreement may not be amended in whole or in part without the unanimous written consent of all Partners.

Governing Law and Jurisdiction

62. This Agreement will be construed in accordance with and exclusively governed by the laws of The State of Nevada.

63. The Partners submit to the jurisdiction of the courts of The State of Nevada for the enforcement of this Agreement or any arbitration award or decision arising from this Agreement.

Definitions

64. For the purpose of this Agreement, the following terms are defined as follows:

a. "Additional Capital Contributions" means Capital Contributions, other than Initial Capital Contributions, made by Partners to the Partnership.

b. "Capital Contribution" means the total amount of cash or Property contributed to the Partnership by any one Partner.

c. "Dissociated Partner" means any Partner who is removed from the Partnership through a voluntary or involuntary withdrawal as provided in this Agreement.

d. "Expulsion of a Partner" can occur on application by the Partnership or another Partner, where it has been determined that the Partner:

i. has engaged in wrongful conduct that adversely and materially affected the Partnership's business;

ii. has willfully or persistently committed a material breach of this Agreement or of a duty owed to the Partnership or to the other Partners; or

iii. has engaged in conduct relating to the Partnership's business that makes it not reasonably practicable to carry on the business with the Partner.

e. "Initial Capital Contribution" means Capital Contributions made by any Partner to acquire an interest in the Partnership.

f. "Operation of Law" means rights or duties that are cast upon a party by the law, without any act or agreement on the part of the individual including, but not limited to, an assignment for the benefit of creditors, a divorce, or a bankruptcy.

Miscellaneous

65. Time is of the essence in this Agreement.

66. This Agreement may be executed in counterpart.

67. Headings are inserted for the convenience of the parties only and are not to be considered when interpreting this Agreement. Words in the singular mean and include the plural and vice versa. Words in the masculine gender include the feminine gender and vice versa. Words in the neuter gender include the masculine gender and the feminine gender and vice versa.

68. If any term, covenant, condition or provision of this Agreement is held by a court of competent jurisdiction to be invalid, void or unenforceable, it is the parties' intent that such provision be reduced in scope by the court only to the extent deemed necessary by that court to render the provision reasonable and enforceable and the remainder of the provisions of this Agreement will in no way be affected, impaired or invalidated as a result.

69. This Agreement contains the entire agreement between the parties. All negotiations and understandings have been included in this Agreement. Statements or representations which may have been made by any party to this Agreement in the negotiation stages of this Agreement may in some way be inconsistent with this final written Agreement. All such statements are declared to be of no value in this Agreement. Only the written terms of this Agreement will bind the parties.

70. This Agreement and the terms and conditions contained in this Agreement apply to and are binding upon the Partner's successors, assigns, executors, administrators, beneficiaries, and representatives.

71. Any notices or delivery required here will be deemed completed when hand-delivered, delivered by agent, or seven (7) days after being placed in the post, postage prepaid, to the parties at the addresses contained in this Agreement or as the parties may later designate in writing.

72. All of the rights, remedies and benefits provided by this Agreement will be cumulative and will not be exclusive of any other such rights, remedies and benefits allowed by law.

IN WITNESS WHEREOF the Partners have duly affixed their signatures under hand and seal on this 23rd day of March, 2022.

WITNESS: Barbara Maghamil

Mouna Mazloumi

Kris Chapanyan

WITNESS: Kris Chapanyan

Ani Avetyan

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Capsules Rx LLC

Physical Address 3828 - 3830 Meadows Lane

City Las Vegas State NV Zip 89107

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone (818) 261- 0097 Website _____

Licensing Company Email _____

Section 2: Personal Information

First Mouna Middle _____ Last Mazkoumi

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address [redacted] Rocky Coast Ct

City Henderson State NV Zip 89002

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.)		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 MM

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Roseman University of Health Sciences		07/17 - 05/20	
Address	City	State	Zip
11 Sunset Way	Henderson	NV	89014
Diploma/Degree obtained, if any			
PharmD / MBA			

School Name		From - To (MM/YY – MM/YY)	
University of California, Los Angeles		09/12 - 06/14	
Address	City	State	Zip
900 University Ave	Los Angeles	CA	90095
Diploma/Degree obtained, if any			
Bachelors of Arts, Psychology			

School Name		From - To (MM/YY – MM/YY)	
Los Angeles Pierce College,		09/10 - 06/16	
Address	City	State	Zip
6201 Winnetka Ave	Woodland Hills	CA	91367
Diploma/Degree obtained, if any			
Associates of sciences			

School Name		From - To (MM/YY – MM/YY)	
Taft high school			
Address	City	State	Zip
5461 Winnetka Ave	Woodland hills	CA	91364
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
10/20 - current	[redacted] Rocky Coast Ct	Henderson	NV	89002
12/16 - 10/20	[redacted] Crystal Lantern Dr	Henderson	NV	89074
01/12 - 12/16	[redacted] Malden St	Northridge	CA	91324

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)	
Sams Club Pharmacy			02/21 - Current	
Business Address		**City**	**State**	**Zip**
501 S Pecos Rd		Lasvegas	NV	89120
Phone	**Title**			
(702) 456-6171	Pharmacist			

Description of Duties
Verifying Prescription orders. Communicating with Physicians Providing Patients with health advice & drug information, supervising staff

Business Name			From - To (MM/YY – MM/YY)	
Summerlin hospital Medical center			08/18 - Current	
Business Address		**City**	**State**	**Zip**
1057 N Town Center Dr.		Las vegas	NV	89144
Phone	**Title**			
702-233-7000	Pharmacist			

Description of Duties
Working with Doctors & nurses to Provide the best Critical medical service to Patients in need.

Business Name			From - To (MM/YY – MM/YY)	
Chick-fil-A			01/17 - 7/17	
Business Address		**City**	**State**	**Zip**
9925 S Eastern Ave		Las vegas	NV	89183
Phone	**Title**			
(702) 684-6888	Team Lead			

Description of Duties
Working with team members to Povide the best Customer service to our Customers.

Business Name			From - To (MM/YY – MM/YY)	
Dens Restaurant Inc.			12/10 - 12/16	
Business Address		**City**	**State**	**Zip**
20002 Ventura Blvd		Woodland hills	CA	91364
Phone	**Title**			
(818) 340-7777	Restaurant Manager			

Description of Duties
I helped manage our Family restaurant. Provided customer service & helped lead the team of employees.

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 MM

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Mona Mazlumi
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

03-16-2022
Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Mona Mazlumi, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

03-17-2022
Date

Subscribed and Sworn to before me this 17 day of March, 2022

Notary Public Signature

Notary Public - State Of Nevada
COUNTY OF CLARK
BEN GILL
My Appointment Expires
July 9, 2025
No. 16-1938-1

(Seal)

Applicant's initials MM.

Nevada State Board Of Pharmacy

THIS STUB IS YOUR RECEIPT
MOUNA MAZLOUMI

Date: 10/17/2021
Amount: $ 210.00
License #: 20584

(ID Card)

Trim ID Card to fit your wallet

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Expires:10/31/2023

MOUNA MAZLOUMI

License #
20584
Active

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Cut Here

License Type: Pharmacist
License #: 20584

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

Expires: 10/31/2023
STATUS: Active

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

MOUNA MAZLOUMI

NONTRANSFERABLE
POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Capsules RX

Physical Address 3828 -3830 Meadows Ln

City Las Vegas State NV Zip 98107

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email _____

Section 2: Personal Information

First Ani Middle _____ Last Avetyan

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☑ F ☐ X

Mailing Address [redacted] Vose ST

City Lake Balboa State CA Zip 91406

Telephone [redacted] Email [redacted]@yahoo.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 AA

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
Roseman University				
Address		City	State	Zip
11 Sunset Way		Henderson	NV	89014
Diploma/Degree obtained, if any				
Pharm D MBA				

School Name			From - To (MM/YY – MM/YY)	
University of California Los Angeles Riverside			09/13 - 06/15	
Address		City	State	Zip
900 University Way		Los Angeles	CA	90095
Diploma/Degree obtained, if any				
BS Biology				

School Name			From - To (MM/YY – MM/YY)	
Los Angeles Valley College			09/10 - 08/13	
Address		City	State	Zip
5800 Fulton Ave		Van Nuys	CA	91401
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY)	
Verdugo Hills High School			09/05 - 06/09	
Address		City	State	Zip
10625 Planview Ave		Tujunga	CA	91042
Diploma/Degree obtained, if any				
High School				

School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/19 - current	[redacted] Vose St	Lake Balboa	CA	91406
06/06 - 10/19	[redacted] Rhodesia Ave	Sunland	CA	91040
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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: LVS Health			From - To (MM/YY – MM/YY): 12/20 - current
Business Address: 8900 Sepulveda Westway	City: Los Angeles	State: CA	Zip: 90045
Phone: 1800 - 2874 287	Title: PMEL / Pharmacist		
Description of Duties: Verify prescription orders, communicating with physicians, providing with health advice, and any information supervising 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			

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 MA

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Applicant's initials AA

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 MA

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Ani Avetyan
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

03/16/2022
Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Ani Avetyan, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

03/17/2022
Date

Subscribed and Sworn to before me this 17 day of March, 2022

Ben Gill
Notary Public Signature

Notary Public - State Of Nevada
COUNTY OF CLARK
BEN GILL
My Appointment Expires
July 9, 2025
No. 16-1938-1

(Seal)

Applicant's initials AA

7C

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: Indigo Pharmaceutical LLC

Physical Address: 270 S. Martin Luther King Blvd

City: Las Vegas State: NV Zip: 89106

Mailing Address (if different from physical address): N/A

City: N/A State: N/A Zip: N/A

Telephone: 516-761-1433 Toll Free # (NAC 639.708, NRS 639.23286): _____

Fax: _____ Contact Email: skoegel@indigopharmaceutical.com

Website: N/A

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Eric Sparks

Supervising/Managing Pharmacist NV Pharmacist Registration #: 19319 ✓ exp. 10/31/23

Type of Pharmacy (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Retail/Community	■ Retail/Community
☐ Hospital (# beds _____)	■ Non-sterile Compounding
☐ Internet	■ Sterile Compounding
☐ Nuclear	☐ Mail-Order Service
☐ Other: _____	☐ Off-site Cognitive Services
	☐ Long Term Care
	☐ Hospital
	☐ Other:

Days of Operation

■ Monday ■ Tuesday ■ Wednesday ■ Thursday ■ Friday ☐ Saturday ☐ Sunday

Name: Eric Sparks	NV Pharmacist Registration #: 19319
Name: N/A	NV Pharmacist Registration #: N/A
Name: N/A	NV Pharmacist Registration #: N/A
Name: N/A	NV Pharmacist Registration #: N/A
Name: N/A	NV Pharmacist Registration #: N/A
Name: N/A	NV Pharmacist Registration #: N/A
Name: N/A	NV Pharmacist Registration #: N/A
Name: N/A	NV Pharmacist Registration #: N/A
Name: N/A	NV Pharmacist Registration #: N/A
Name: N/A	NV Pharmacist Registration #: N/A
Name: N/A	NV Pharmacist Registration #: N/A

	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.

Name: N/A	Credentials: N/A	%: N/A
Name: N/A	Credentials: N/A	%: N/A
Name: N/A	Credentials: N/A	%: N/A
Name: N/A	Credentials: N/A	%: N/A
Name: N/A	Credentials: N/A	%: N/A

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

State of Incorporation: N/A

Parent Company (if any): N/A

Corporation Name: N/A

Mailing Address: N/A

City: N/A State: N/A Zip: N/A

Telephone: N/A Email: N/A

Contact Person Name: N/A

Date of SEC Registration: N/A | SEC Registration Number: N/A | Stock Exchange Symbol: N/A

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ■ No

State of Incorporation/Organization: N/A

Parent Company (if any): N/A

Corporation/Organization Name: N/A

Mailing Address: N/A

City: N/A State: N/A Zip: N/A

Telephone: N/A Email: N/A

Contact Person Name: N/A

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ■ No

Partnership Name: N/A

Mailing Address: N/A

City: N/A State: N/A Zip: N/A

Telephone: N/A Email: N/A

Contact Person Name: N/A

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Owner's Name: Sima Koegel

Business Name: Indigo Pharmaceutical LLC

Business Address: 270 S. Martin Luther King Blvd.

City: Las Vegas State: NV Zip: 89106

Telephone: 516-761-1433 Email: skoegel@indigopharmaceutical.com

Statement of Responsibility

1. I am the Sole Owner (title) for Indigo Pharmaceutical LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Sima Koegel

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

2/23/2022

Date

[redacted]

Affidavit for Pharmacy License

I, Sima Koegel 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 Sole Owner (title) for Indigo Pharmaceutical LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 24th day of February, 2022

Notary Public

SUSANA KAYKOV
NOTARY PUBLIC, STATE OF NEW YORK
QUALIFIED IN QUEENS COUNTY
REG. #01KA6249050
MY COMM. EXP. OCT. 3, 2023

Managing Pharmacist Name: Eric Sparks Pharmacist Registration #: 19319

Pharmacy Name: Indigo Pharmaceutical LLC

Initial each statement below to indicate you have read and agree with the following:

ES 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.

ES 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.

ES 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.

ES 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)).

ES 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

	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>

N/A	N/A	N/A	N/A

N/A	N/A	N/A	N/A	N/A	N/A

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Original signature of Managing Pharmacist (copies or stamps not accepted)

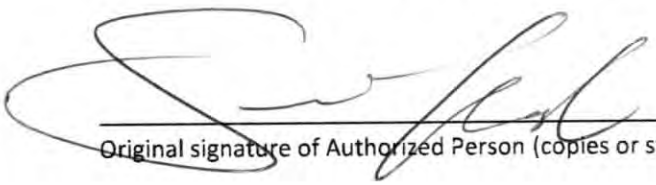
02/28/2022
Date

• **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.

Sima Koegel

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215



Original signature of Authorized Person (copies or stamps not accepted)

2/24/22

Date

Board Use Only	Date Received: _____	Amount: 500 cc ✓ Roaming 3/16/22

SECRETARY OF STATE

STATE OF NEVADA

NEVADA STATE BUSINESS LICENSE

Indigo Pharmaceutical, LLC

Nevada Business Identification # NV20222333127
Expiration Date: 01/31/2023

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 01/21/2022.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202201212327441
You may verify this certificate online at http://www.nvsos.gov

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Initial List and State Business License Application

Initial List Of Officers, Managers, Members, General Partners, Managing Partners, or Trustees:

Indigo Pharmaceutical, LLC

NAME OF ENTITY

TYPE OR PRINT ONLY - USE DARK INK ONLY - DO NOT HIGHLIGHT

IMPORTANT: *Read instructions before completing and returning this form.*

Please indicate the entity type (check only one):

- ☐ Corporation
  - ☐ This corporation is publicly traded, the Central Index Key number is:
- ☐ Nonprofit Corporation (see nonprofit sections below)
- ☑ Limited-Liability Company
- ☐ Limited Partnership
- ☐ Limited-Liability Partnership
- ☐ Limited-Liability Limited Partnership (if formed at the same time as the Limited Partnership)
- ☐ Business Trust

Filed in the Office of	Business Number
Barbara K. Cegavske	**E20415382022-7**
	Filing Number
	20222041539
Secretary of State	Filed On
State Of Nevada	**01/21/2022 14:49:49 PM**
	Number of Pages
	2

Additional Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers, may be listed on a supplemental page.

CHECK ONLY IF APPLICABLE

Pursuant to NRS Chapter 76, this entity is exempt from the business license fee.

- ☐ 001 - Governmental Entity
- ☐ 006 - NRS 680B.020 Insurance Co, provide license or certificate of authority number

For nonprofit entities formed under NRS chapter 80: entities without 501(c) nonprofit designation are required to maintain a state business license, the fee is $200.00. Those claiming and exemption under 501(c) designation must indicate by checking box below.

- ☐ Pursuant to NRS Chapter 76, this entity is a 501(c) nonprofit entity and is exempt from the business license fee. Exemption Code 002

For nonprofit entities formed under NRS Chapter 81: entities which are Unit-owners' association or Religious, Charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C $ 501(c) are excluded from the requirement to obtain a state business license. Please indicate below if this entity falls under one of these categories by marking the appropriate box. If the entity does not fall under either of these categories please submit $200.00 for the state business license.

- ☐ Unit-owners' Association
- ☐ Religious, charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C. $501(c)

For nonprofit entities formed under NRS Chapter 82 and 80:Charitable Solicitation Information - check applicable box

Does the Organization intend to solicit charitable or tax deductible contributions?

- ☐ No - no additional form is required
- ☐ Yes - the *Charitable Solicitation Registration Statement* is required.
- ☐ The Organization claims exemption pursuant to NRS 82A 210 - the *Exemption From Charitable Solicitation Registration Statement* is required

****Failure to include the required statement form will result in rejection of the filing and could result in late fees.****

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Initial List and State Business License Application - Continued

Officers, Managers, Members, General Partners, Managing Partners or Trustees:

CORPORATION, INDICATE THE MANAGER:

Name	Country
Sima Koegel	USA

Address	City	State	Zip/Postal Code
270 S. Martin Luther King Boulevard	Las Vegas	NV	89106

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 James M. Duggan
Signature of Officer, Manager, Managing Member, General Partner, Managing Partner, Trustee, Member, Owner of Business, Partner or Authorized Signer *FORM WILL BE RETURNED IF UNSIGNED*

Organizer
Title

01/21/2022
Date

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Name of Pharmacy/MDEG/Wholesaler Indigo Pharmaceutical LLC

Physical Address 270 S. Martin Luther King Blvd

City Las Vages State NV Zip 89106

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 516-761-1433 Website N/A

Licensing Company Email skoegel@indigopharmaceutical.com

First Sima Middle _____ Last Koegel

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ■ F ☐ X

Mailing Address [redacted] Arlington Road

City Cedarhurst State NY Zip 11516

Telephone [redacted] Email Skoegel@indigopharmaceutical.com

Are you a citizen of the United States? ■ Yes ☐ No

	Yes	No
1. Have you ever served on active 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

	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 SK

School Name			From - To (MM/YY – MM/YY)	
CUNY Brooklyn College Graduate Program			2014-2016	
Address		City	State	Zip
2900 Bedford Ave		Brooklyn	NY	11210
Diploma/Degree obtained, if any				
MA - Industrial Organizational Psychology				

School Name			From - To (MM/YY – MM/YY)	
CUNY Queens College			2011-2013	
Address		City	State	Zip
65-30 Kissena Blvd		Queens	NY	11367
Diploma/Degree obtained, if any				
BS - Psychology				

School Name			From - To (MM/YY – MM/YY)	
Torag Academy for Girls			2006-2010	
Address		City	State	Zip
636 Lanett Ave		Queens	NY	11691
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
2018-Present	[redacted] Arlington Road	Cedarhurst	NY	11516
From - To (MM/YY – MM/YY)	Address	City	State	Zip
2014-2018	[redacted] Oriental Blvd #[redacted]	Brooklyn	NY	11235
From - To (MM/YY – MM/YY)	Address	City	State	Zip
2011-2014	[redacted] Broadway	Woodmere	NY	11598
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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 SK

Business Name		From - To (MM/YY – MM/YY)	
ARX, Accurate RX Specialty Pharmacy Corp		2013-Present	
Business Address	**City**	**State**	**Zip**
85-48 118th Street	Kew Gardens	NY	11415
Phone	**Title**		
718-441-5474	COO		
Description of Duties			
Design and implement business operations, establish policies that promote company culture and vision, and oversee operations of the company and the work of all 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			

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 SK

	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 SK

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

SIMA KOEGEL

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

02/24/2022

Date

Please have this section completed in the presence of a Notary Public.

State of New York, ss. County of Queens

I, Sima Koegel, 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 24th day of February.

Notary Public Signature

SUSANA KAYKOV
NOTARY PUBLIC, STATE OF NEW YORK
QUALIFIED IN QUEENS COUNTY
REG. #01KA6249050
MY COMM. EXP. OCT. 3, 2015
2023

(Seal)

Applicant's initials SK

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 Indigo Pharmaceutical, LLC

Physical Address 270 S Martin Luther King Blvd

City Las Vegas State Nevada Zip 89106

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 954-557-0061 Website indigopharmaceutical.com

Licensing Company Email Licensing@indigopharmaceutical.com

Section 2: Personal Information

First Bruce Middle Scott Last Fromhoff

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted] Whittingham Court

City Las Vegas State NV Zip 89144

Telephone [redacted] Email bruce@indigopharmaceutical.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 BF BF

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
Broward College				
Address		**City**	**State**	**Zip**
3501 Davie Rd		Davie	FL	33314
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY)	
Academy Senior High			9/82 - 6/84	
Address		**City**	**State**	**Zip**
		Davie	FL	33314
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
01/22 - 02/22	[redacted] Whittingham Court	Las Vegas	NV	89114
09/03 - 01/22	[redacted] NW 3rd Street	Plantation	FL	33324
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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 BF

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)	
KRS Global Biotechnology			Dec. 2013 – Present	
Business Address		**City**	**State**	**Zip**
791 Park of Commerce Blvd		Boca Raton	FL	33487
Phone	**Title**		**Number of Employed Hours**	
888-502-2050	Operations		16,640	
Description of Duties				
Oversaw the operations of the company				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description 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 BF BF

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 BF BF

I, Bruce Fromhoff, **certify that as the designated representative for**

Indigo Pharmaceutical, 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

Bruce Fromhoff

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

02/25/2022

Date

Applicant's initials BF BF

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Bruce Fromhoff

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

02/25/2022

Date

Please have this section completed in the presence of a Notary Public.

State of NEVADA, ss. County of CLARK

I, Bruce Fromhoff, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

02/25/2022

Date

Subscribed and Sworn to before me this 25 day of February, 2022

Notary Public Signature

NICOLE MILLER
Notary Public, State of Nevada
No. 20-4951-01
My Appt. Exp. Sept. 2, 2024
(Seal)

Applicant's initials BF BF

7D

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 03434	☐ 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: GTMI Corporation DBA KabaFusion NV

Physical Address: 1510 W Sunset Rd., Suite 120

City: Henderson State: NV Zip: 89014

Mailing Address (if different from physical address): 17777 Center Court Drive, Suite 550

City: Cerritos State: CA Zip: 90713

Telephone: (702) 476-6996 Toll Free # (NAC 639.708, NRS 639.23286): (800) 435-3020

Fax: (702) 476-6766 Contact Email: KabafusionLicensing@kabafusion.com

Website: www.KabaFusion.com

Nevada Business License # (if applicable) NV20141589594

Supervising/Managing Pharmacist Name (NRS 639.220): Tram Nguyen

Supervising/Managing Pharmacist NV Pharmacist Registration #: 20053

Type of Pharmacy (check all applicable)

☒ Retail/Community

☐ Hospital (# beds _____)

☐ Internet

☐ Nuclear

☐ Other: _____

Services the Pharmacy will Provide (check all applicable)

☒ Retail/Community

☐ Non-sterile Compounding

☒ Sterile Compounding

☐ Mail-Order Service

☐ Off-site Cognitive Services

☐ Long Term Care

☐ Hospital

☐ Other:

Days of Operation

☒ Monday ☒ Tuesday ☒ Wednesday ☒ Thursday ☒ Friday ☐ Saturday ☐ Sunday

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Jennifer Lindgren	NV Pharmacist Registration #: 19339
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		X
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Nevada

Parent Company (if any): KabaFusion Holdings, LLC

Corporation/Organization Name: GTMI Corporation

Mailing Address: 17777 Center Court Dr., Suite 550

City: Cerritos State: CA Zip: 90703

Telephone: 800-435-3020 Email: KabaFusionLicensing@KabaFusion.com

Contact Person Name: Deena Hochmuth

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the President/CEO (title) for GTMI Corporation DBA KabaFusion NV (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).

Dr. Sohail Masood, Pharm.D., President/CEO

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

6/14/2023

Date

N/A

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, _____ 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 _____ (title) for _____ (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

_____
Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this _____ day of _____, 20_____

_____
Notary Public

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: TRAM NGUYEN Pharmacist Registration #: 20053

Pharmacy Name: GTMI Corporation DBA KabaFusion NV

Initial each statement below to indicate you have read and agree with the following:

TN 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.

TN 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.

TN 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.

TN 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)).

TN I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in <u>any</u> state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?		✓
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?		✓

If you marked YES to any questions above, include the following information and provide a <u>signed statement of explanation</u>. <u>Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.</u>

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Original signature of Managing Pharmacist (copies or stamps not accepted)

4/25/2022
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.

Dr. Sohail Masood, Pharm.D., President/CEO

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)

6/14/2022
Date

Board Use Only	Date Received: _____	Amount: $500 Check 9762

GTMI Corporation

DBA

KabaFusion NV

List of Directors and Officers

2494

GTMI Corporation DBA KabaFusion NV	Pharmacy Location, NPI, and NCPDP
TIN: 47-1856692	1510 W. Sunset Rd., Suite 120, Henderson, NV 89014 [NPI: 1992173033; NCPDP: 2993966]

Direct Ownership of 5% or More	Name of Owner	Shareholder	% Interest	Address	TIN	DOB/DOF
Individuals - None						
Companies	KabaFusion Holdings LLC	Shareholder of GTMI Corporation	100%	17777 Center Court Drive, Suite 550, Cerritos, CA 90703	27-3572421	9/30/2010

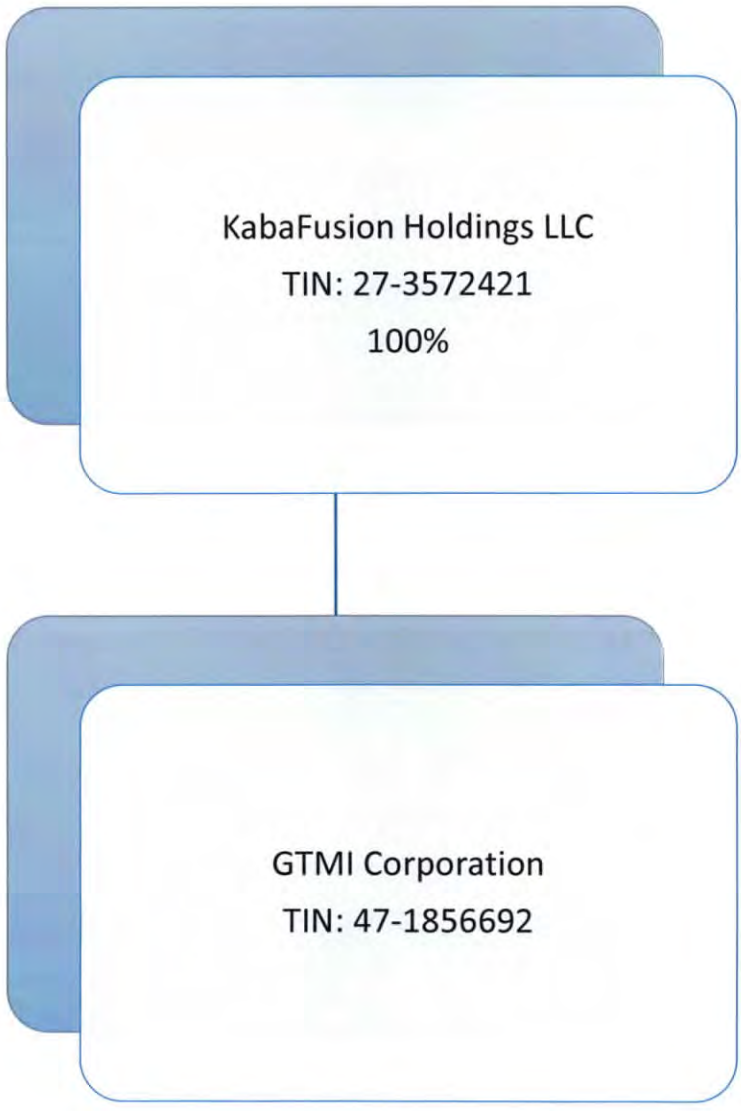
Additional Information

Officers, Directors, and Pharmacist in Charge of GTMI Corporation DBA KabaFusion NV		% Interest	Address	SSN	DOB
Sohail Masood, Pharm. D.	Director/CEO/President	Less than 5% Indirect	17777 Center Court Drive, Suite 550 Cerritos, CA 90703	[redacted]	
Sohail Merchant	Director/CFO	Less than 5% Indirect	17777 Center Court Drive, Suite 550 Cerritos, CA 90703		
Aslam Masood	Director/Secretary	0% Direct or Indirect	17777 Center Court Drive, Suite 550 Cerritos, CA 90703		
Tina Benkendorfer, Pharm. D.	Chief Operating Officer	0% Direct or Indirect	17777 Center Court Drive, Suite 550 Cerritos, CA 90703		
Tram Nguyen, RPh	Designated Representative	0% Direct or Indirect	1510 W. Sunset Rd., Suite 120, Henderson, NV 89014		
Jennifer Lindgren, Pharm.D.	Pharmacist in Charge	0% Direct or Indirect	1510 W. Sunset Rd., Suite 120, Henderson, NV 89014		

GTMI Corporation
DBA
KabaFusion NV
Top Four Stockholders
And
Percentage of Ownership

KabaFusion
Patient-Focused Infusion Therapy

The pharmacy located at 1510 W Sunset Rd., #120, Henderson, NV 89014 is 100% owned by GTMI Corporation DBA KabaFusion NV and GTMI Corporation DBA KabaFusion NV is 100% owned by KabaFusion Holdings, LLC.



CORPORATE (WEST COAST)
17777 Center Court Dr., Ste. 550, Cerritos, CA 90703
P: 800-435-3020 F: 562-860-6017

CORPORATE (EAST COAST)
80 Hayden Ave., Suite 300, Lexington, MA 02421
P: 844-777-4844 F: 781-862-2002

www.KabaFusion.com

GTMI Corporation

DBA

KabaFusion NV

Stockholders who own 10% or more shares

KabaFusion
Patient-Focused Infusion Therapy

The pharmacy is 100% owned by GTMI Corporation DBA KabaFusion NV and GTMI Corporation DBA KabaFusion NV is 100% owned by KabaFusion Holdings, LLC.

KabaFusion Holdings, LLC is 100% owned by KabaFusion PPC Parent, LLC and KabaFusion PPC Parent, LLC is 100% owned by KabaFusion PPC Holdings, LLC. The top stockholders of KabaFusion PPC Holdings LLC over 10% are:

1. PPC Fund II LP: ~ 43.4%
2. PG - KabaFusion LLC: ~32.9%

No individual owns 10% or more of KabaFusion PPC Holdings LLC.

CORPORATE (WEST COAST)
17777 Center Court Dr., Ste. 550, Cerritos, CA 90703
P: 800-435-3020 F: 562-860-6017

CORPORATE (EAST COAST)
80 Hayden Ave., Suite 300, Lexington, MA 02421
P: 844-777-4844 F: 781-862-2002

www.KabaFusion.com

GTMI Corporation

DBA

KabaFusion NV

Certificate of Good Standing

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada 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, **GTMI CORPORATION**, as a DOMESTIC CORPORATION (78) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 09/16/2014, and is in good standing in this state.

I further certify that the above DOMESTIC CORPORATION (78) 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 06/06/2022.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202206062721970
You may verify this certificate online at http://www.nvsos.gov

GTMI Corporation

DBA

KabaFusion NV

DBA Name Approval

LYNN MARIE GOYA
Clark County Clerk
200 Lewis Ave
Las Vegas, Nevada 89155
(702) 671-0500
http://www.clarkcountynv.gov/clerk/

1781041

Date Received:	6/22/2022 12:55:07PM
Location:	MB
Return Code:	MAIL
Trans Type:	Recording
Cashier:	PEOPLEST

Receipt #: 1492018
Cashier Date: 6/22/2022 1:00:45PM
Print Date: 6/22/2022 1:00:49PM

CUSTOMER INFORMATION

KABAFUSION NV
1510 W SUNSET RD STE 120
HENDERSON, NV 89014

PAYMENT SUMMARY

Total Fees:	$25.00
Total Payments:	$25.00
Balance Due:	$0.00
Cash Tendered:	
Change:	$0.00

Payment

CHECK	**#226830**	$25.00

Fictitious Firm Name

FFN CERTIFICATE

DOC #: 202206221008546 Pages: 1 Date: 6/22/2022 1:00:44PM Owner Name GTMI CORPORATION Assumed or Fictitious Name KABAFUSION NV

Fees	*(FFN) FFN CERTIFICATE*	25.00

FFN - #: 202206221008546 - Fees: $25.00 - 06/22/2022 01:00:44 PM - Receipt #: 1492018 - Filed By: PEOPLEST - Pgs: 1 - LYNN MARIE GOYA, CLARK COUNTY CLERK

Office of the Clark County Clerk
Lynn Marie Goya

Please Select One:
☑ New Application
☐ Renewal of existing Fictitious Firm Name

Certificate of Business: Fictitious Firm Name

Please Print or Type

The expiration date for such certificates shall expire after five years from the date of filing.

The undersigned do/does hereby certify that they are conducting business in Clark County, Nevada, under the

Fictitious Firm Name: KABAFUSION NV

Mailing Address: 1510 W Sunset Rd Ste 120, Henderson, NV 89014
(Mailing Address for notification of renewal) Mailing Address City, State, Zip

Owner (Sole Proprietor or Registered Legal Entity): GTMI Corporation
(Must print name exactly as it is registered with the Nevada Secretary of State)

and that said firm is composed of the following person(s) whose name(s) and address(es) are as follows:

Signed By: Sohail Masood — Signature — 6/14/2022
Full Name of Authorized Signer — Signature — Date

510 W Sunset Rd Ste 120, Henderson, NV 89014
Street Address of Business or Residence — City, State, Zip

Signed By: _____ — _____ — _____
(Use if needed) Full Name of Authorized Signer — Signature — Date

_____ — _____
Street Address of Business or Residence — City, State, Zip

By signing above, I declare (or affirm), under penalty of perjury, that all statements made in this document are true, and that I have authority to sign on behalf of and to bind the above named business/legal entity to a contract.

For additional signatures, please use additional pages

STATE OF Massachusetts
COUNTY OF Middlesex } SS:

This instrument was acknowledged before me on 6/14/2022 (Date)

by Sohail Masood
(Name of individual(s) whose signature(s) is/are being notarized)

Joshua Robert Darakjian
Notary Public
COMMONWEALTH OF MASSACHUSETTS
My Commission Expires
02/03/2028

Joshua R Darakjian
Signature of Notary Public/Deputy Clerk

RECEIVED
JUN 21 2022
COUNTY CLERK

M81041

Mail to: Clark County Clerk's Office, Attn. FFN, Box 551604, Las Vegas NV 89155-1604
Include: Filing Fee of $25.00 payable to County Clerk, completed certificate and a self-addressed stamped envelope.

Rev 01/2021

GTMI Corporation

DBA

KabaFusion NV

Current Designated Representative

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 GTMI Corporation DBA KabaFusion NV

Physical Address 1510 W Sunset Rd., Suite 120

City Henderson State NV Zip 89014

Mailing Address (if different from physical address) 17777 Center Court Drive, Suite 550

City Cerritos State CA Zip 90713

Telephone (702) 476-6996 Website www.KabaFusion.com

Licensing Company Email KabafusionLicensing@kabafusion.com

Section 2: Personal Information

First TRAM Middle _____ Last NGUYEN

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☑ F ☐ X

Mailing Address 17777 Center Court Drive, Suite 550

City Cerritos State CA Zip 90703

Telephone _____ Email _____

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

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 TN

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Roseman University		05/2015 – 05/2018	
Address	**City**	**State**	**Zip**
11 Sunset Way	Henderson	NV	89014
Diploma/Degree obtained, if any			
Doctor of Pharmacy			
School Name		**From - To (MM/YY – MM/YY)**	
College of Southern Nevada		05/2011 – 08/2015	
Address	**City**	**State**	**Zip**
6375 W Charleston Blvd	Las Vegas	NV	89146
Diploma/Degree obtained, if any			
Associates 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
08/19 – 05/22	[redacted] Village Hills St	Las Vegas	NV	89147
2/17 – 8/19	[redacted] Little Valley	Las Vegas	NV	89147
2/12 – 2/17	[redacted] Meridale 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

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: Las Vegas Infusion Pharmacy				From - To (MM/YY – MM/YY): 10/19 – current
Business Address: 1510 W Sunset Rd, Ste 120		City: Henderson	State: NV	Zip: 89014
Phone: 702-476-6996	Title: Clinical Pharmacist			Number of Employed Hours: 2664
Description of Duties: – Ensured implementation of therapeutic regimens and monitoring plans by taking appropriate & follow up actions				

Business Name: Solution Specialty Pharmacy				From - To (MM/YY – MM/YY): 10/15 – current
Business Address: 8579 S Eastern Ave		City: Las Vegas	State: NV	Zip: 89123
Phone: 702-792-3777	Title: Staff Pharmacist			Number of Employed Hours: 1713
Description of Duties: Provided effective medication and practice related educations to patients				

Business Name: Encompass Health Rehabilitation				From - To (MM/YY – MM/YY): 4/2019 – current
Business Address: 9175 W Oquendo Rd		City: Las Vegas	State: NV	Zip: 89148
Phone: 702-252-7342	Title: Pharmacist			Number of Employed Hours: 1929.56
Description of Duties: – Attended multidisciplinary rounds on patient and adjusted treatment plans for patient				

Business Name: Total Infusion Care				From - To (MM/YY – MM/YY): 2/19 – 10/19
Business Address: 3041 W Horizon Ridge Pkwy #100		City: Henderson	State: NV	Zip: 89052
Phone: 702-778-8880	Title: Pharmacist			Number of Employed Hours: 253
Description of Duties: Ensure safe and effective patient care by recommending & appropriate therapy				

Business Name: Wellcare Pharmacy				From - To (MM/YY – MM/YY): 2/19 – 10/19
Business Address: 3300 W Charleston Blvd #A		City: Las Vegas	State: NV	Zip: 89102
Phone: 702 553 2575	Title: Pharmacist			Number of Employed Hours: 113.4
Description of Duties: Ensure the continuity of care during patient transitions between different healthcare settings.				

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 TN

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 NL

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

4/25/2022
Date

Applicant's initials TN

I, Tram Nguyen, **certify that as the designated representative for**

GTMI Corporation DBA Kabafusion NV,

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

TRAM NGUYEN

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/25/2022

Date

Applicant's initials TN

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

TRAM NGUYEN

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/25/2022

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, TRAM NGUYEN, 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

4/25/2022

Date

State of Nevada
County of Clark
Subscribed and Sworn to before me this 25 day of April, 2022 By, Tram Nguyen

Notary Public Signature

AMANDA MCKIERNAN
Notary Public - State of Nevada
County of Clark
APPT. NO. 19-1357-1 (Seal)
My App. Expires Jan. 29, 2023

Applicant's initials TN

GTMI Corporation

DBA

KabaFusion NV

Change of Managing Pharmacist Application

NEVADA STATE BOARD OF PHARMACY

985 DAMONTE RANCH PKWY, SUITE 206 – RENO, NV 89521 - (775) 850-1440

This application cannot be returned by fax or email.
We must have an original signature and fee to process.

CHANGE OF MANAGING PHARMACIST FORM

Registration Fee: $50.00

(non-refundable money order or cashier's check only, no cash or business check's)

*This form is only required for pharmacies physically located in Nevada. We only require written notification from an out-of-state pharmacy for a manager change.

General Information

**Nevada Pharmacy Board License #: PH03434

**(Do not use your RPH, NPI or DEA number. Number begins with a PH, IA, IB)

Pharmacy Name: GTMI Corporation DBA KabaFusion NV Store #: _____

Address: 1510 W. Sunset Rd., #120

City: Henderson State: * NV Zip: 89014

Telephone: 702-476-6996 Fax: 702-476-6766

New Managing Pharmacist Name: Jennifer Lindgren

License #: 19339 Date Started: 06/14/2022

Pharmacy email: KabaFusionlicensing@KabaFusion.com

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.

As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours after I report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances of the pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a copy of the inventory to be on file at the pharmacy.

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?....	☐	☒
1. Been charged, arrested or convicted of a felony or misdemeanor in any state?.....	☐	☒
2. Been the subject of an administrative action whether completed or pending in any state?	☐	☒
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?.....	☐	☒

If you marked **YES** to any of the numbered questions **(1-3)** above, include the following information & **provide documentation:**

Board Administrative Action:	State	Date:	Case #:
		/ /	

Criminal Action:	State	Date:	Case #:	County	Court

PHARMACY MANAGER'S RESPONSIBILITIES

(PHARMACY MANAGER, MUST READ, SIGN AND DATE THIS SECTION)

1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220).

2. Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282; NAC 639.510; NAC 639.473(2).

3. Notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. (NRS 639.540)

4. Maintain documentation of pharmacy technician in-service records or technician in training daily logs available for inspection at the pharmacy. (NAC 639.254(2)

5. A complete controlled substance inventory must be taken every 2 years and whenever there is a pharmacy manager change (must be completed within 48 hours). (CFR 1304.11; NAC 453.475)

6. Report any loss or theft of controlled substances to the Nevada State Board of Pharmacy, Department of Public Safety and Drug Enforcement Administration within 10 days of the occurrence. (NRS 453.568)

7. Maintain prescription records/logs for 2 years (2 years from the last fill date for original paper prescription). (NRS 639.236; NAC 453.480)

8. Maintain records of sales to practitioners or other licensed providers as invoices for 2 years. (NRS 639.268; NAC 453.485)

9. Maintain invoice records separated as required for 2 years. (NRS 454.286; NAC 639.487)

I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be the subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.

I have read all questions, answers and statements and know the content thereof. I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct.

Signature of New Managing Pharmacist (no stamps or copies)

06/14/2022
Date

Board Use Only
Date Received:_____ Amount: _____

Posted 6/30/2011

GTMI Corporation

DBA

KabaFusion NV

Future Designated Representative

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

An application for a license, or a licensee with a license, to conduct a pharmacy or to operate as a wholesaler shall designate at least one natural person to serve as the representative of the pharmacy or wholesaler. The Board will not issue or renew a license of an applicant or licensee that is required to designate a representative of a pharmacy or wholesaler unless the Board determines that the designated natural person meets the following qualifications per NAC 639.5005 (Pharmacy) or NAC 639.5935 (Wholesaler):

1. Is at least 21 years of age;
2. Has been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.

The designated representative of a pharmacy or a wholesaler:

1. Must be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
2. Must be employed full-time in a managerial level position with the pharmacy or wholesaler;
3. Must be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
4. May serve in this representative capacity for only one pharmacy or wholesaler at a time

A pharmacy or wholesaler that is required to designate a natural person as its representative shall not open or operate the pharmacy or wholesaler unless that representative is actually employed full-time in the operation of the pharmacy or wholesaler and is physically present at the site of the pharmacy or wholesaler during regular working hours, not including sick leave, vacation leave and other authorized absences from work. If the natural person designated as the representative of a pharmacy leaves the employ of the pharmacy or wholesaler, thus leaving the pharmacy or wholesaler without a representative in violation of this section, the pharmacy or wholesaler shall:

1. Immediately cease conducting business until another qualified natural person is approved by the Board to serve as the representative of the pharmacy or wholesaler; and
2. Not later than 48 hours after that person leaves its employ, notify the Board that the person designated as the representative of the pharmacy or wholesaler has left the employ of the pharmacy or wholesaler.

Before a pharmacy or wholesaler, that is in violation of NAC 639.5005 (Pharmacy) or NAC 639.5935 (Wholesaler) because the natural person designated as the representative of the pharmacy or wholesaler left the employ of the pharmacy or wholesaler, may continue conducting business:

1. The pharmacy or wholesaler must designate, on a form provided by the Board, a new natural person to serve as the representative of the pharmacy; and
2. The Board must approve the natural person so designated.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler GTMI Corporation DBA KabaFusion NV

Physical Address 1510 W Sunset Rd., Suite 120

City Henderson State NV Zip 89014

Mailing Address (if different from physical address) 17777 Center Court Drive, Suite 550

City Cerritos State CA Zip 90713

Telephone (702) 476-6996 Website www.KabaFusion.com

Licensing Company Email KabafusionLicensing@kabafusion.com

Section 2: Personal Information

First Jennifer Middle Nicole Last Lindgren

Alias(es, nicknames, name changes, etc.)

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address 17777 Center Court Drive, Suite 550

City Cerritos State CA Zip 90703

Telephone [redacted] Email JLindgren@KabaFusion.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 _____

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Roseman University		07/13 - 06/16	
Address	**City**	**State**	**Zip**
11 Sunset Way	Henderson	NV	89014
Diploma/Degree obtained, if any			
Pharm.D.			

School Name		From - To (MM/YY – MM/YY)	
University of Missouri - Kansas City		01/02 - 05/05	
Address	**City**	**State**	**Zip**
5000 Holmes St.	Kansas City	MO	64110
Diploma/Degree obtained, if any			
BS in Pharmaceutical Sciences			

School Name		From - To (MM/YY – MM/YY)	
Wichita State University		01/01/ - 12/01	
Address	**City**	**State**	**Zip**
1845 Fairmount St.	Wichita	KS	67260
Diploma/Degree obtained, if any			
N/A			

School Name		From - To (MM/YY – MM/YY)	
University of Kansas		08/00 - 12/00	
Address	**City**	**State**	**Zip**
1450 Jayhawk Blvd	Lawrence ~~Road~~ 06/14/2022	KS	66045
Diploma/Degree obtained, if any			
N/A			

School Name		From - To (MM/YY – MM/YY	
Derby High School		08/96 - 05/00	
Address	**City**	**State**	**Zip**
920 Rock Rd.	Derby	KS	67037
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
09/20 - Present	[redacted] Waverly Circle	Henderson	NV	89014
03/15 - 09/20	[redacted] Mesa Verde Terrace	Henderson	NV	89074
06/13 - 03/15	[redacted] Windmill Parkway	Henderson	NV	89074
05/12 - 06/13	[redacted] Brighton Court	Rolla	MO	65401

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)	
Anazao Health			09/19 - 05/22	
Business Address		**City**	**State**	**Zip**
7465 W. Sunset Rd., Suite 1200		Las Vegas	NV	89113
Phone	**Title**		**Number of Employed Hours**	
800-995-4363 ext 3	Quality Pharmacist		40/week	
Description of Duties				
Verify paper input, filing; and dispensing of orders; batch record reviews				

Business Name			From - To (MM/YY – MM/YY)	
Solutions Specialty Pharmacy			09/16 - 09/19	
Business Address		**City**	**State**	**Zip**
8579 s. Eastern Ave.		Las Vegas	NV	89123
Phone	**Title**		**Number of Employed Hours**	
702-792-3777	Compounding Pharmacist		40/week	
Description of Duties				
Verify paper input, filing; and dispensing of RX orders; assist with compounding sterile and non-sterile medications				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Applicant's initials _____

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		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)

06/14/2022
Date

Applicant's initials

I, Jennifer Lindgren, **certify that as the designated representative for**

GTMI Corporation DBA KabaFusion NV,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Jennifer Lindgren

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

06/14/2022

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.

Jennifer Landgren

Print Name (First, ~~Last~~)

Original Signature (electronic, copies or stamps not accepted)

06/14/2022

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

06/14/2022

Date

Subscribed and Sworn to before me this 14 day of June 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

GTMI Corporation

DBA

KabaFusion NV

Inspection Reports

Nevada State Board of Pharmacy
985 Damonte Ranch Suite 206, Reno, NV 89521
(775) 850-1440 (800)-364-2081 Fax (775) 850-1444

To: Pharmacy Manager
FROM: Nevada State Board of Pharmacy Inspector
SUBJECT: Self-Assessment Inspection Process

The Board of Pharmacy's established self-assessment inspection process provides management the opportunity to review the standards by which the board inspects your operation. The process recognizes you as the responsible person to implement and review policies and procedures necessary to provide a quality standard of pharmaceutical services. An inspection evaluation form must be obtained from the NVBOP website to self-assess compliance with Nevada pharmacy law. An inspector will review the form with you and inspect your facility during the month listed on your inspection notice. Please have the self-assessment form completed and available for review by the first day of the month listed on your inspection notice.

An inspector will conduct a review of your operation. Observations, along with your findings, will assure understanding and compliance with Nevada law.

Please attach your inspection notice that you received in the mail to your completed self-assessment inspection form.

To minimize the disruption to your facility during the inspection process please have the following documents available:

Completed inspection form along with prior year inspection form

List of compounding personnel approved to compound sterile products

List of compounding personnel and the risk level they are qualified to compound

Most recent certification report for ISO classified areas. Documentation of corrective action taken by facility for any failures documented on certification report

Prior 12 months of glove finger-tip testing results. Documentation of corrective action taken by facility for any failures

Prior 12 months of media fill testing results. Documentation of corrective action taken by facility for any failures

Prior 12 months of competency documentation for compounding personnel

Sterility/potency data for any products with a BUD in excess of USP-797 guidelines

Examples of compounding records

SOP's relevant to the sterile compounding process

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General Information:

Citation	Question			
NAC 639.757	Compounded products are only prepared to fill a patient specific prescription, a chart order for immediate use by the patient, or for a practitioner who will administer the product to a patient?	(Yes)	No	N/A
NAC 639.67015	The pharmacy has a written standard operating procedure manual with detailed instructions that describes how, when, and by whom all relevant Nevada Revised Statutes and Administrative Codes are to be met relating to the sterile compounding process?	(Yes)	No	N/A

Personnel Training and Evaluation Documentation:

Citation	Question			
	Documentation is on file for each person who compounds sterile products that the person is competent and proficient to correctly perform all tasks related to sterile compounding and has received initial and ongoing training to establish and maintain their competency?	(Yes)	No	N/A
NAC 639.67013	The following records for employees on hire or newly assigned to compound drugs products at a higher risk level are completed on an initial and ongoing basis:			
	Perform aseptic hand cleansing?	(Yes)	No	N/A
	Select and appropriately don protective garb?	(Yes)	No	N/A
	Competency in calculations, identifying, weighing, and measuring ingredients?	(Yes)	No	N/A
	Procedures for containment, cleaning, and disposal with regard to breaks and spills?	(Yes)	No	N/A
	Appropriate documentation of training of any non-pharmacy personnel cleaning and/or disinfecting or entering ISO areas?	(Yes)	No	N/A
NAC 639.67077 NAC 639.67079	Additional training records for personnel compounding hazardous drugs including but not limited to the following:			
	Protection of personnel and compounding environment from contamination by hazardous drugs?	Yes	No	(N/A)
	Treatment of employees of the pharmacy with regard to contact and inhalation exposure?	Yes	No	(N/A)
	Negative pressure techniques for BSC, CAI, and CACI?	Yes	No	(N/A)

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Personnel Training and Evaluation Documentation:

Citation	Question			
	Safe aseptic manipulation techniques?	Yes	No	N/A
	Correct use of vial transfer devices?	Yes	No	N/A
	Containment, cleanup, and disposal procedures?	Yes	No	N/A
	Additional radiopharmaceutical training if applicable:			
	Compounding, handling, cleaning and special techniques?	Yes	No	N/A
	Certification of and display of pharmacist's certificate in Nuclear pharmacy?	Yes	No	N/A
NAC 639.6649 NAC 639.67053	*Media Fill Testing*			
	Appropriate to risk level?	Yes	No	N/A
	Minimum of every 12 months for low or medium risk compounding or every 6 months for high risk compounding?	Yes	No	N/A
	Documentation of failure and re-testing is maintained?	Yes	No	N/A
NAC 639.6633 NAC 639.67053	*Glove Finger-tip Testing*			
	Minimum of every 12 months for low or medium risk compounding or every 6 months for high risk compounding?	Yes	No	N/A
	Sampled immediately after gowning/garbing for initial testing?	Yes	No	N/A
	Employees must successfully pass 3 tests with zero cfu's for initial testing?	Yes	No	N/A
	Employees must successfully pass 1 test with less than 3 cfu's for annual/semi-annual training?	Yes	No	N/A
	Documentation of failure and re-testing is maintained?	Yes	No	N/A

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Environmental and Equipment Documentation:

Citation	Question			
USP 797	Room pressurization test results are completed every 6 months?	Yes	No	N/A
USP 797	Positive pressure areas maintain a pressure between 0.02 – 0.05 in water column pressure between areas?	Yes	No	N/A
USP 797	Negative pressure areas maintain a pressure greater than – 0.01 in water column pressure between areas?	Yes	No	N/A
USP 797	Pressure gauges are installed to monitor pressure differential between the buffer area and ante area and the general environment outside the compounding area?	Yes	No	N/A
USP 797	Daily logs are maintained either electronically or hand-written to document room pressurization results?	Yes	No	N/A
USP 797	Pharmacy has documentation for corrective action taken for any deviation from room pressurization limits listed above?	Yes	No	N/A
USP 797	ISO-7 classified areas have a minimum of 30 ACPH with at least 15 from outside air sources?	Yes	No	N/A
USP 797	ISO-8 classified areas should have a minimum of 20 ACPH?	Yes	No	N/A
USP 797	If a CACI is used in a non-HEPA filtered room the room is certified to maintain a minimum of 12 ACPH?	Yes	No	N/A
USP 797	Smoke studies are performed at least every 6 months and the results are reviewed by the PIC?	Yes	No	N/A
USP 797	Viable air sampling by active impaction using a volumetric air sampling device is performed every 6 months?	Yes	No	N/A
USP 797	Pharmacy has documentation for corrective action taken for any actionable items reported on their certification report for air viable sampling?	Yes	No	N/A
USP 797	Viable surface sampling is performed every 6 months?	Yes	No	N/A
USP 797	Pharmacy has documentation for corrective action taken for any actionable items reported on their certification report for surface viable sampling?	Yes	No	N/A
USP 797	Non-viable particle sampling is performed every 6 months?	Yes	No	N/A
USP 797	Pharmacy has documentation for corrective action taken for any actionable items reported on their certification report for non-viable air sampling?	Yes	No	N/A

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Environmental and Equipment Documentation:

Citation	Question
	If an ISO-5 area fails testing then all product compounded in the area will be considered immediate use compounding only and assigned a 1 hour BUD
	If an ISO-7 area fails testing then all product compounded in the area will have a maximum BUD of 12 hours.

Product Record Keeping Documentation:

Citation	Question			
NAC 639.6705	Buffer room temperature log maintained?	Yes	No	N/A
NAC 639.525 NAC 639.527	Refrigerator and freezer temperature log maintained?	Yes	No	N/A
NAC 639.6705	Pharmacy maintains a cleaning log that documents the areas cleaned, the person performing the cleaning, and frequency of the cleaning, and the products used for cleaning in all ISO classified areas?	Yes	No	N/A
NAC 639.6637	A pharmacy performing high risk sterile compounding maintains a sterilization log to document results of bubble point testing, autoclave, dry oven, and biological indicator?	Yes	No	N/A
NAC 639.6637	Any sterilization failures are documented and corrective action taken regarding the failures are also documented?	Yes	No	N/A
NAC 639.67019	All compounding records are maintained for 2 years?	Yes	No	N/A

Exemption to records requirements: The record of all sterile compounded drug products compounded by a pharmacy (other than an institutional pharmacy) and for all sterile products for parenteral nutrition and sterile anti-neoplastic drug products compounded by an institutional pharmacy must be maintained for 6 months.

All compounding/batch records contain the following:

All necessary compounding instructions?	Yes	No	N/A
A complete list of sterilization parameters if necessary?	Yes	No	N/A
The equipment used in the compounding/sterilization process?	Yes	No	N/A
Reconciliation and yield of the batch?	Yes	No	N/A
All equipment such as beakers and glassware are clearly marked with the product name and lot number during the compounding process?	Yes	No	N/A
Record of sterilization of components used including but not limited to rubber caps, vials, and products?	Yes	No	N/A
Identity of compounding personnel and the pharmacist approving the batch?	Yes	No	N/A

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Product Record Keeping Documentation:

Citation	Question			
	Documentation of all testing, including but not limited to sterility, endotoxin, and potency, is attached to the compounding record or is cross referenced to the record of testing results?	Yes	No	N/A
	Are beyond use dates in excess of USP-797 utilized?	Yes	No	N/A
	Is documentation available (sterility, potency, endotoxin) to support BUD assigned by pharmacy?	Yes	No	N/A
NAC 639.67015	Records for tracking, recalling, and destroying drug products compounded by the pharmacy, including the pharmacy's ability to ensure that all drug products which could have been compounded with a particular component be located, recalled, and destroyed?	Yes	No	N/A

Equipment Record Keeping Documentation:

Citation	Question			
NAC 639.6701	Records are available for review for all equipment used in compounding. The records include but are not limited to equipment setup, calibration, filter changes, equipment failures and repairs, and periodic testing required, and cleaning of equipment?	Yes	No	N/A
	Policies and procedures are available for the equipment used by the pharmacy to compound drug products?	Yes	No	N/A
	Records of all equipment calibrations, routine maintenance, and periodic testing is kept for the life of the equipment?	Yes	No	N/A
	There is a log kept for the cleaning, calibration, and maintenance of all automated compounding devices?	Yes	No	N/A

Sterilization:

Citation	Question			
NAC 639.67069	Is an autoclave used for sterilization?	Yes	No	N/A
	Is a biological indicator or other testing device utilized to validate the effectiveness of the autoclave?	Yes	No	N/A
	Are the results of the biological indicator test documented?	Yes	No	N/A

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Sterilization:

Citation	Question			
	Is each drug product exposed to steam at 121 degrees Celsius under a pressure of 15 pounds per square inch for the duration of the sterilization process?	Yes	No	N/A
	Is a computer printout of the autoclave cycle attached to the compounding worksheet?	Yes	No	N/A
	Before starting the sterilization process, is each product including plastic, glass, and metal devices wrapped in low particle shedding paper or fabric or sealed in envelopes that prevent microbial penetration after the sterilization of the high risk compounded drug product is completed?	Yes	No	N/A
	Pharmacy personnel are verifying the mass of the container that will be sterilized using steam in an autoclave to ensure that the container will be sterile after the period of exposure in the autoclave?	Yes	No	N/A
	Pharmacy personnel ensure that the solutions that will be used to fill the vials which will be steam sterilized are passed through a filter having a porosity of not more than 1.2 microns to remove particulate matter immediately before filling those vials?	Yes	No	N/A
	Is a dry oven used for sterilization?	Yes	No	N/A
	Is a biological indicator or other testing device utilized to validate the effectiveness of the dry oven?	Yes	No	N/A
	The pharmacy personnel ensure that the heated air is filtered and evenly distributed by a blower throughout the chamber or oven used for the sterilization process?	Yes	No	N/A
	The pharmacy personnel ensure the chamber or oven for the sterilization process is equipped with accurate temperature controls and a timer?	Yes	No	N/A
	The pharmacy personnel ensure that the pharmacy only use dry heat as a method of sterilization for a high risk sterile compounded drug product if the final product would be damaged by moisture or is impermeable to moisture?	Yes	No	N/A
	Does the pharmacy utilize sterile filtration as a method to sterilize high risk products?	Yes	No	N/A
	The pharmacy personnel are trained on the proper procedure for bubble point testing?	Yes	No	N/A

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Sterilization:

Citation	Question			
	The results of the actual bubble point tests are documented on the compounding worksheet?	Yes	No	N/A
	If a bubble point test failure occurs these results are documented and the disposition of the product is also documented?	Yes	No	N/A
	The specific type of filter used and its associated bubble point threshold is listed on each compounding worksheet and available to the person completing the bubble point test?	Yes	No	N/A
	Pharmacy personnel ensure that the filters used have sufficient capacity to permit the sterilization process to be completed rapidly and without compromising the sterility of the filtration process?	Yes	No	N/A
	Pharmacy personnel subject the filtration to the manufacturer's recommended integrity testing, including without limitation, the bubble point test, after the filtration of the high risk sterile compounded drug product is completed?	Yes	No	N/A

CSP Microbial Contamination Risk Levels:

Citation	Question			
NAC 639.67061 NAC 639.67063	*Low Risk Level CSP's*			
	Does your pharmacy compound low risk level sterile products?	Yes	No	N/A
	Compounding involves only transfer, measuring, and mixing manipulations using not more than 3 commercially manufactured sterile products or other entries of a sterile drug product into one container, including, without limitation, a bag or vial, to make the final compounded drug product?	Yes	No	N/A
	Manipulations are limited to aseptically opening ampoules, penetrating disinfected stoppers on vials with sterile needles and syringes and transferring sterile liquids in sterile syringes to sterile administration devices, package containers of other sterile products, and containers for storage and dispensing?	Yes	No	N/A
	In the absence of sterility or potency testing, storage is not more than 48 hours at room temperature, 14 days refrigerated, or 45 days frozen?	Yes	No	N/A

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CSP Microbial Contamination Risk Levels:

Citation	Question			
NAC 639.67065	*Medium Risk Level CSP's*			
	Does your pharmacy compound medium risk level products?	Yes	(No)	N/A
	The final CSP is treated as medium risk if the CSP does not contain broad spectrum bacteriostatic substances and will be administered over a period which exceeds 24 hours?	Yes	No	(N/A)
	Aseptic manipulation within an ISO Class 5 environment of unusually long duration or complex aseptic manipulation, with more than 3 sterile products or other entries into one container?	Yes	No	(N/A)
	In the absence of sterility or potency testing, storage is not more than 30 hours at room temperature, 9 days refrigerated, or 45 days frozen?	Yes	No	(N/A)
NAC 639.67067 NAC 639.67069 NAC 639.67071	*High Risk Level CSP's*			
	Does your pharmacy compound high risk level products?	Yes	(No)	N/A
	Sterilization methods are verified to achieve sterility for the quantity and types of containers?	Yes	No	(N/A)
	Sterilization methods are chosen based on appropriate method for the pharmaceutical product being sterilized?	Yes	No	(N/A)
	In the absence of sterility or potency, storage is not more than 24 hours at room temperature, 3 days refrigerated, and 45 days frozen?	Yes	No	(N/A)
	High risk sterile compounded drugs for injection into the vascular system or central nervous system or high risk sterile compounded drugs for inhalation or ophthalmic use must perform sterility tests for the following scenarios:			
	CSP's if they are prepared in batches >25 individual single dose packages			
	Compounded in multiple dose vials for administration to multiple patients			
	Will be exposed for a period of more than 12 hours refrigerated or 6 hours at room temperature prior to sterilization			
	Is each high risk compounded product checked for particulates against separated lighted black and white background?	Yes	No	(N/A)

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CSP Microbial Contamination Risk Levels:

Citation	Question			
NAC 639.67073 NAC 639.67075	*Immediate Use CSP's*			
	Does your pharmacy compound immediate use products?	Yes	No	N/A
	If administration has not begun within 1 hour of being compounded, CSP is discarded unless a period longer than 1 hour is required for compounding?	Yes	No	N/A
	Unless the person who prepares the CSP immediately witnesses or completely administers it, the CSP is labeled with patient identifier, names and amounts of all ingredients, initials of the compounder, and the exact 1 hour BUD and time is written on the label?	Yes	No	N/A
	Administration begins not later than 1 hour following the start of the preparation of the CSP and the compounded drug product is fully administered as soon as practical but not longer than 24 hours after the administration of the drug product began or the CSP is disposed of promptly and safely?	Yes	No	N/A
	No more than three sterile non-hazardous commercial drug products are used, excluding infusion solutions or diluents?	Yes	No	N/A

Single Dose and Multiple Dose Containers:

Citation	Question			
NAC 639.67057	Single dose containers entered in a worse than ISO Class 5 air quality and stored in worse than ISO Class 7 are used within 1 hour of entry?	Yes	No	N/A
	Single dose containers entered in ISO Class 5 or cleaner air and are stored in ISO 7 or cleaner air are used within 6 hours of entry?	Yes	No	N/A
	Single dose containers entered in ISO Class 5 or cleaner air and remains in ISO 5 air quality are used within 24 hours?	Yes	No	N/A
	Opened single dose ampoules are not stored?	Yes	No	N/A
	If the entire seal has been removed from a multi-use vial the contents are not stored?	Yes	No	N/A

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Single Dose and Multiple Dose Containers:

Citation	Question			
	Closure sealed multiple dose containers are used within 28 days after initial opening or entry?	Yes	No	N/A
	Closure sealed multiple dose containers are dated with date of opening or entry and date is clearly identified?	Yes	No	N/A

Hazardous Drugs as CSP's:

Citation	Question			
NAC 639.67077 NAC 639.67079	Hazardous drugs are stored separately from other inventory?	Yes	No	N/A
	Hazardous drugs are handled with caution at all times using appropriate chemotherapy gloves during receiving, distribution, stocking, inventorying, preparation for administration, and disposal?	Yes	No	N/A
	Hazardous drugs are prepared for administration only under conditions that protect the healthcare workers and other personnel in the preparation and storage areas?	Yes	No	N/A
	Disposal of hazardous waste complies with all applicable federal, state, and local regulations?	Yes	No	N/A
	CSP is prepared in a BSC or CACI that meets or exceeds standards?	Yes	No	N/A
	BSC or CACI is vented outside the building if one of more components of the compounded hazardous drug is an anti-neoplastic drug?	Yes	No	N/A
	Access is limited to areas where hazardous drugs are stored and prepared?	Yes	No	N/A
	Personnel who compound hazardous drugs are trained in storage, handling, compounding safety procedures, and disposal of drugs prior to preparing or handling hazardous CSP's?	Yes	No	N/A
	The pharmacy utilizes a closed system transfer device for hazardous CSP's?	Yes	No	N/A

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Radiopharmaceuticals:

Citation	Question			
NAC 639.67063 NAC 639.5802- NAC 639.584	Radiopharmaceuticals are compounded using appropriately shielded vials and syringes in a properly functioning and certified vertical laminar airflow hood or Class II type B2 BSC that is located in an environment with an air quality of ISO Class 8 or higher?	Yes	No	N/A
	Only shielded vials, syringes, and other devices and containers specifically manufactured for use with radiopharmaceutical components are used in the compounding process?	Yes	No	N/A
	Any special equipment or device that is used to compound radiopharmaceutical products, including, without limitation, a Molybdenum-Technetium-99m generator system are stored and operated under conditions recommended by manufacturers and applicable state and federal regulations; such generator systems are operated in an ISO Class 8 or cleaner air environment?	Yes	No	N/A
	Low Risk—The final compounded drug product contains a volume of 15ml or less of a radiopharmaceutical and has an expiration time of 18 hours or less per dosage unit, including, without limitation, a dosage unit of a radiopharmaceutical prepared from an eluate by using a Molybdenum-Technetium-99m generator, or the final compounded drug product contains commercially manufactured cyclotron radiopharmaceuticals which contain preservatives and which have expiration times of 72 hours or less.			
NAC 639.5822	A nuclear pharmacy must have adequate space and equipment commensurate with the scope of services it provides and must meet the minimum space requirements established for all pharmacies in the state.			
	The pharmacy must have a radionuclide dose calibrator	Yes	No	N/A
	The pharmacy must have a refrigerator	Yes	No	N/A
	The pharmacy must have an area for preparation and dispensation of radiopharmaceuticals	Yes	No	N/A
	The pharmacy must have an area for shipment and receipt of radioactive materials	Yes	No	N/A
	The pharmacy must have an area for storage of radioactive material:	Yes	No	N/A
	The pharmacy must have an area for decay of radioactive Waste	Yes	No	N/A

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Radiopharmaceuticals:

Citation	Question			
	The pharmacy must have a single or multiple channel well scintillation counter containing the isotopes sodium iodide, thallium, germanium, and lithium.	Yes	No	N/A
	The pharmacy must have a radiochemical fume hood and filter system with suitable equipment for sampling air	Yes	No	N/A
	The pharmacy must have an area survey meter	Yes	No	N/A
	The pharmacy must have at least two Geiger Mueller survey meters, including one high-range mete:	Yes	No	N/A
	The pharmacy must have a microscope and hemocytometer	Yes	No	N/A
	The pharmacy must have a laminar flow hood and appropriate supplies to ensure sterile practices for parenteral solutions	Yes	No	N/A
	The pharmacy must utilize sterile gloves to perform all sterile compounding.	Yes	No	N/A
	The pharmacy must have radiation shields for syringes and vials	Yes	No	N/A
	The pharmacy must have a lead-shielded drawing station	Yes	No	N/A
	The pharmacy must have decontamination supplies	Yes	No	N/A
	The pharmacy must have lead transport shields for transport of vials	Yes	No	N/A
	The pharmacy must utilize USA Type A, 7A transport containers approved by the DOP and other labels and supplies for shipping radioactive materials	Yes	No	N/A

Facility Design and Environmental Controls:

Citation	Question
USP 797; NAC 639.6705.	Maintain records of any equipment or other mechanical non-compliance, and a record of corrections or retesting done. Records of mechanical failure show the time frame the system was non-compliant and the methodology or backup processes the facility used to maintain compliance.

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Facility Design and Environmental Controls:

Citation	Question			
USP 797 NAC 639.6705	Compounding facility provides an appropriate temperature and well-lighted working environment?	Yes	No	N/A
	Policies and procedures for PEC area are written and followed; determined by the scope and risk levels of aseptic compounding activities utilized during the preparation of CSP's?	Yes	No	N/A
	Only the equipment, furniture, supplies, and other material required for the compounding activities are bought into the area and they are non-permeable, non-shedding, cleanable, and resistant to damage by disinfectants; before such items are brought into the area, they are cleaned and disinfected?	Yes	No	N/A
	The surfaces of ceilings, walls, floors, fixtures, shelving, counters, and cabinets in the buffer area are smooth, impervious, free from cracks and crevices and non-shedding; the surfaces are resistant to damage by disinfectant agents?	Yes	No	N/A
	Junctures of ceilings to walls are coved or caulked?	Yes	No	N/A
	If ceilings consist of inlaid panels, the panels are impregnated with a polymer to render them impervious and hydrophobic; they are caulked Around each perimeter?	Yes	No	N/A
	The exterior lens surface of the ceiling lighting fixtures are smooth, mounted flush and sealed; any other penetrations through the ceiling or walls are sealed?	Yes	No	N/A
	The buffer area does not contain sources of water (sinks) or floor drains?	Yes	No	N/A
	Work surfaces are constructed of smooth, impervious materials?	Yes	No	N/A
	Carts are stainless steel wire, non-porous plastic, or sheet metal with cleanable surfaces?	Yes	No	N/A
	Storage shelving, counters, and cabinets are smooth, impervious; free from cracks and crevices, non-shedding, cleanable and disinfectable?	Yes	No	N/A
	If there is particle generating equipment such as a computer, printer, or refrigerator in the buffer room or ante area, the equipment is located by an air return so air flows over and out of the room?	Yes	No	N/A
	PEC's are located within a restricted access ISO Class 7 buffer area unless an exception is met?	Yes	No	N/A

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Facility Design and Environmental Controls:

Citation	Question			
	Designated areas are maintained in a clean condition and have cleanable surfaces, including walls, ceiling, and floors?	Yes	No	N/A
	If not run continuously, the recovery time to achieve ISO Class 5 air quality of PEC's used for sterile compounding is documented, pharmacy personnel are aware of the recovery time, and internal procedures are developed to ensure the ISO Class 5 environment is reached and maintained?	Yes	No	N/A
NAC 639.742 NAC 639.475 NAC 639.672 NAC 639.690	Sufficient storage space is well separated from the area of the laminar flow hood for storage of bulk materials and equipment?	Yes	No	N/A
	There is a sink with hot and cold running water in the ante room?	Yes	No	N/A
	Refrigerator and freezer are of sufficient capacity to store all materials requiring refrigeration or freezer storage?	Yes	No	N/A
	Reference material are available based on the risk level of compounding performed at the pharmacy?	Yes	No	N/A
NAC 639.472 NAC 639.475 NAC 639.672 NAC 639.690	No food or drink is allowed in the ante or buffer room?	Yes	No	N/A
NAC 639.6705- NAC 639.67077	All cleaning materials are non-shedding and dedicated to use in the buffer or clean area, ante area, and segregated areas and are not removed from these areas except for disposal?	Yes	No	N/A
	No shipping cartons are taken into the buffer area, clean area, or segregated compounding areas?	Yes	No	N/A
	All jewelry and piercings are removed prior to entering into the compounding area?	Yes	No	N/A
	People with open wounds, rashes, or respiratory infections are not allowed in the compounding area?	Yes	No	N/A
	Personal outer garments are not allowed in the compounding area?	Yes	No	N/A
	Garbing procedures/SOP including shoe covers, head and face masks, beard covers, hand cleaning, gowning, and sterile gloves are followed?	Yes	No	N/A

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Facility Design and Environmental Controls:

Citation	Question			
NAC 639.67017	If compounding a product for parenteral nutrition, maximum limits are established and are entered for each additive into the computer or an audible alarm or other mechanism alerts the pharmacist that the maximum dose has been exceeded. The automatic compounding device will cease compounding the drug product for parenteral nutrition if the maximum limit for an additive will be exceeded?	Yes	No	(N/A)
NAC 639.67015	All CSP's are visually inspected for being intact with no abnormal particulate matter, and prescriptions and written compounding procedures are reviewed to verify accuracy of correct ingredients and amounts, aseptic mixing, high risk sterilization, packaging, labeling, and expected physical appearance before they are dispensed or administered?	(Yes)	No	N/A
	A check system is in place that meets state regulations that include label accuracy and accuracy of the addition of all ingredients used?	(Yes)	No	N/A
	The pharmacy has written procedures for proper packaging, and transportation conditions to maintain sterility, quality, and purity and strength of CSP's?	(Yes)	No	N/A
	Chemotoxic and other hazardous CSP's have safeguards to maintain the integrity of the CSP and minimize the exposure potential of these products to the environment and personnel?	(Yes)	No	N/A
	Delivery and patient care setting personnel are properly trained to deliver the CSP to the appropriate storage location?	(Yes)	No	N/A
	Outdated and unused CSP's are returned to the compounding facility for disposition as appropriate?	(Yes)	No	N/A

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Remarks/Suggestions/Comments/Follow-up Information:

Inspector Use Only

- Lil needed documentation on monthly cleaning and training.
- Must weigh CSM must be at 150 ml and sterile and pyrogen free. All testing results as per USP 797 requirements.
- Location of biological safety cabinet and primary engineering controls must be separated from traffic and doors.
- Staff competency check list for employees staff on site, see attached.
- Glove fingertip and media fill test results for all compounding staff on site, see attached.
- Planning and documentation needed for sterile products for clients.
- Daily environmental monitoring results for last 6 months.
- Facilities cleaning plan in use, see log sheet at this time.
- No hazardous drugs are compounded.

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- Clean room cleaning log and cleaning log sent for review.
- Personnel Documentation and the hand sanitizer and alcohol only to sample log book and Kim cleaning.
- Clean room air pressure log sent to the Inspector.
- Sterility validation documentation and protocol for review.
- For the glass vials are 2ml BPS in exams of USP-797 glass vials
- No antibiotics were used for compounding.
- Viral aseptic fill validation.
- Good interview.

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If you are required to provide any documentation to the inspector via fax or e-mail please attach a copy of the documents to this inspection form for future review on inspection.

Please fax required documents to 1-702-486-7903 for Las Vegas inspectors

Please fax required documents to 1-775-850-1444 for Reno inspectors

Your location has been inspected by an agent of the Nevada Board of Pharmacy. Any noted unsatisfactory conditions that require action are listed above and they must be corrected within the time frames stated to ensure compliance with laws and regulations governing your business.

I acknowledge that any noted unsatisfactory conditions have been explained to me and that I have received a copy of this inspection report.

Pharmacy: Las Vegas Infusion Pharmacy

Pharmacist signature:

Pharmacist printed name: Dotti Britt,PharmD

Date: 07/14/2021

NVBOP Inspector signature:

NVBOP Inspector printed name:

Date: 07/20/2021

Nevada State Board of Pharmacy

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E-mail: pharmacy@pharmacy.nv.gov • Web Page: bop.nv.gov

INSPECTION NOTICE

LAS VEGAS INFUSION PHARMACY
1510 W SUNSET RD #120
HENDERSON NV 89014

License: **PH03434**
Inspector : L. Correas
Month of Inspection : August
Inspection # : **214368**
Date of Inspection : ~~08/31/2021~~ 08/10/2021

INSTRUCTIONS

This Notice is provided to #FULLNAME#to inform you that your facility will be inspected sometime in the month of August. These instructions are intended to assist you to be prepared for the inspection. **You must have completed the following by the first business day of August:**

- Review and make any needed changes to information shown below
- Download and print from our website the correct forms. Be advised, in order to complete the inspection process, you will be printing more than one document. Carefully read directions below:
  - Go to http://bop.nv.gov/
  - From the Homepage, click on the tab labeled: **"FORMS"**
  - Under the section labeled **"Inspection Forms "**, locate, click on and print the APPROPRIATE Inspection Form **and** Instruction Sheet. Also, for **RETAIL** Pharmacies, click on the Workplace Assessment link labeled: August
- Attach this page to the front of the inspection forms. Complete the Inspection Form, including the Workplace Assessment forms for RETAIL Pharmacies, and have the completed forms available for review by the Inspector.
- The Managing Pharmacist is responsible to assure compliance with, all of the instructions in this matter.
- Failure to fully comply with the instructions will be noted as a deficiency and may result in disciplinary action against the pharmacy and the Managing Pharmacist.
- **The Board will not provide copies of the necessary Inspection Forms by mail or fax. The Pharmacy is responsible to obtain the Inspection Forms through the Board's website. IF you are unable to access this in the pharmacy, please contact your corporate office and request the forms be printed and provided by them.**

Pharmacy Information

Date Completed:	07/14/2021
Pharmacy Name:	Las Vegas Infusion Pharmacy
Pharmacy Ad:	1510 W Sunset Rd., Ste 120
Pharmacy Telephone Number:	702-476-6996
Pharmacy Fax Number:	702-476-6766
Pharmacy Email:	pharmacist@lasvegasinfusion.com

Please fill out the below information for your Pharmacy Staff – use 2nd sheet if necessary

Position	Name (First and Last Name)	License Number
Managing Pharmacist:	Dotti Britt	17402
Staff Pharmacist:	Tram Nguyen	20053
	Gener Tejero	14164
	Matthew LaSarso	13576
Intern(s):		
Technician(s):	Melody Pash	PT02929

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Central

To: Pharmacy Manager
FROM: Nevada State Board of Pharmacy Inspector
SUBJECT: Self-Assessment Inspection Process.

The Board of Pharmacy's established self-assessment inspection process provides management the opportunity to review the standards by which the board inspects your operation. The process recognizes you as the responsible person to implement and review policies and procedures necessary to provide a quality standard of pharmaceutical services. An inspection evaluation form must be obtained from the NVBOP website to self-assess compliance with Nevada pharmacy law. An inspector will review the form with you and inspect your facility during the month listed on your inspection notice. Please have the self-assessment form completed and available for review by the first day of the month listed on your inspection notice.

An inspector will conduct a review of your operation. Observations, along with your findings, will assure understanding and compliance with Nevada law.

Please attach your inspection notice that you received in the mail to your completed self-assessment inspection form.

To minimize the disruption to your facility during the inspection process please have the following documents available:

Completed inspection form along with prior year inspection form

Work Place Assessment Form

Non-Sterile Compounding inspection form if applicable N/A

Sterile Compounding inspection form if applicable ✓

Completed DEA-222 and/or E-222 (CSOS) electronic forms since last inspection MP

Most recent biennial controlled substance audit

In-service training records (CE) for all pharmacy technicians ✓

Daily activity log for pharmacy technicians in training N/A

Daily work log (legible full name)

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Pharmacy Facility:

Citation	Question			
NAC 639.469	Is there adequate space for storage, including shelves, refrigerators, narcotic cabinets/safes, and counter areas to avoid crowding?	(Yes)	No	N/A
NAC 639.525	2' X 3' clear work area for each pharmacist and technician on duty and a minimum of free floor space behind the prescription counter that is not less than 8 feet in length and 4 feet in width.	(Yes)	No	N/A
NAC 639.469	Is there a clean and sanitary sink with hot and cold running water available in the pharmacy for all personnel to use?	(Yes)	No	N/A
NAC 639.530	Is each staff member's attire clean and sanitary?	(Yes)	No	N/A
NAC 639.530	Are the floors/counters/other areas free of debris?	(Yes)	No	N/A
NAC 639.469	Is the pharmacy clean and arranged in an orderly manner?	(Yes)	No	N/A
NAC 639.510 NRS 639.282	Is the temperature in the pharmacy compatible with drug storage requirements? USP recommends 68-77 F or 20-25 C with short excursions allowed from 59-86 F.	(Yes)	No	N/A
NAC 639.527	Is the temperature in the refrigerator(s) appropriate for the medications stored? 36-46 F or 2-8 C 4.7°C	(Yes)	No	N/A
	How often is the temperature logged?	Daily		
NAC 639.527 NAC 639.510	Is the temperature in the freezer(s) appropriate for the medications stored? (in accordance with manufacturer's requirements)	(Yes)	No	N/A
	How often is the temperature logged?	Daily		
NAC 639.527	Have there been any issues with the refrigerator(s) or freezer(s) being out of temperature range?	Yes	(No)	N/A
NAC 639.527	If yes, have available for review the documentation of the results of the audit by the pharmacist of the safety or disposition of the medications.			
NAC 639.525	Are the refrigerator(s) and freezer(s) alarms on and checked periodically?	(Yes)	No	N/A

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Pharmacy Facility:

Citation	Question			
NAC 639.708	Are the facilities sufficient to allow for patient confidentially to be maintained during counseling?	(Yes)	No	N/A
NAC 639.542	Do all employees wear an identification badge that clearly identifies the person by their name and job position?	(Yes)	No	N/A
NRS 639.150	Are current licenses and registrations displayed?	(Yes)	No	N/A
NAC 639.756	For prescription readers: Is there a visible sign posted in the pharmacy informing patient about the availability of prescription readers?	Yes	(No)	N/A
NAC 639.756	For prescription readers: Upon request, the patient or patient's caregiver is provided a prescription reader or given directions or advice on the manner in which to obtain a prescription reader?	(Yes)	No	N/A
NAC 639.756	For prescription readers: Is written notice or verbal notice of the availability of a prescription reader given to the patient or caregiver of the patient to whom a drug is dispensed?	(Yes)	No	N/A

Equipment:

Citation	Question			
NAC 639.751	Does each computer terminal require the staff member to login with a password, biometric, or other electronic means of identification?	(Yes)	No	N/A
NAC 639.751	Does the computer require the entry of a password, biometric, or other electronic means of identification each time there is a new data entry or a change made to data?	(Yes)	No	N/A
NAC 639.751	How often are passwords changed?	Annually		
NAC 639.751	Does the terminal automatically log out a staff member, or does the staff member have to manually logout?	Automatic	(Manual)	
NRS 454.130	Is a poison control center telephone number posted in the pharmacy?	(Yes)	No	N/A

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Equipment:

Citation	Question			
NAC 639.503	Are current Nevada pharmacy regulations and references available? Online Access.	Yes	No	N/A
NAC 639.469 NAC 639.525	Does all equipment such as the phone, fax, computer, printer, electronic signature devices, and copy machine work properly?	Yes	No	N/A

Patient Counseling:

Citation	Question			
NAC 639.707	Does the pharmacy maintain documentation of acceptance or refusal of counseling on all new prescriptions?	Yes	No	N/A
NAC 639.707	Does the pharmacist document counseling immediately on completion of counseling?	Yes	No	N/A

Stock of Drugs:

Citation	Question			
NAC 639.510 NRS 585.410 NRS 585.460 NAC 639.476	Is the representative stock of drugs available for the practice site?	Yes	No	N/A
NAC 639.510 NRS 585.410 NRS 585.460 NAC 639.476	Are all pharmaceutical stock bottles properly labeled including pre-packed drugs (Name of product, manufacturer, expiration date; lot number)	Yes	No	N/A
NAC 639.757	Are you purchasing for sale or dispensing to your patients from only Nevada licensed manufacturer of pharmaceutical products or a Nevada licensed wholesaler?	Yes	No	N/A

List of wholesalers/manufacturers utilized by pharmacy: McKesson

Besse Medical

Curascript

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Prescription Labeling:

Citation	Question			
NRS 639.2801	Do labels bear all information required?	Yes	No	N/A
NAC 639.030	Does the computer only issue labels with a date that is the most recent date on which the prescription was filled?	Yes	No	N/A
	Expiration/discard date on the label appears as: (circle)	default	order entry	
			handwritten	

Records:

Citation	Question			
NAC 639.245	Are all records of pharmacy personnel on duty each day maintained in a written record and available for prior 2 years?	Yes	No	N/A
	Do you keep a manual or electronic daily work log for technicians? (circle)	Electronic	Manual	✓
	Do you keep a manual or electronic daily work log for pharmacists? (circle)	Electronic	Manual	✓
	Note: If electronic, the record must be able to be printed for the last 2 years. The record must clearly identify the job description performed that day for each staff member.			
NAC 639.510	Are all records of the acquisition, storage, and disposition of drugs accurate and complete?	Yes	No	N/A
NRS 454.286 NAC 639.245	Does the pharmacy maintain invoices, records or returns, work schedules, refill logs, counseling logs, inventories, and other required records for 2 years?	Yes	No	N/A
NRS 639.236 NRS 453.431	Are schedule II controlled substance prescriptions filed separately from all other prescriptions?	Yes	No	N/A
	The inspector may review a random sample of schedule II controlled substance prescriptions and verify that they are tendered within 14 days from the date of issue.			

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Records:

Citation	Question			
NAC 639.712	Are all telephoned prescriptions dated and initialed and documented with the name of the person who called in the prescription when transcribed to paper?	(Yes)	No	N/A
	Legibly write your pharmacy's DEA number	FG5544071		
21 CFR 1305	Does the pharmacy participate in the Controlled Substance ordering System (CSOS)?	Yes	No	(N/A)
	Does the pharmacy print a copy of the completed CSOS form and attach it to the invoice from wholesalers?	Yes	No	(N/A)
NRS 453.251 21 CFR 1305.13 NAC 639.487	Are Schedule II order forms (DEA-222 or CSOS) properly completed? (Dated and initialed by pharmacist, quantity and date received entered)	Yes	No	(N/A)
21 CFR 1304.04	Are Schedule II order forms and invoices maintained separately from other records?	Yes	No	(N/A)
21 CFR 1304.04	Are Schedule III-V invoices maintained separately from other records?	(Yes)	No	N/A
NAC 639.523 NAC 639.487	Are all invoices signed by a pharmacist upon delivery to acknowledge the drugs listed on the invoice were physically received by the pharmacy?	(Yes)	No	N/A
NRS 453.246	Enter the date of the most recent biennial controlled substance inventory:	12/27/2018		
21 CFR 1304.11	Is the documentation of the biennial inventory complete? (signed, dated, and time inventory completed listed on form)	(Yes)	No	N/A
NAC 639.485 NRS 453.246	Is the perpetual inventory updated immediately at the time of dispensing and/or receipt of the controlled substance(s)?	Yes	No	(N/A)
NAC 639.926	Are you complying with the current reporting requirements of the Controlled Substance Task Force (PMP)?	Yes	No	(N/A)
	Do all controlled substance prescriptions contain the additional elements as required by AB474?	Yes	No	(N/A)
	Are ICD-10 diagnosis codes for the disease being treated with the controlled substance listed on the written prescription?	Yes	No	(N/A)
	Patient's date of birth?	Yes	No	(N/A)

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Records:

Citation	Question			
	The days supply of the medication as indicated and determined by the practitioner?	Yes	No	(N/A)
	The practitioner's DEA number	Yes	No	(N/A)
	Pharmacy Manager Start Date (If changed since last inspection)	N/A		
NAC 453.475	Was the Controlled Substance inventory for the change in pharmacy Manager completed?	Yes	No	(N/A)
	Date inventory was taken (must be completed within 48 hours and signed by current and prior pharmacy manager if possible)	N/A-no change in pharmacy manager		
NAC 639.740	How are non-child resistant cap requests documented and maintained? (circle)	Electronic	(Manual)	

Security:

Citation	Question			
HIPAA NAC 639.941	Does any person other than authorized pharmacy staff have access to the pharmacy computer system? If yes, please explain below:	(Yes)	No	N/A
	ProGroup IT			
HIPAA NAC 639.941	Does any person other than authorized pharmacy staff have access to any protected patient information? If yes, please explain below:	Yes	(No)	N/A
NAC 639.520	Is the pharmacy secured to prevent unauthorized access? (Only a Nevada licensed pharmacist may have a key, keypad code, or other means of access into the pharmacy)	(Yes)	No	N/A
NAC 639.520	Is the door secured by a deadbolt or electronic lock?	(Yes)	No	N/A
NAC 639.520	Can the pharmacy be closed from the remainder of the store to allow for different hours of operation?	(Yes)	No	N/A
NAC 639.520	Name of alarm system monitoring company	Monitronics 1-800-447-9239		

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Miscellaneous:

Citation	Question			
NAC 639.708 (3)	Does the pharmacy routinely deliver prescriptions outside the local area? If yes please list the toll-free number provided to patient	Yes	(No)	N/A
	Does the pharmacy have an internet website?: If yes, list address	www.lasvegasinfusion.com		
NRS 639.0865	Does the pharmacy dispense prescription medications via the internet?	Yes	(No)	N/A
NAC 639.426	If yes; is the pharmacy VIPPS certified or received certification from the NVBOP?	Yes	No	(N/A)

Pharmacy Technicians and Technicians in Training:

Citation	Question			
	In-Service training records (CE) and technicians in training daily activity logs must be available on-site for review by the inspector. Technicians and technicians in training are required to complete 1 hour of Nevada law CE each renewal period.			
NAC 639.254	Does the pharmacy manager maintain documentation on site of at least 12 hours of in-service training that is required of each technician for registration renewal?	(Yes)	No	N/A
	Note: Technician in-service hours are audited every other year in the year following renewal of technician registrations. Make sure technician in-service hours are current, organized, and available for review. File old in-service records and law credits in a separate location and only have the most current records available for review. Current PTCB or Institute for Certification of Pharmacy Technicians certification is accepted for the 11 hours of required general in-service hours.			
NAC 639.240	Does the pharmacy manager maintain for each technician in training a daily record?	Yes	No	(N/A)
	Note: Technician in training daily activity logs are reviewed annually. The log must contain the trainees full name, date, hours worked, activities performed, and signature of the supervising pharmacist. Trainees are required to have 1 hour of Nevada law in addition to their daily log for each registration period. Trainees do not have to complete in-service (CE) hours until licensed as a technician.			
NAC 639.247	Written documentation of completion of the orientation and training that demonstrates competency is available for review?	(Yes)	No	N/A

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Pharmacy Technicians and Technicians in Training:

Citation	Question			
NAC 639.250	Does the pharmacy use a maximum of 3:1 technicians and technicians in training (in any combination) per each pharmacist working?	(Yes)	No	N/A
NRS 639.160	Are all licensed personnel's home and work address correct with the board? (The licensee and pharmacy must notify the board within 10 days of a change of work or home address)	(Yes)	No	N/A

Immunizations:

Citation	Question			
	Do your pharmacists administer immunizations?	(Yes)	No	N/A

COVID-19 vaccines only since 04/05/2021

Note: If this is a new pharmacy or you begin to administer vaccines, send an e-mail to j.dodee@pharmacy.nv.gov stating you do provide immunizations and identify your store and contact email information. In May of each year you will be contacted to provide data on immunizations administered.

Temperature logs as required by the CDC are available for review? (Yes) No N/A

Will the immunization data be reported individually or centrally? Central (Individual)

Currently, individual reporting but working on central

Required reporting of vaccinations administered by pharmacists to Nevada WebIZ. If your pharmacists do administer immunizations you are required to register and record the immunizations in WebIZ.

Effective January 28,2010, all ACIP recommended vaccinations administered to children and adults must be recorded in WebIZ. The law requires entry for all vaccines, regardless of age or payment method.

Individuals may opt-out of reporting to WebIZ by completing the participation form and the provider must mail or fax the form to the WebIZ program.

WebIZ phone number: 877-689-3249

NRS 439.265	Are you reporting to WebIZ as required by Nevada Revised Statute?	(Yes)	No	N/A

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ISMP General Guidelines:

Use more than one patient identifier when medications are picked up (i.e. name, address, phone number, date of birth, other).

Open the medication bottle and show the medication to the patient on all refill or new prescriptions that the pharmacist counsels on.

Arrange drug products that have similar or confusing manufacturer labeling, packaging, and/or drug names (that look or sound alike) to be clearly separated on shelves or have warnings.

Use a system to separate patient orders and keep multiple filled prescriptions for a patient together.

Write out all prescription information avoiding the use of error prone abbreviations on all phoned in scripts and notations in the computer.

Repeat back "echo" information to the practitioner or practitioner's agent.

Say and repeat back numbers as digits "five zero milligrams rather than 50 milligrams."

General guidelines related to receipt of prescriptions:

Transmission of prescriptions be facsimile machine – Written prescriptions and faxed prescriptions, regardless of method of receipt via standalone fax, by a computerized fax queue or other fax method, require the handwritten signature of the prescribing practitioner. A prescription received via fax or written is not a legal prescription without a handwritten signature. A pharmacist must validate that a prescription received by fax in a computer fax queue has a handwritten signature and not an electronically signed or stamped signature.

A practitioner may sign a paper prescription in the same manner as he or she would sign a check or legal document. Where an oral order is not permitted, paper prescriptions shall be written with ink or indelible pencil, typewriter, or printed on a computer printer and shall be manually signed by the practitioner. A computer generated prescription that is printed out or faxed by the practitioner must be manually signed.

Electronic transmission of prescription – The electronic signature must be digitally signed with at least all of the information required under part 1306, Prescriptions, of 21 CFR. A prescription that is digitally signed with a practitioner's private key may be transmitted to a pharmacy without the digital signature.

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Controlled Substance Audit Report (If applicable)

Drug Name	Manual count at time of audit	Balance on hand from software system or manual record at time of audit	Discrepancy

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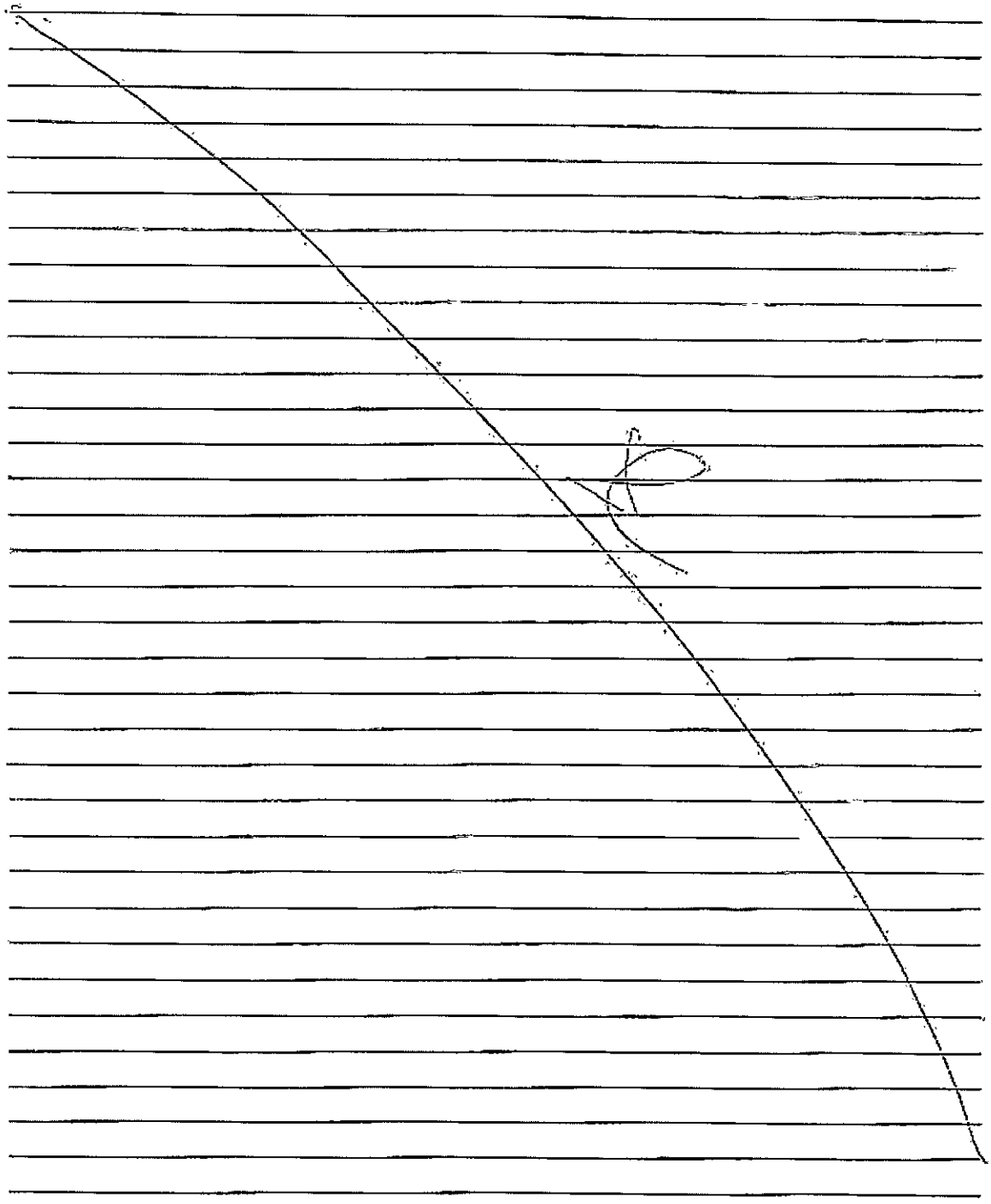
Remarks/Suggestions/Comments/Follow-up Information:

Inspector Use Only

- All licenses verified.
- Clean and organized pharmacy.
- Lockout and verification verified as well as provided for review.
- Pharmacy does not store to any controlled substances. Last Biennial completed on 2019.
- Technicians reviewed.
- No techs on formulary at this time.
- Pharmacy Information form completed.
- See additional comments on pg 17+18 of State Compliance inspection.
- Good inspection.

Retail Pharmacy Annual Inspection Form

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If you are required to provide any documentation to the inspector via fax or e-mail please attach a copy of the documents to this inspection form for future review on inspection.

Please fax required documents to 1-702-486-7903 for Las Vegas inspectors

Please fax required documents to 1-775-850-1444 for Reno inspectors

Your location has been inspected by an agent of the Nevada Board of Pharmacy. Any noted unsatisfactory conditions that require action are listed above and they must be corrected within the time frames stated to ensure compliance with laws and regulations governing your business.

I acknowledge that any noted unsatisfactory conditions have been explained to me and that I have received a copy of this inspection report.

Pharmacy: Las Vegas Infusion Pharmacy

Pharmacist signature:

Pharmacist printed name: Dotti Britt,PhamD

Date: 07/14/2021

NVBOP Inspector signature:

NVBOP Inspector printed name: L. Curtis

Date: 07/14/2021

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To: Pharmacy Manager
FROM: Nevada State Board of Pharmacy Inspector
SUBJECT: Self-Assessment Inspection Process

The Board of Pharmacy's established self-assessment inspection process provides management the opportunity to review the standards by which the board inspects your operation. The process recognizes you as the responsible person to implement and review policies and procedures necessary to provide a quality standard of pharmaceutical services. An inspection evaluation form must be obtained from the NVBOP website to self-assess compliance with Nevada pharmacy law. An inspector will review the form with you and inspect your facility during the month listed on your inspection notice. Please have the self-assessment form completed and available for review by the first day of the month listed on your inspection notice.

An inspector will conduct a review of your operation. Observations, along with your findings, will assure understanding and compliance with Nevada law.

Please attach your inspection notice that you received in the mail to your completed self-assessment inspection form.

To minimize the disruption to your facility during the inspection process please have the following documents available:

Completed inspection form along with prior year inspection form

List of compounding personnel approved to compound sterile products

List of compounding personnel and the risk level they are qualified to compound

Most recent certification report for ISO classified areas. Documentation of corrective action taken by facility for any failures documented on certification report

Prior 12 months of glove finger-tip testing results. Documentation of corrective action taken by facility for any failures

Prior 12 months of media fill testing results. Documentation of corrective action taken by facility for any failures

Prior 12 months of competency documentation for compounding personnel

Sterility/potency data for any products with a BUD in excess of USP-797 guidelines

Examples of compounding records

SOP's relevant to the sterile compounding process

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General Information:

Citation	Question			
NAC 639.757	Compounded products are only prepared to fill a patient specific prescription, a chart order for immediate use by the patient, or for a practitioner who will administer the product to a patient?	(Yes)	No.	N/A
NAC 639.67015	The pharmacy has a written standard operating procedure manual with detailed instructions that describes how, when, and by whom all relevant Nevada Revised Statutes and Administrative Codes are to be met relating to the sterile compounding process?	(Yes)	No	N/A

Personnel Training and Evaluation Documentation: ✓

Citation	Question			
	Documentation is on file for each person who compounds sterile products that the person is competent and proficient to correctly perform all tasks related to sterile compounding and has received initial and ongoing training to establish and maintain their competency?	(Yes)	No.	N/A
NAC 639.67013	The following records for employees on hire or newly assigned to compound drugs products at a higher risk level are completed on an initial and ongoing basis:	Sara Diamond		
	Perform aseptic hand cleansing?	(Yes)	No.	N/A
	Select and appropriately don protective garb?	(Yes)	No	N/A
	Competency in calculations, identifying, weighing, and measuring ingredients?	(Yes)	No	N/A
	Procedures for containment, cleaning, and disposal with regard to breaks and spills?	(Yes)	No	N/A
	Appropriate documentation of training of any non-pharmacy personnel cleaning and/or disinfecting or entering ISO areas?	(Yes)	No	N/A
NAC 639.67077 NAC 639.67079	Additional training records for personnel compounding hazardous drugs including but not limited to the following:			
	Protection of personnel and compounding environment from contamination by hazardous drugs?	Yes	No	(N/A)
	Treatment of employees of the pharmacy with regard to contact and inhalation exposure?	Yes	No	(N/A)
	Negative pressure techniques for BSC, CAI, and CACI?	Yes	No	(N/A)

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Personnel Training and Evaluation Documentation:

Citation	Question			
	Safe aseptic manipulation techniques?	Yes	No	N/A
	Correct use of vial transfer devices?	Yes	No	N/A
	Containment, cleanup, and disposal procedures?	Yes	No	N/A
	Additional radiopharmaceutical training if applicable:			
	Compounding, handling, cleaning, and special techniques?	Yes	No	N/A
	Certification of and display of pharmacist's certificate in Nuclear pharmacy?	Yes	No	N/A
NAC 639.6649 NAC 639.67053	*Media Fill Testing*			
	Appropriate to risk level?	Yes	No	N/A
	Minimum of every 12 months for low or medium risk compounding or every 6 months for high risk compounding?	Yes	No	N/A
	Documentation of failure and re-testing is maintained?	Yes	No	N/A
NAC 639.6633 NAC 639.67053	*Glove Finger-tip Testing*			
	Minimum of every 12 months for low or medium risk compounding or every 6 months for high risk compounding?	Yes	No	N/A
	Sampled immediately after gowning/garbing for initial testing?	Yes	No	N/A
	Employees must successfully pass 3 tests with zero cfu's for initial testing?	Yes	No	N/A
	Employees must successfully pass 1 test with less than 3 cfu's for annual/semi-annual training?	Yes	No	N/A
	Documentation of failure and re-testing is maintained?	Yes	No	N/A

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Environmental and Equipment Documentation:

Citation	Question			
USP 797	Room pressurization test results are completed every 6 months?	Yes	No	N/A
USP 797	Positive pressure areas maintain a pressure between 0.02 – 0.05 in water column pressure between areas?	Yes	No	N/A
USP 797	Negative pressure areas maintain a pressure greater than – 0.01 in water column pressure between areas?	Yes	No	N/A
USP 797	Pressure gauges are installed to monitor pressure differential between the buffer area and ante area and the general environment outside the compounding area?	Yes	No	N/A
USP 797	Daily logs are maintained either electronically or hand-written to document room pressurization results?	Yes	No	N/A
USP 797	Pharmacy has documentation for corrective action taken for any deviation from room pressurization limits listed above?	Yes	No	N/A
USP 797	ISO-7 classified areas have a minimum of 30 ACPH with at least 15 from outside air sources?	Yes	No	N/A
USP 797	ISO-8 classified areas should have a minimum of 20 ACPH?	Yes	No	N/A
USP 797	If a CACI is used in a non-HEPA filtered room the room is certified to maintain a minimum of 12 ACPH?	Yes	No	N/A
USP 797	Smoke studies are performed at least every 6 months and the results are reviewed by the PIC?	Yes	No	N/A
USP 797	Viable air sampling by active impaction using a volumetric air sampling device is performed every 6 months?	Yes	No	N/A
USP 797	Pharmacy has documentation for corrective action taken for any actionable items reported on their certification report for air viable sampling?	Yes	No	N/A
USP 797	Viable surface sampling is performed every 6 months?	Yes	No	N/A
USP 797	Pharmacy has documentation for corrective action taken for any actionable items reported on their certification report for surface viable sampling?	Yes	No	N/A
USP 797	Non-viable particle sampling is performed every 6 months?	Yes	No	N/A
USP 797	Pharmacy has documentation for corrective action taken for any actionable items reported on their certification report for non-viable air sampling?	Yes	No	N/A

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Environmental and Equipment Documentation:

Citation	Question
	If an ISO-5 area fails testing then all product compounded in the area will be considered immediate use compounding only and assigned a 1 hour BUD
	If an ISO-7 area fails testing then all product compounded in the area will have a maximum BUD of 12 hours.

Product Record Keeping Documentation:

Citation	Question			
NAC 639.6705	Buffer room temperature log maintained?	(Yes)	No	N/A
NAC 639.525 NAC 639.527	Refrigerator and freezer temperature log maintained?	(Yes)	No	N/A
NAC 639.6705	Pharmacy maintains a cleaning log that documents the areas cleaned, the person performing the cleaning, and frequency of the cleaning, and the products used for cleaning in all ISO classified areas?	(Yes)	No	N/A
NAC 639.6637	A pharmacy performing high risk sterile compounding maintains a sterilization log to document results of bubble point testing, autoclave, dry oven, and biological indicator?	Yes	No	(N/A)
NAC 639.6637	Any sterilization failures are documented and corrective action taken regarding the failures are also documented?	Yes	No	(N/A)
NAC 639.67019	All compounding records are maintained for 2 years?	(Yes)	No	N/A

Exemption to records requirements. The record of all sterile compounded drug products compounded by a pharmacy (other than an institutional pharmacy) and for all sterile products for parenteral nutrition and sterile anti-neoplastic drug products compounded by an institutional pharmacy must be maintained for 6 months.

All compounding/batch records contain the following:

All necessary compounding instructions?	(Yes)	No	N/A
A complete list of sterilization parameters if necessary?	Yes	No	(N/A)
The equipment used in the compounding/sterilization process?	Yes	No	(N/A)
Reconciliation and yield of the batch?	(Yes)	No	N/A
All equipment such as beakers and glassware are clearly marked with the product name and lot number during the compounding process?	Yes	No	(N/A)
Record of sterilization of components used including but not limited to rubber caps, vials, and products?	Yes	No	(N/A)
Identity of compounding personnel and the pharmacist approving the batch?	(Yes)	No	N/A

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Product Record Keeping Documentation:

Citation	Question			
	Documentation of all testing, including but not limited to sterility, endotoxin, and potency is attached to the compounding record or is cross referenced to the record of testing results?	Yes	No	N/A
	Are beyond use dates in excess of USP-797 utilized?	Yes	No	N/A
	Is documentation available (sterility, potency, endotoxin) to support BUD assigned by pharmacy?	Yes	No	N/A
NAC 639.67015	Records for tracking, recalling, and destroying drug products compounded by the pharmacy, including the pharmacy's ability to ensure that all drug products which could have been compounded with a particular component be located, recalled, and destroyed?	Yes	No	N/A

Equipment Record Keeping Documentation:

Citation	Question			
NAC 639.6701	Records are available for review for all equipment used in compounding. The records include but are not limited to equipment setup, calibration, filter changes, equipment failures and repairs, and periodic testing required, and cleaning of equipment?	Yes	No	N/A
	Policies and procedures are available for the equipment used by the pharmacy to compound drug products?	Yes	No	N/A
	Records of all equipment calibrations, routine maintenance, and periodic testing is kept for the life of the equipment?	Yes	No	N/A
	There is a log kept for the cleaning, calibration, and maintenance of all automated compounding devices?	Yes	No	N/A

Sterilization:

Citation	Question			
NAC 639.67069	Is an autoclave used for sterilization?	Yes	No	N/A
	Is a biological indicator or other testing device utilized to validate the effectiveness of the autoclave?	Yes	No	N/A
	Are the results of the biological indicator test documented?	Yes	No	N/A

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Sterilization:

Citation	Question			
	Is each drug product exposed to steam at 121 degrees Celsius under a pressure of 15 pounds per square inch for the duration of the sterilization process?	Yes	No	N/A
	Is a computer printout of the autoclave cycle attached to the compounding worksheet?	Yes	No	N/A
	Before starting the sterilization process, is each product including plastic, glass, and metal devices wrapped in low particle shedding paper or fabric or sealed in envelopes that prevent microbial penetration after the sterilization of the high risk compounded drug product is completed?	Yes	No	N/A
	Pharmacy personnel are verifying the mass of the container that will be sterilized using steam in an autoclave to ensure that the container will be sterile after the period of exposure in the autoclave?	Yes	No	N/A
	Pharmacy personnel ensure that the solutions that will be used to fill the vials which will be steam sterilized are passed through a filter having a porosity of not more than 1.2 microns to remove particulate matter immediately before filling those vials?	Yes	No	N/A
	Is a dry oven used for sterilization?	Yes	No	N/A
	Is a biological indicator or other testing device utilized to validate the effectiveness of the dry oven?	Yes	No	N/A
	The pharmacy personnel ensure that the heated air is filtered and evenly distributed by a blower throughout the chamber or oven used for the sterilization process?	Yes	No	N/A
	The pharmacy personnel ensure the chamber or oven for the sterilization process is equipped with accurate temperature controls and a timer?	Yes	No	N/A
	The pharmacy personnel ensure that the pharmacy only use dry heat as a method of sterilization for a high risk sterile compounded drug product if the final product would be damaged by moisture or is impermeable to moisture?	Yes	No	N/A
	Does the pharmacy utilize sterile filtration as a method to sterilize high risk products?	Yes	No	N/A
	The pharmacy personnel are trained on the proper procedure for bubble point testing?	Yes	No	N/A

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Sterilization:

Citation	Question			
	The results of the actual bubble point tests are documented on the compounding worksheet?	Yes	No	N/A
	If a bubble point test failure occurs these results are documented and the disposition of the product is also documented?	Yes	No	N/A
	The specific type of filter used and its associated bubble point threshold is listed on each compounding worksheet and available to the person completing the bubble point test?	Yes	No	N/A
	Pharmacy personnel ensure that the filters used have sufficient capacity to permit the sterilization process to be completed rapidly and without compromising the sterility of the filtration process?	Yes	No	N/A
	Pharmacy personnel subject the filtration to the manufacturer's recommended integrity testing, including without limitation, the bubble point test, after the filtration of the high risk sterile compounded drug product is completed?	Yes	No	N/A

CSP Microbial Contamination Risk Levels:

Citation	Question			
NAC 639.67061 NAC 639.67063	*Low Risk Level CSP's* ✓			
	Does your pharmacy compound low risk level sterile products?	Yes	No	N/A
	Compounding involves only transfer, measuring, and mixing manipulations using not more than 3 commercially manufactured sterile products or other entries of a sterile drug product into one container, including, without limitation, a bag or vial, to make the final compounded drug product?	Yes	No	N/A
	Manipulations are limited to aseptically opening ampoules, penetrating disinfected stoppers on vials with sterile needles and syringes and transferring sterile liquids in sterile syringes to sterile administration devices, package containers of other sterile products, and containers for storage and dispensing?	Yes	No	N/A
	In the absence of sterility or potency testing, storage is not more than 48 hours at room temperature, 14 days refrigerated, or 45 days frozen?	Yes	No	N/A

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CSP Microbial Contamination Risk Levels:

Citation	Question			
NAC 639.67065	*Medium Risk Level CSP's*			
	Does your pharmacy compound medium risk level products?	Yes	(No)	N/A
	The final CSP is treated as medium risk if the CSP does not contain broad spectrum bacteriostatic substances and will be administered over a period which exceeds 24 hours?	Yes	No	(N/A)
	Aseptic manipulation within an ISO Class 5 environment of unusually long duration or complex aseptic manipulation, with more than 3 sterile products or other entries into one container?	Yes	No	(N/A)
	In the absence of sterility or potency testing, storage is not more than 30 hours at room temperature, 9 days refrigerated, or 45 days frozen?	Yes	No	(N/A)
NAC 639.67067 NAC 639.67069, NAC 639.67071	*High Risk Level CSP's*			
	Does your pharmacy compound high risk level products?	Yes	(No)	N/A
	Sterilization methods are verified to achieve sterility for the quantity and types of containers?	Yes	No	(N/A)
	Sterilization methods are chosen based on appropriate method for the pharmaceutical product being sterilized?	Yes	No	(N/A)
	In the absence of sterility or potency, storage is not more than 24 hours at room temperature, 3 days refrigerated, and 45 days frozen?	Yes	No	(N/A)
	High risk sterile compounded drugs for injection into the vascular system or central nervous system or high risk sterile compounded drugs for inhalation or ophthalmic use must perform sterility tests for the following scenarios:			
	CSP's if they are prepared in batches > 25 individual single dose packages			
	Compounded in multiple dose vials for administration to multiple patients			
	Will be exposed for a period of more than 12 hours refrigerated or 6 hours at room temperature prior to sterilization			
	Is each high risk compounded product checked for particulates against separated lighted black and white background?	Yes	No	(N/A)

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CSP Microbial Contamination Risk Levels:

Citation	Question			
NAC 639.67073 NAC 639.67075	*Immediate Use CSP's* ✓			
	Does your pharmacy compound immediate use products?	Yes	(No) ✓	N/A
	If administration has not begun within 1 hour of being compounded, CSP is discarded unless a period longer than 1 hour is required for compounding?	Yes	No	(N/A)
	Unless the person who prepares the CSP immediately witnesses or completely administers it, the CSP is labeled with patient identifier, names and amounts of all ingredients, initials of the compounder, and the exact 1 hour BUD and time is written on the label?	Yes	No	(N/A)
	Administration begins not later than 1 hour following the start of the preparation of the CSP and the compounded drug product is fully administered as soon as practical but not longer than 24 hours after the administration of the drug product began or the CSP is disposed of promptly and safely?	Yes	No	(N/A)
	No more than three sterile non-hazardous commercial drug products are used, excluding infusion solutions or diluents?	Yes	No	(N/A)

Single Dose and Multiple Dose Containers:

Citation	Question			
	Only single dose used			
NAC 639.67057	Single dose containers entered in a worse than ISO Class 5 air quality and stored in worse than ISO Class 7 are used within 1 hour of entry?	(Yes) ✓	No	N/A
	Single dose containers entered in ISO Class 5 or cleaner air and are stored in ISO 7 or cleaner air are used within 6 hours of entry?	(Yes)	No	N/A
	Single dose containers entered in ISO Class 5 or cleaner air and remains in ISO 5 air quality are used within 24 hours?	(Yes)	No	N/A
	Opened single dose ampoules are not stored?	(Yes)	No	N/A
	If the entire seal has been removed from a multi-use vial the contents are not stored?	Yes	No	(N/A)

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Single Dose and Multiple Dose Containers:

Citation	Question			
	Closure sealed multiple dose containers are used within 28 days after initial opening or entry?	Yes	No	N/A
	Closure sealed multiple dose containers are dated with date of opening or entry and date is clearly identified?	Yes	No	N/A

Hazardous Drugs as CSP's:

Citation	Question			
NAC 639.67077 NAC 639.67079.	Hazardous drugs are stored separately from other inventory?	Yes	No	N/A
	Hazardous drugs are handled with caution at all times using appropriate chemotherapy gloves during receiving, distribution, stocking, inventorying, preparation for administration, and disposal?	Yes	No	N/A
	Hazardous drugs are prepared for administration only under conditions that protect the healthcare workers and other personnel in the preparation and storage areas?	Yes	No	N/A
	Disposal of hazardous waste complies with all applicable federal, state, and local regulations?	Yes	No	N/A
	CSP is prepared in a BSC or CACI that meets or exceeds standards?	Yes	No	N/A
	BSC or CACI is vented outside the building if one of more components of the compounded hazardous drug is an anti-neoplastic drug?	Yes	No	N/A
	Access is limited to areas where hazardous drugs are stored and prepared?	Yes	No	N/A
	Personnel who compound hazardous drugs are trained in storage, handling, compounding safety procedures, and disposal of drugs prior to preparing or handling hazardous CSP's?	Yes	No	N/A
	The pharmacy utilizes a closed system transfer device for hazardous CSP's?	Yes	No	N/A

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Radiopharmaceuticals:

Citation	Question			
NAC 639.67063 NAC 639.5802-NAC 639.584	Radiopharmaceuticals are compounded using appropriately shielded vials and syringes in a properly functioning and certified vertical laminar airflow hood or Class II type B2 BSC that is located in an environment with an air quality of ISO Class 8 or higher?	Yes	No	N/A
	Only shielded vials, syringes, and other devices and containers specifically manufactured for use with radiopharmaceutical components are used in the compounding process?	Yes	No	N/A
	Any special equipment or device that is used to compound radiopharmaceutical products, including, without limitation, a Molybdenum-Technetium-99m generator system are stored and operated under conditions recommended by manufacturers and applicable state and federal regulations; such generator systems are operated in an ISO Class 8 or cleaner air environment?	Yes	No	N/A
	Low Risk—The final compounded drug product contains a volume of 15ml or less of a radiopharmaceutical and has an expiration time of 18 hours or less per dosage unit, including, without limitation, a dosage unit of a radiopharmaceutical prepared from an eluate by using a Molybdenum-Technetium-99m generator; or the final compounded drug product contains commercially manufactured cyclotron radiopharmaceuticals which contain preservatives and which have expiration times of 72 hours or less.			
NAC 639.5822	A nuclear pharmacy must have adequate space and equipment commensurate with the scope of services it provides and must meet the minimum space requirements established for all pharmacies in the state.			
	The pharmacy must have a radionuclide dose calibrator	Yes	No	N/A
	The pharmacy must have a refrigerator	Yes	No	N/A
	The pharmacy must have an area for preparation and dispensation of radiopharmaceuticals	Yes	No	N/A
	The pharmacy must have an area for shipment and receipt of radioactive materials	Yes	No	N/A
	The pharmacy must have an area for storage of radioactive material:	Yes	No	N/A
	The pharmacy must have an area for decay of radioactive Waste	Yes	No	N/A

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Radiopharmaceuticals:

Citation	Question			
	The pharmacy must have a single or multiple channel well scintillation counter containing the isotopes sodium iodide, thallium, germanium, and lithium	Yes	No	N/A
	The pharmacy must have a radiochemical fume hood and filter system with suitable equipment for sampling air	Yes	No	N/A
	The pharmacy must have an area survey meter	Yes	No	N/A
	The pharmacy must have at least two Geiger Mueller survey meters, including one high-range mete:	Yes	No	N/A
	The pharmacy must have a microscope and hemocytometer	Yes	No	N/A
	The pharmacy must have a laminar flow hood and appropriate supplies to ensure sterile practices for parenteral solutions	Yes	No	N/A
	The pharmacy must utilize sterile gloves to perform all sterile compounding	Yes	No	N/A
	The pharmacy must have radiation shields for syringes and vials	Yes	No	N/A
	The pharmacy must have a lead-shielded drawing station	Yes	No	N/A
	The pharmacy must have decontamination supplies	Yes	No	N/A
	The pharmacy must have lead transport shields for transport of vials	Yes	No	N/A
	The pharmacy must utilize USA Type A, 7A transport containers approved by the DOP and other labels and supplies for shipping radioactive materials	Yes	No	N/A

Facility Design and Environmental Controls:

Citation	Question
USP 797 NAC 639.6705	Maintain records of any equipment or other mechanical non-compliance, and a record of corrections or retesting done. Records of mechanical failure show the time frame the system was non-compliant and the methodology or backup processes the facility used to maintain compliance.

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Facility Design and Environmental Controls:

Citation	Question			
USP 797 NAC 639.6705	Compounding facility provides an appropriate temperature and well-lighted working environment?	(Yes)	No	N/A
	Policies and procedures for PEC area are written and followed; determined by the scope and risk levels of aseptic compounding activities utilized during the preparation of CSP's?	(Yes)	No	N/A
	Only the equipment, furniture, supplies, and other material required for the compounding activities are brought into the area and they are non-permeable, non-shedding, cleanable, and resistant to damage by disinfectants; before such items are brought into the area, they are cleaned and disinfected?	(Yes)	No	N/A
	The surfaces of ceilings, walls, floors, fixtures, shelving, counters, and cabinets in the buffer area are smooth, impervious, free from cracks and crevices and non-shedding; the surfaces are resistant to damage by disinfectant agents?	(Yes)	No	N/A
	Junctures of ceilings to walls are coved or caulked?	(Yes)	No	N/A
	If ceilings consist of inlaid panels, the panels are impregnated with a polymer to render them impervious and hydrophobic; they are caulked Around each perimeter?	(Yes)	No	N/A
	The exterior lens surface of the ceiling lighting fixtures are smooth, mounted flush and sealed; any other penetrations through the ceiling or walls are sealed?	(Yes)	No	N/A
	The buffer area does not contain sources of water (sinks) or floor drains?	(Yes)	No	N/A
	Work surfaces are constructed of smooth, impervious materials?	(Yes)	No	N/A
	Carts are stainless steel wire, non-porous plastic, or sheet metal with cleanable surfaces?	(Yes)	No	N/A
	Storage shelving, counters, and cabinets are smooth, impervious, free from cracks and crevices, non-shedding, cleanable and disinfectable?	(Yes)	No	N/A
	If there is particle generating equipment such as a computer, printer, or refrigerator in the buffer room or ante area, the equipment is located by an air return so air flows over and out of the room?	Yes	No	(N/A)
	PEC's are located within a restricted access ISO Class 7 buffer area unless an exception is met?	(Yes)	No	N/A

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Facility Design and Environmental Controls:

Citation	Question			
	Designated areas are maintained in a clean condition and have cleanable surfaces, including walls, ceiling, and floors?	Yes	No	N/A
	If not run continuously, the recovery time to achieve ISO Class 5 air quality of PEC's used for sterile compounding is documented, pharmacy personnel are aware of the recovery time, and internal procedures are developed to ensure the ISO Class 5 environment is reached and maintained?	Yes	No	N/A
NAC 639.742 NAC 639.475 NAC 639.672 NAC 639.690	Sufficient storage space is well separated from the area of the laminar flow hood for storage of bulk materials and equipment?	Yes	No	N/A
	There is a sink with hot and cold running water in the ante room?	Yes	No	N/A
	Refrigerator and freezer are of sufficient capacity to store all materials requiring refrigeration or freezer storage?	Yes	No	N/A
	Reference material are available based on the risk level of compounding performed at the pharmacy?	Yes	No	N/A
NAC 639.472 NAC 639.475 NAC 639.672 NAC 639.690	No food or drink is allowed in the ante or buffer room?	Yes	No	N/A
NAC 639.6705- NAC 639.67077	All cleaning materials are non-shedding and dedicated to use in the buffer or clean area, ante area, and segregated areas and are not removed from these areas except for disposal?	Yes	No	N/A
	No shipping cartons are taken into the buffer area, clean area, or segregated compounding areas?	Yes	No	N/A
	All jewelry and piercings are removed prior to entering into the compounding area?	Yes	No	N/A
	People with open wounds, rashes, or respiratory infections are not allowed in the compounding area?	Yes	No	N/A
	Personal outer garments are not allowed in the compounding area?	Yes	No	N/A
	Garbing procedures/SOP including shoe covers, head and face masks, beard covers, hand cleaning, gowning, and sterile gloves are followed?	Yes	No	N/A

Nevada State Board of Pharmacy
985 Damonte Ranch Suite 206, Reno, NV 89521
(775) 850-1440 (800)-364-2081 Fax (775) 850-1444

Facility Design and Environmental Controls:

Citation	Question			
NAC 639.67017	If compounding a product for parenteral nutrition, maximum limits are established and are entered for each additive into the computer or an audible alarm or other mechanism alerts the pharmacist that the maximum dose has been exceeded. The automatic compounding device will cease compounding the drug product for parenteral nutrition if the maximum limit for an additive will be exceeded?	Yes	No	N/A
NAC 639.67015	All CSP's are visually inspected for being intact with no abnormal particulate matter, and prescriptions and written compounding procedures are reviewed to verify accuracy of correct ingredients and amounts, aseptic mixing, high risk sterilization, packaging, labeling, and expected physical appearance before they are dispensed or administered?	Yes	No	N/A
	A check system is in place that meets state regulations that include label accuracy and accuracy of the addition of all ingredients used?	Yes	No	N/A
	The pharmacy has written procedures for proper packaging, and transportation conditions to maintain sterility, quality, and purity and strength of CSP's?	Yes	No	N/A
	Chemotoxic and other hazardous CSP' have safeguards to maintain the integrity of the CSP and minimize the exposure potential of these products to the environment and personnel?	Yes	No	N/A
	Delivery and patient care setting personnel are properly trained to deliver the CSP to the appropriate storage location?	Yes	No	N/A
	Outdated and unused CSP's are returned to the compounding facility for disposition as appropriate?	Yes	No	N/A

Nevada State Board of Pharmacy
985 Damonte Ranch Suite 206, Reno, NV 89521
(775) 850-1440 (800)-364-2081 Fax (775) 850-1444

Remarks/Suggestions/Comments/Follow-up Information:

Inspector Use Only

- All requested documentation is readily available and complete.
- Most recent CEM report for all ISO classified areas cleaned and certified for service. All testing results are pending per 797 requirements.
- Attestation of aseptic manipulation and proficiency for non-beyond-use compounding signed by all employees and attested.
- State competency checklist for employees, staff on site, has attested.
- Glove fingertip and media fill test results for all employees and staff available for review, not attested.
- Pharmacy and compounding personnel write/print their own name.
- Daily commercial sterile water purchased for CSP.
- Hazardous chemicals drug is not being used at this time.
- No hazardous drugs are currently compounded.

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985 Damonte Ranch Suite 206, Reno, NV 89521
(775) 850-1440 (800)-364-2081 Fax (775) 850-1444

- Clean room technician and cleaning log available for review.
- Manual pharmacist duties such as hand cleaning and garbing prior to compounding and room cleaning.
- Clean room air pressure log available for review.
- Sterile preparation competency and annual evaluation for review.
- Facility does not use BUDs in excess of USP-797 allowances.
- No multi dose vials used for compounding.
- Viral prepared for inspection.
- Good inspection.

Nevada State Board of Pharmacy
985 Damonte Ranch Suite 206, Reno, NV 89521
(775) 850-1440 (800)-364-2081 Fax (775) 850-1444

If you are required to provide any documentation to the inspector via fax or e-mail please attach a copy of the documents to this inspection form for future review on inspection.

Please fax required documents to 1-702-486-7903 for Las Vegas inspectors

Please fax required documents to 1-775-850-1444 for Reno inspectors

Your location has been inspected by an agent of the Nevada Board of Pharmacy. Any noted unsatisfactory conditions that require action are listed above and they must be corrected within the time frames stated to ensure compliance with laws and regulations governing your business.

I acknowledge that any noted unsatisfactory conditions have been explained to me and that I have received a copy of this inspection report.

Pharmacy: Las Vegas Infusion Pharmacy

Pharmacist signature:

Pharmacist printed name: Dotti Britt,PharmD

Date: 07/14/2021

NVBOP Inspector signature:

NVBOP Inspector printed name: L. Cirras

Date: 07/14/2021

GTMI Corporation

DBA

KabaFusion NV

Personal History Application

Sohail Masood

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: GTMI Corporation DBA KabaFusion NV

Physical Address: 1510 W Sunset Rd., #120

City: Henderson State: NV Zip: 89014

Mailing Address (if different from physical address): 17777 Center Court Drive Suite 550

City: Cerritos State: CA Zip: 90703

Telephone: 800-435-3020 Website: www.KabaFusion.com

Licensing Company Email: KabaFusionLicensing@KabaFusion.com

Section 2: Personal Information

First: Sohail Middle: Last: Masood

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: 17777 Center Court Drive Suite 550

City: Cerritos State: CA Zip: 90703

Telephone: 800-435-3020 Email: SMasood@KabaFusion.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: SM

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
St. Andrews High School		04/1976 - 03/1980	
Address	**City**	**State**	**Zip**
Garhi Shahu, Lahore, Pakistan	Lahore Pakistan		
Diploma/Degree obtained, if any			
High School Certificate			
School Name		**From - To (MM/YY – MM/YY)**	
Harvard Business School		06/2018 - 12/2018	
Address	**City**	**State**	**Zip**
117 Western Avenue	Boston	MA	02163-1099
Diploma/Degree obtained, if any			
HBX Certificate in Negotiation Mastery Business/Commerce			
School Name		**From - To (MM/YY – MM/YY)**	
University of Southern California		09/1984 - 05/1988	
Address	**City**	**State**	**Zip**
3551 Trousdale Pkwy	Los Angeles	CA	90089
Diploma/Degree obtained, if any			
Doctor of Pharmacy			
School Name		**From - To (MM/YY – MM/YY)**	
University of Southern California		01/1983 - 09/1984	
Address	**City**	**State**	**Zip**
3551 Trousdale Pkwy	Los Angeles	CA	90089
Diploma/Degree obtained, if any			
Biology/Biological Science			
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
11/2006 to Present	[redacted]Stratford Way	Lincoln	MA	02421
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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)
KabaFusion Holdings, LLC			10/2009 - Present
Business Address	**City**	**State**	**Zip**
17777 Center Court Dr., Suite 550	Cerritos	CA	90703
Phone	**Title**		
800-435-3020	President/CEO		

Description of Duties
Create, communicate and implement the organization's vision, mission and overall direction; Lead, guide, direct and evaluate all other officers, managers and employees and ensure the daily operations of the company are carried out; oversees all the financials aspects of the company and maintains awareness of both external and internal opportunities for expansion, customers, markets, new industry developments and standards

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**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 SM

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 # 5 & 6. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
12/22/2010		New Jersey		
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Inspection Report # 8-6106-10-1445; DCN: 5500000098960040		NJ Division of Consumer Affairs; Board of Pharmacy		
Reason/Charge				
Violation of Federal or State Statutes, Regulations or Rules; Fine Paid				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Home Care Services, Inc.			Complaint	
Name of Business/Industry/Entity				
Home Care Services, Inc.				

Provide explanation below: See Attached

Original Signature (electronic, copies or stamps not accepted)

Date 6/14/2023

Applicant's initials SW

KabaFusion
Patient-Focused Infusion Therapy

Regarding Disciplinary Action for Home Care Services, Inc. DBA KabaFusion NJ (Edison)

In October 2010 Home Care Services, Inc. was acquired by KabaFusion and began undergoing operational and leadership transitions. The minor violation and fine imposed occurred soon after the acquisition of the pharmacy, copy enclosed.

CORPORATE (WEST COAST)
17777 Center Court Dr., Ste. 550, Cerritos, CA 90703
P: 800-435-3020 F: 562-860-6017

CORPORATE (EAST COAST)
80 Hayden Ave., Suite 300, Lexington, MA 02421
P: 844-777-4844 F: 781-862-2002

www.kabafusion.com

28RS00669700 74328

CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

New Jersey Office of the Attorney General

Division of Consumer Affairs
Board of Pharmacy
124 Halsey Street, 6th Floor, Newark, NJ 07102

PAULA T. DOW
Attorney General

THOMAS R. CALCAGNI
Acting Director

December 22, 2010

Mailing Address:
P.O. Box 45013
Newark, NJ 07101
(973) 504-6450

By Certified and Regular Mail

Walter Molokie, RPIC
Home Care Services, Inc
55 Liberty Street
Metuchen, NJ 08840

Re: Inspection Report # **8-5106-10-1445**

Dear Mr. Molokie:

This letter is to advise you that the New Jersey State Board of Pharmacy (the "Board") has had an opportunity to review information concerning the above inspection report.

Upon review of all available information, the board has preliminarily found that you are responsible for the violations noted on **Attachment A.**

The Board has determined that it will first offer you an opportunity to settle this matter and thereby avoid the initiation of formal disciplinary proceedings. Should you wish to avail yourself of this opportunity, you should sign the acknowledgment below and agree to the following:

1. **Cease and desist** in engaging in the conduct alleged and pay a penalty in the amount of **$50.00** (to be paid upon signing of this certification).
2. Provide to the Board **a Letter of Correction.**

Alternatively you may waive your right to a hearing and submit a written statement or explanation to the Board. The Board will then consider your submission and render a final decision, which may include any of the terms set forth above. Any disposition by way of a settlement will be a public record, and will have the same effect as an order of the Board. Any failure to comply with the terms to which you agree will be deemed a violation.

If you do not wish to settle this matter, you may request a hearing. In that event, this letter will serve as notice of the charges against you and a hearing will be scheduled before the Board. At that hearing you either personally or with the assistance of an attorney will have an opportunity to respond to the charges and submit evidence and present testimony as may be necessary in order for the Board to make a final determination concerning the charges of unlawful activity.

DIVISION OF CONSUMER AFFAIRS
BOARD OF PHARMACY
124 HALSEY ST., 6TH FL., P.O. BOX 45013
NEWARK, NJ 07101

You should be aware that in making its final decision, the Board may, if unlawful activity has been proven, assess civil penalties in an amount greater than that offered in this letter. Additionally, the Board may, if the facts are found to so warrant, enter an order requiring you to reimburse certain monies, directing you to cease and desist from engaging in unlawful acts and/or requiring you to pay costs incurred in the matter.

Should you have any questions concerning this letter or the settlement offer herein, I suggest that you contact The Board of Pharmacy, at (973) 504-6450.

The enclosed certification should be completed and returned to the Board within fifteen (15) days following your receipt of this letter. In the event that the Board receives no response from you within fifteen (15) days, the Board's settlement offer will be withdrawn, and you will be deemed in default. The allegations against you will be deemed uncontested. The Board will then proceed to schedule the matter for final review and will enter an appropriate order. Once an order has been entered, your failure to pay any penalties may result in further action to suspend or revoke your license.

NEW JERSEY STATE
BOARD OF Pharmacy

By: Joanne Boyer
Joanne Boyer, RPh
Executive Director

cc: Sohail Masood, Owner

JB/sk

DIVISION OF CONSUMER AFFAIRS
BOARD OF PHARMACY
124 HALSEY ST., 6TH FL., P.O. BOX 45013
NEWARK, NJ 07101

CERTIFICATION

I, Walter Mokie, hereby acknowledge that I have read and reviewed the Board's letter regarding allegations of violations of the Board's enabling act and/or regulations.

Please check one:

X I acknowledge the conduct which has been charged and agree to:

1. **Cease and desist** in engaging in the conduct alleged and pay a penalty in the amount of **$50.00** *(to be paid upon signing of this certification).*
2. Provide to the Board a **Letter of Correction.**

I am also aware that the action taken against me by the Board here is a matter of public record, and that the Board's letter and this certification are public documents.

_____ I hereby waive any rights I may have to a hearing in this matter in order to defend myself against any charges, but ask the Board to **consider my explanation** before rendering its final decision. I understand that the Board may order any of the terms specified in its letter and that if it does so I will be obligated to comply. I am also aware that the action taken against me by the Board herein is a matter of public record, and that the Board's letter and this certification are public documents. Failure to comply may subject me to further disciplinary action and any failure to make a required payment will result in the filing of a certificate of debt.

_____ I request a **formal administrative hearing** to contest the charges specified in the UPL. I understand that I will be advised of the time, date and place for that hearing at another time. I am aware that I may be represented by an attorney and that at the time of the hearing I may submit to the Board testimony and documentation relevant to the charges. I understand that in making its final decision, the Board may, if unlawful activity has been proven, assess civil penalties in an amount greater than that herein offered in its letter and may order such other remedies as it may deem appropriate. I am also aware that this proceeding is a matter of public record and that the Board's letter and this certification are public documents.

Walter Mokie
(Signature)

1/20/2011
(Dated)

WALTER MOKIE
(Print Name)

Dated:

Ref: Walter Mokokie, RPIC
Home Care Services, Inc
55 Liberty Street
Metuchen, NJ 08840
License# 28RS00869700

Inspection Report #8-6106-10-1445
Letter of Correction
12-8-10
Complaint

74328

JB/sk

PAID
2-10-11

DIVISION OF CONSUMER AFFAIRS
BOARD OF PHARMACY
124 HALSEY ST., 6TH FL., P.O. BOX 45013
NEWARK, NJ 07101

Attachment A

HOME CARE SERVICES, INC, 55 Liberty Street, Metuchen, NJ 08840, Walter Molokie, RPIC. Bureau File# 8-6106-10-1445. Period 11-12-10.

REFERENCE: Transfer of Ownership

DETAILS:

Cite	Fine	Description
[13:39-3.6]	$50.00	A copy of the biennial license belonging to Dipali Trivedi, 28RI02390000, was posted on display.
	$50.00	

DIVISION OF CONSUMER AFFAIRS
BOARD OF PHARMACY
124 HALSEY ST., 6TH FL., P.O. BOX 45015
NEWARK, NJ 07101

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5 & 6. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
12/3/2020		Florida		

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
Florida Board of Pharmacy Meeting Agenda Dated 12/03/2020 and Minutes	Florida Board of Pharmacy

Reason/Charge
Appearance Regarding Acceptance of License

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
At Home Infusion Services LLC	Apperance via Telephone Conference Call

Name of Business/Industry/Entity
At Home Infusion Services LLC

Provide explanation below: See Attached

Original Signature (electronic, copies or stamps not accepted)

6/14/2022
Date

Applicant's initials SM

KabaFusion
Patient-Focused Infusion Therapy

Appearance Regarding Acceptance of License Application for
At Home Infusion Services LLC DBA KabaFusion FL (Orlando)

On December 3, 2020 At Home Infusion Services LLC DBA KabaFusion FL appeared at the Florida Board of Pharmacy meeting, via telephone conference call, regarding its Community Pharmacy License Application. After brief discussion, the Florida Board of Pharmacy moved to accept the application. A copy of the December 3, 2020 Florida Board of Pharmacy Meeting Agenda and Minutes are enclosed.

CORPORATE (WEST COAST)
17777 Center Court Dr., Ste. 550, Cerritos, CA 90703
P: 800-435-3020 F: 562-860-6017

CORPORATE (EAST COAST)
80 Hayden Ave., Suite 300, Lexington, MA 02421
P: 844-777-4844 F: 781-862-2002

www.kabafusion.com

BOARD OF PHARMACY
GENERAL BUSINESS MEETING AGENDA
TELEPHONE CONFERENCE CALL
December 3, 2020
1:00 p.m. ET
Call In Number: (888) 585-9008
Conference Code: 599-196-982(#)

Participants in this public meeting should be aware that these proceedings are being recorded and that an audio file of the meeting will be posted to the board's website.

I. CALL TO ORDER/ROLL CALL

II. APPLICATIONS FOR REVIEW – David Wright, BPharm

A. Pharmacists

i. Sanjeev Seenath
ii. Theresa Ballington

B. Registered Pharmacy Technician

i. James Morrell
ii. Jessica Leavesley
iii. Malinda Barconey
iv. Zadella Thompson
v. Joshua Camesa
vi. Jarvis Manns
vii. Mark Stevenson

C. Pharmacy Permits

i. Total Vein Pharmacy, LLC.
ii. Maple Rose Enterprises, Inc.
iii. At Home Infusion Services, LLC.

III. PETITION FOR VARIANCE OR WAIVER

A. Mirlande Pierre, 64B16-26.300, F.A.C., Consultant Pharmacist Licensure
B. Mounica Jammu, 64B16-26.300, F.A.C., Consultant Pharmacist Licensure
C. Jelisabel Irizarry-Gonzalez, 64B16-26.300, F.A.C., Consultant Pharmacist Licensure
D. Stellar Pharmacy Services, Inc.

IV. PETITION TO INITIATE RULEMAKING

A. RxSafe, LLC., Panama Pharmacy, and Pine Brook Pharmacy, 64B16-28.108, F.A.C., All Permits – Labels and Labeling of Medicinal Drugs

V. RULE DISCUSSION

A. Consultant Pharmacist of Record, Emergency Rule
B. Application Redesign

i. 64B16-26.2032, F.A.C., Application for Pharmacy Intern Registration
ii. 64B16-26.303, F.A.C., Nuclear Pharmacist Licensure
iii. 64B16-26.350, F.A.C., Requirements for Pharmacy Technician Registration

iv. 64B16-300, F.A.C., Consultant Pharmacist for Licensure

VI. REPORTS – Rich Montgomery, BPharm, MBA, Chair

A. Board Chair

B. Executive Director's Report – Jessica Sapp, Executive Director

i. Financial Reports
ii. 2021 Probable Cause Panel Dates
iii. Human Trafficking CE Requirement
iv. Virtual Chat Agent: ELI
v. Staff Recognition

C. Board Counsel Report – Christopher Dierlam, Assistant Attorney General

i. Rules Status Report

D. Investigative Services Report – Robert Difiore, Pharmaceutical Program Manager

VII. NEW BUSINESS – Rich Montgomery, BPharm, MBA, Chair

A. 2021 Election of Officers

B. Ratification of Issued Licenses/Certificates

i. Pharmacist (Licensure) – 250
ii. Pharmacist (Exam Eligibility) – 330
iii. Pharmacist Interns – 384
iv. Consultant Pharmacist – 46
v. Pharmacy/Facilities – 108
vi. Registered Pharmacy Technicians – 1085
vii. Registered Pharmacy Technician Training Program – 16
viii. Nonresident Sterile Compounding – 3
ix. Approved CE Courses – 45
x. Individual Pharmacist Request for Approval of CE - 6

VIII. OLD BUSINESS – Rich Montgomery, BPharm, MBA, Chair

A. Review and Approval of Meeting Minutes

i. October 13, 2020 Rules Committee Minutes
ii. October 13, 2020 General Board Meeting Minutes
iii. October 14, 2020 General Board Meeting Minutes

IX. FOR YOUR INFORMATION

A. Sophic Medical Presentation

X. ADJOURNMENT

FLORIDA | Board of Pharmacy

Draft Minutes

December 3, 2020
TELEPHONE CONFERENCE CALL
1:00 p.m. ET
Call In Number: (888) 585-9008
Conference Code: 599-196-982(#)

Jonathan Hickman, PharmD
Chair

Jessica Sapp, Executive Director

BOARD OF PHARMACY
GENERAL BUSINESS MEETING AGENDA
TELEPHONE CONFERENCE CALL
DRAFT MINUTES
October 14, 2020
8:00 a.m. ET
Call In Number: (888) 585-9008
Conference Code: 599-196-982(#)

Participants in this public meeting should be aware that these proceedings are being recorded and that an audio file of the meeting will be posted to the board's website.

I. CALL TO ORDER/ROLL CALL

Call to Order - The meeting was called to order by Board Chair, Dr. Hickman, at 1:00 p.m. ET.

Those present during the meeting included the following:

MEMBERS PRESENT:
Jonathan Hickman, PharmD, Chair
David Wright, BPharm
Jeenu Philip, BPharm
Jeffrey J. Mesaros, PharmD, JD
Gavin Meshad, Consumer Member
Patty Ghazvini, PharmD, BCGP
Dorinda Segovia, PharmD
Maja Gift, BPharm, MHA, CPH

STAFF PRESENT:
Jessica Sapp, Executive Director
Traci Zeh, Program Administrator

BOARD COUNSEL:
Christopher Dierlam, Assistant Attorney General

PROSECUTION ATTORNEY:
Andrew Pietrylo, DOH Prosecution Services
Alejandro Camacho, DOH Prosecution Services

COURT REPORTER:
For the Record
150 Mahan Drive, Suite 140
Tallahassee, FL 32308
(850) 222-5491
(850) 224-5316 (Fax)

II. APPLICATIONS FOR REVIEW – David Wright, BPharm

A. Pharmacists

i. Sanjeev Seenath

The applicant was present and represented by Edwin Bayo, Esq.

The applicant applied for a pharmacist license and answered yes to criminal history questions on his application.

After further discussion the Board took the following action:

Motion: by Mr. Philip to accept the application.
Second: by Mr. Meshad
Vote: 4/1. Dr. Hickman opposed.

ii. Theresa Ballington

The applicant was present.

The applicant applied for a pharmacist license and answered yes to criminal history questions on her application.

After further discussion the Board took the following action:

Ms. Ballington requested to waive the 90-day requirement of her application to allow her time to supply the Board with a copy of her evaluation completed in the state of Illinois.

Motion: by Dr. Hickman to approve the request to continue her the application and to delegate Mr. Wright to review the evaluation to determine if Ms. Ballington is sufficiently safe to practice.
Second: by Dr. Mesaros
Vote: Unanimous

B. Registered Pharmacy Technician

i. James Morrell

The applicant was present.

The applicant applied for a registered pharmacy technician license and answered yes to criminal history questions on his application.

After further discussion the Board took the following action:

Motion: by Dr. Hickman to accept the application.
Second: by Dr. Mesaros
Vote: Unanimous

ii. Jessica Leavesley

Mr. Wright stated for the record he is professionally associated with the applicant. Due to his recusal, the application was tabled to the December 16, 2020 meeting due to lack of quorum.

iii. Malinda Barconey

The applicant was present.

The applicant applied for a registered pharmacy technician license and answered yes to health history questions on her application.

Mr. Philip stated that even though Ms. Barconey completed her training through Walgreens, he

has no professional association with Ms. Barconey and would not need to recuse himself.

After further discussion the Board took the following action:

Ms. Barconey requested to waive the 90-day requirement of her application to allow her time to receive an evaluation from Professional Resources Network (PRN).

Motion: by Dr. Hickman to approve the request to continue her the application for six months and to delegate Mr. Wright to review the evaluation to determine if Ms. Barconey is sufficiently safe to practice.
Second: by Dr. Mesaros
Vote: Unanimous

iv. Zabella Thompson

The applicant was present.

The applicant applied for a registered pharmacy technician license and answered yes to criminal history questions on her application.

After further discussion the Board took the following action:

Motion: by Mr. Philip to accept the application.
Second: by Dr. Mesaros
Vote: Unanimous

v. Joshua Camesa

The applicant was present.

The applicant applied for a registered pharmacy technician license and answered yes to health history questions on his application.

After further discussion the Board took the following action:

Mr. Camesa requested to waive the 90-day requirement of his application to allow him time to receive an evaluation from Professional Resources Network (PRN).

Motion: by Mr. Meshad to approve the request to continue the application for six months and to delegate Mr. Wright to review the evaluation to determine if Mr. Camesa is sufficiently safe to practice.
Second: by Dr. Hickman
Vote: Unanimous

vi. Jarvis Manns

The applicant was present.

The applicant applied for a registered pharmacy technician license and answered yes to criminal history questions on his application.

After further discussion the Board took the following action:

Mr. Manns requested to waive the 90-day requirement of his application.

Motion: by Mr. Meshad to approve the request to continue the application for six months to allow time to retrieve additional criminal documentation.
Second: by Dr. Hickman
Vote: Unanimous

vii. Mark Stevenson

The applicant was present.

Mr. Philip stated that even though Mr. Stevenson completed his training through Walgreens, he has no professional association with Mr. Stevenson and would not need to recuse himself.

The applicant applied for a registered pharmacy technician license and answered yes to criminal and health history questions on his application.

After further discussion the Board took the following action:

Mr. Stevenson requested to waive the 90-day requirement of his application to allow him time to receive an evaluation from Professional Resources Network (PRN).

Motion: by Dr. Hickman to approve the request to continue the application for six months and to delegate Mr. Wright to review the evaluation to determine if Mr. Stevenson is sufficiently safe to practice.
Second: by Mr. Meshad
Vote: Unanimous

C. Pharmacy Permits

i. Total Veins Pharmacy, LLC.

The applicant was present.

The applicant applied for a Nonresident Sterile Compounding Permit. The applicant answered yes to disciplinary questions on the application.

After further discussion the Board took the following action:

Motion: by Dr. Hickman to accept the application.
Second: by Mr. Philip
Vote: Unanimous

ii. Maple Rose Enterprises, Inc.

The applicant was present.

The applicant applied for a Nonresident Pharmacy Permit. The applicant answered yes to disciplinary questions on the application.

During the August Board Meeting, it was requested that Maple Rose Enterprises, Inc. reappear before the Board in December with a new inspection report.

After further discussion the Board took the following action:

Motion: by Mr. Philip to accept the application.
Second: by Dr. Hickman
Vote: Unanimous

iii. At Home Infusion Services, Inc.

The applicant was present.

The applicant applied for a Community Pharmacy Permit. The applicant answered yes to disciplinary questions on the application.

After further discussion the Board took the following action:

Motion: by Dr. Hickman to accept the application.
Second: by Mr. Meshad
Vote: Unanimous

III. PETITION FOR VARIANCE OR WAIVER

A. Mirlande Pierre, 64B16-26.300, F.A.C., Consultant Pharmacist Licensure

The petitioner was present.

Pursuant to Rule 64B16-26.300(3)(c), F.A.C., a pharmacist wishing to become licensed as a consultant pharmacist must "successfully complete a period of assessment and evaluation under the supervision of a preceptor within one (1) year of completion of the course set forth in paragraph (b), above. This period of assessment and evaluation shall be completed over no more than three (3) consecutive months and shall include at least 40 hours of training in the following practice areas, 60% of which shall occur on-site at an institution that holds a pharmacy permit.

Ms. Pierre requested the rule be temporarily waived as she is unable to complete the on-site requirement at an institution due to restrictions of entering facilities during COVID-19.

After further discussion the Board took the following action:

Motion: by Dr. Hickman to grant the petition contingent upon the completion of an additional eight (8) hours of Consultant Pharmacist continuing education within six (6) months.
Second: by Dr. Mesaros
Vote: Unanimous

B. Mounica Jammu, 64B16-26.300, F.A.C., Consultant Pharmacist Licensure

The petitioner was present.

Pursuant to Rule 64B16-26.300(3)(c), F.A.C., a pharmacist wishing to become licensed as a consultant pharmacist must "successfully complete a period of assessment and evaluation under the supervision of a preceptor within one (1) year of completion of the course set forth in paragraph (b), above. This period of assessment and evaluation shall be completed over no more than three (3) consecutive months and shall include at least 40 hours of training in the following practice areas, 60% of which shall occur on-site at an institution that holds a pharmacy permit.

Ms. Jammu was seeking a waiver of Rule 64B16-26.300(3)(c), F.A.C, as she is unable to locate a preceptor during the current COVID-19 climate.

After further discussion the Board took the following action:

Motion: by Mr. Wright to grant the petition contingent upon the completion of an additional eight (8) hours of Consultant Pharmacist continuing education within six (6) months.
Second: by Dr. Mesaros
Vote: Unanimous

C. Jelisabel Irizarry-Gonzalez, 64B16-26.300, F.A.C., Consultant Pharmacist Licensure

The petitioner was present.

Pursuant to Rule 64B16-26.300(3)(c), F.A.C., a pharmacist wishing to become licensed as a consultant pharmacist must "successfully complete a period of assessment and evaluation under the supervision of a preceptor within one (1) year of completion of the course set forth in paragraph (b), above. This period of assessment and evaluation shall be completed over no more than three (3) consecutive months and shall include at least 40 hours of training in the following practice areas, 60% of which shall occur on-site at an institution that holds a pharmacy permit.

Ms. Irizarry Gonzalez was seeking a waiver of Rule 64B16-26.300(3)(c), F.A.C, as she is unable to locate a preceptor during the current COVID-19 climate.

After further discussion the Board took the following action:

Motion: by Mr. Wright to grant the petition contingent upon the completion of an additional eight (8) hours of Consultant Pharmacist continuing education within six (6) months.
Second: by Dr. Mesaros
Vote: Unanimous

D. Stellar Pharmacy Services, Inc.

The petitioner was present.

The Petitioner was seeking a variance from 465.0235, Florida Statutes, Automated pharmacy

systems used by long-term care facilities, hospices, or state correctional institutions, or for outpatient dispensing. The petitioner was seeking guidance regarding allowing a Florida licensed Non-Resident Pharmacy be substituted for a Community Pharmacy, a medical provider deliver patient counseling, and for the allowance of an out of state licensed pharmacist supervise an automated pharmacy system.

The Petitioner withdrew the petition.

IV. PETITION TO INITIATE RULEMAKING

A. RxSafe, LLC., Panama Pharmacy, and Pine Brook Pharmacy, 64B16-28.108, F.A.C., All Permits – Labels and Labeling of Medicinal Drugs

The Petitioner was present and represented by Edwin Bayo, Esp.

RxSafe, LLC., Panama Pharmacy, and Pine Brook Pharmacy petitioned the Board to initiate rulemaking for the purpose of amending Rule 64B16-28.108, F.A.C., to reflect a "beyond use date" that would be consistent to allow a pharmacy that provides customized patient medication packaging to dispense a ninety day supply.

64B16-28.108 All Permits – Labels and Labeling of Medicinal Drugs.

(6) A customized patient medication package may be utilized if:
(a) The consent of the patient or the patient's agent has been secured; and,
(b) The label includes:
1. Name, address and telephone number of the pharmacy.
2. Serial number for the customized medication package and a separate serial number for each medicinal drug dispensed.
3. Date of preparation of the customized patient medication package.
4. Patient's name.
5. Name of each prescriber.
6. Directions for use and any cautionary statements required for each medicinal drug.
7. Storage instructions.
8. Name, strength, quantity and physical description of each drug product.
9. A beyond use date that is not more than ~~60~~ 120 days from the date of preparation of the customized patient medication package but shall not be later than any appropriate beyond use date for any medicinal drug included in the customized patient medication package.

Motion: by Dr. Mesaros to table this discussion to be considered at a Rules Committee Meeting and requested the Petitioner to provide data from other states on how many times they have to rework the packaging of the medications.
Second: by Dr. Hickman
Vote: Unanimous

V. RULE DISCUSSION

A. Consultant Pharmacist of Record, Emergency Rule

Due to the concerns surrounding the spread of COVID-19, the Board held an Emergency Rule Hearing to address the obligations of Consultant Pharmacists under 64B16-28, F.A.C. Emergency Rule 64B16ER20-21 was effective March 19, 2020 through June 19, 2020 which suspended the

requirement of a Consultant Pharmacist completing their required inspections "on-site".

This was placed on the agenda for further Board discussion.

During the October meeting the Board directed Board Counsel to provide language for another emergency rule. The Following language was provided for the Board's review.

64B16ER20-42 (64B16-28.501) Consultant Pharmacist of Record; Initial Designation; Change.
(1) through (4) No change.
(5) Off-site consultant pharmacists of record shall not be required to perform inspections and on-site consultations at permitted institutional pharmacies as referenced in Rules 64B16-28.501(3), F.A.C.; Rules 64B16-28.702(2)(b), (c), and (d) F.A.C.; Rule 64B16-28.850(16), F.A.C., and Rules 64B16-28.870(3)(c) and (d), F.A.C., when the consultant pharmacist of record is not regularly present at the location and the permit holder refuses to grant access due to COVID-19 concerns. This rule shall in no way modify any obligations stemming from State or Federal laws requiring drug regimen reviews.

Motion: by Mr. Wright to approve the proposed emergency rule language.
Second: by Dr. Hickman
Vote: Unanimous

The Board opened the floor for public comment.

Kathy Baldwin addressed the Board.

Motion: by Mr. Wright to find that there would be no economic impact on small businesses.
Second: by Mr. Philip
Vote: Unanimous

Motion: by Mr. Wright to find that the proposed rule would not likely directly or indirectly increase regulatory costs to any entity (including government) in excess of $200,000 within 1 year after the implementation of the rule.
Second: by Dr. Hickman
Vote: Unanimous

Motion: by Mr. Wright to find that no part of the rule should be designated as a minor violation.
Second: by Dr. Hickman
Vote: Unanimous

B. Application Redesign
- i. 64B16-26.2032, F.A.C., Application for Pharmacy Intern Registration
- ii. 64B16-26.303, F.A.C., Nuclear Pharmacist Licensure
- iii. 64B16-26.350, F.A.C., Requirements for Pharmacy Technician Registration
- iv. 64B16-300, F.A.C., Consultant Pharmacist for Licensure

Ms. Sapp provided the Board with a summary of the application revisions.

Motion: by Mr. Wright to approve the application revisions and open the applicable rules open for development.
Second: by Mr. Philip
Vote: Unanimous

Motion: by Mr. Wright to find that there would be no economic impact on small businesses.
Second: by Dr. Hickman
Vote: Unanimous

Motion: by Dr. Hickman to find that the proposed rule would not likely directly or indirectly increase regulatory costs to any entity (including government) in excess of $200,000 within 1 year after the implementation of the rule.
Second: by Mr. Wright
Vote: Unanimous

Motion: by Dr. Hickman to find that no part of the rule should be designated as a minor violation.
Second: by Mr. Wright
Vote: Unanimous

Motion: by Mr. Wright to find that this rule shall not include a sunset provision.
Second: by Dr. Hickman
Vote: Unanimous

VI. REPORTS – Jonathan Hickman, PharmD, Chair

A. Board Chair

Dr. Hickman addressed the Board and recognized the outgoing Members. Mr. Richard Montgomery, Dr. Mark Mikhael, and Dr. Blanca Rivera for their years of service on the Board. He also welcomed the new Members, Dr. Patty Ghazvini, Dr. Dorinda Segovia, and Ms. Maja Gift to the Board.

B. Executive Director's Report – Jessica Sapp, Executive Director

Ms. Sapp provided an overview of 2021 legislation.

HB29, Dispensing Medicinal Drugs, was recently filed. This bill authorizes a prescribing health care practitioner to dispense up to a 48-hour supply of a medicinal drug to an inpatient upon discharge or to a patient discharged from an emergency department of a hospital that operates a Class II or Class III Institutional pharmacy. It also allows up to a 72-hour supply when a state of emergency has been declared for an area in the state pursuant to section 252.36, Florida Statutes (F.S.). Ms. Sapp will provide updates at each meeting with the status of the bill and any other bills filed throughout the 2021 legislative season.

i. Financial Reports

These reports were provided for informational purposes only.

ii. 2021 Probable Cause Panel Dates

The 2021 PCP dates were provided for the Board's review.

Board staff will make updates to the PCP schedule and bring back to a future meeting for review.

iii. Human Trafficking CE Requirement

Ms. Sapp reminded Board Members and others present at the meeting that all currently licensed pharmacists and registered pharmacy technicians are required to complete the one-time, one-hour course on Human Trafficking by January 1, 2021 and provided information on where licensees can find approved courses.

iv. Virtual Chat Agent: ELI

Ms. Sapp provided an overview of virtual chat agenda, ELI that launched on the Board of Pharmacy's website on October 28, 2020.

ELI (Enforcement – Licensure – Information) is MQA's new artificial intelligence system that is transforming the customer service MQA provides by enabling the workforce to deliver exceptional service to our customers through online chat.

ELI is designed to answer common questions in a variety of different areas. Some areas include: licensure requirements, renewal requirements, fees, contact information, background screening, public records, and more.

v. Staff Recognition

This was provided for informational purposes only.

C. Board Counsel Report – Christopher Dierlam, Assistant Attorney General

i. Rules Status Report

Mr. Dierlam provided an overview of the rules report.

D. Committee Report

i. Rules Committee – Jeffery J. Mesaros, PharmD, JD

a. Rules Committee Update

No report was provided at this time.

E. Investigative Services Report – Robert Difiore, Pharmaceutical Program Manager

Mr. Dilworth provided a brief update on the inspection results as of October 2020.

As of December 2020 - Non-Sterile Pharmacy inspections, currently 883 inspections have been completed; Sterile Compounding Pharmacy inspections are currently at 33 inspections completed.

VII. NEW BUSINESS – Rich Montgomery, BPharm, MBA, Chair

A. 2021 Election of Officers

This item was tabled to the December 16, 2020 meeting.

B. Ratification of Issued Licenses/Certificates

i. Pharmacist (Licensure) – 250
ii. Pharmacist (Exam Eligibility) – 330
iii. Pharmacist Interns – 384
iv. Consultant Pharmacist – 46
v. Pharmacy/Facilities – 108
vi. Registered Pharmacy Technicians – 1085
vii. Registered Pharmacy Technician Training Program – 16
viii. Nonresident Sterile Compounding – 3
ix. Approved CE Courses – 45
x. Individual Pharmacist Request for Approval of CE – 6

Motion: by Mr. Philip to accept the ratification lists.
Second: by Mr. Meshad
Vote: Unanimous

VIII. OLD BUSINESS – Rich Montgomery, BPharm, MBA, Chair

A. Review and Approval of Meeting Minutes

i. October 13, 2020 Rules Committee Minutes
ii. October 13, 2020 General Board Meeting Minutes
iii. October 14, 2020 General Board Meeting Minutes

Motion: by Mr. Wright to accept the meeting minutes.
Second: by Mr. Meshad
Vote: Unanimous

IX. FOR YOUR INFORMATION

A. Sophic Medical Presentation

Mr. Bob Parrado addressed the Board.

X. ADJOURNMENT

There being no further business the meeting adjourned at 5:30 p.m. ET.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5 & 6. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Spring 2019		Texas		
Case # SOAH Docket No. 515-19-2304 / Agreed Board Order #K-18-018		**Governing, licensing, Arresting Presiding Body/Agency/Court** State Office of Administrative Hearings; Texas State Board of Pharmacy		
Reason/Charge Appearance / Board Order				
Plaintiff/Defendant/Claimant/Respondent Home Care Services, Inc. DBA KabaFusion NJ			**Lawsuit/Arbitration/Bankruptcy** Appearance / Board Order	
Name of Business/Industry/Entity Home Care Services, Inc. DBA KabaFusion NJ				

Provide explanation below: See Attached

Original Signature (electronic, copies or stamps not accepted)

Date 6/14/2022

Applicant's initials

KabaFusion
Patient-Focused Infusion Therapy

Regarding Disciplinary Action for Home Care Services, Inc. DBA KabaFusion NJ (Edison)

In 2019 Home Care Services, Inc. DBA KabaFusion NJ and the Texas State Board of Pharmacy met and discussed a matter that was non-suited.

CORPORATE (WEST COAST)
17777 Center Court Dr., Ste. 550, Cerritos, CA 90703
P: 800-435-3020 F: 562-860-6017

CORPORATE (EAST COAST)
80 Hayden Ave., Suite 300, Lexington, MA 02421
P: 844-777-4844 F: 781-862-2002

www.kabafusion.com

TEXAS STATE BOARD OF PHARMACY

Re:	KabaFusion NJ
Address:	160 Raritan Center Parkway, Suite 18 Edison, New Jersey 08837
License No.:	27408
Date Issued:	March 7, 2011
Licensure Status:	Closed-approved to close on or about July 16, 2019
Type of Pharmacy:	Community Sterile Compounding
Prior Disciplinary Orders:	No

The Texas State Board of Pharmacy maintains records regarding licensure and disciplinary action against a licensee. KabaFusion NJ (former Texas Pharmacy License #27408) has not been subject to disciplinary action by the Texas State Board of Pharmacy.

Form Completed by:

Eamon D. Briggs
Assistant General Counsel
Texas State Board of Pharmacy

June 2, 2022
Date

The Texas Department of State Health Services, Drugs and Medical Devices Division, Wholesaler Registration, 1100 W. 49th Street, Austin, TX 78756, is responsible for issuing registrations to wholesale drug distributors and drug manufacturers in Texas.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5 & 6. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
5/7/2020		Illinois		
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Case # 2018-05913		Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation		
Reason/Charge				
Violation of Federal or State Statutes, Regulations or Rules				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
KabaFusion, Inc.		Complaint & Non-Disiplinary Consent Order		
Name of Business/Industry/Entity				
KabaFusion, Inc.				

Provide explanation below: See Attached

Original Signature (electronic, copies or stamps not accepted)

6/14/2022
Date

Applicant's initials

KabaFusion
Patient-Focused Infusion Therapy

Regarding Disciplinary Action for KabaFusion, Inc. (Shrewsbury)

Illinois Board of Pharmacy

KabaFusion, Inc. was party to a Non-Disciplinary Consent Order dated 5/07/2020 with the Illinois Board of Pharmacy regarding the Maine Board of Pharmacy Consent Agreement involving disciplinary action for submission of a late change of pharmacist in charge application.

KabaFusion now has improved policies and procedures and a dedicated team to manage reporting these operational changes to regulators.

CORPORATE (WEST COAST)
17777 Center Court Dr., Ste. 550, Cerritos, CA 90703
P: 800-435-3020 F: 562-860-6017

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80 Hayden Ave., Suite 300, Lexington, MA 02421
P: 844-777-4844 F: 781-862-2002

www.kabafusion.com

STATE OF ILLINOIS
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
DIVISION OF PROFESSIONAL REGULATION

DIVISION OF PROFESSIONAL REGULATION OF THE ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION,	Complainant,	)	
v.		)	Case No. 2018-05913
KABAFUSION, INC., License No. 054.018814,	Respondent.	)	

NON-DISCIPLINARY CONSENT ORDER

The Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation ("Department"), by attorney Paula McGee, and Respondent Kabafusion, Inc., ("Respondent"), by attorney Alex Cooper of Quarles & Brady, LLP, agree to the following:

STIPULATIONS

Respondent holds Illinois pharmacy license no. 054.018814 pursuant to the Pharmacy Practice Act, 225 ILCS 85/et seq. ("Act"), which is presently in active status. On or about April 2, 2018, the Maine State Board of Pharmacy issued a public Consent Agreement whereby Respondent agreed to pay an administrative fine of one thousand five hundred dollars ($1,500.00) due to Respondent's failure to file a change of pharmacist-in-charge ("PIC") application with the Maine Board of Pharmacy by registered mail within seven (7) days after a change of PIC. Respondent filed its PIC application with the Maine Board of Pharmacy approximately nine (9) months after a change of PIC. For the purposes of this Non-Disciplinary Consent Order, Respondent admits that an adverse action was taken against Respondent in the State of Maine. Respondent's actions and/or omissions constitute grounds for discipline under the Act, 225 ILCS 85/30(a)(8).

At all times material to the matter set forth in this Non-Disciplinary Consent Order, the Department had jurisdiction over the subject matter and the parties herein. Respondent has been advised of the right to have any allegation(s) reduced to written charges, to a hearing where the Department bears the burden to prove its allegations by clear and convincing evidence, the right to contest any charges brought and present mitigating evidence, and the right to administrative review of any order resulting from a hearing. Respondent knowingly waives each of these rights, as well as any right to administrative review of this Non-Disciplinary Consent Order.

Such waiver ceases if this Non-Disciplinary Consent Order is rejected by the Board of Pharmacy ("Board") or Director. Respondent acknowledges that Respondent has entered into this Non-Disciplinary Consent Order freely and of Respondent's own will without threat or coercion by the Department or any person and has not relied upon any representation made by or on behalf of the Department other than those specifically included herein. Respondent acknowledges that the Department attorney may be requested to communicate with the Board or Director in furtherance of the approval of this Non-Disciplinary Consent Order. Respondent has been informed that this Non-Disciplinary Consent Order will be presented to the Director. If this Non-Disciplinary Consent Order is not approved, Respondent waives any right to raise any prejudice resulting from the Director's consideration of this Non-Disciplinary Consent Order. Respondent understands that this Non-Disciplinary Consent Order is not effective unless and until it is adopted by the Director. A copy of any original signature(s) shall be given the full force and effect of an original signature(s) affixed to this Non-Disciplinary Consent Order.

Respondent and the Department agree, in order to resolve this matter, that Respondent be permitted to enter into a Non-Disciplinary Consent Order with the Department, providing for the imposition of measures which are fair and equitable in the circumstances and which are consistent with the best interests of the people of the State of Illinois.

CONDITIONS

Wherefore, the Department, by attorney Paula McGee, and Respondent, by attorney Alex Cooper of Quarles & Brady, LLP, agree:

A. Respondent shall permanently voluntarily surrender Respondent's Illinois pharmacy license no. 054.018814 to the Department.

B. This Non-Disciplinary Consent Order shall become effective upon the Director's signature, as dated below.

Signatures on the following page.

4/29/2020
Date

Respondent Kabafusion, Inc.

5/5/2020
Date

Alex Cooper, Quarles & Brady, LLP
Attorney for Respondent

5/6/2020
Date

Department Attorney Paula McGee

5/7/2020
Date

Board of Pharmacy Member

The foregoing Non-Disciplinary Consent Order is approved in full.

Dated this 7th day of May, 2020.

ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
SECRETARY DEBORAH HAGAN

Acting Director Cecilia Abundis
Division of Professional Regulation

Case No. 2018-05913
License No. 054.118814

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 6 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
7/17/2020		Massachusetts		
Case # Massachusetts Board of Pharmacy Meeting Agenda Dated 7/17/2020 and Minutes		**Governing, licensing, Arresting Presiding Body/Agency/Court** Commonwealth of Massachusetts, Board of Registration in Pharmacy		
Reason/Charge Appearance Regarding Relocation Application				
Plaintiff/Defendant/Claimant/Respondent KabaFusion, Inc.		**Lawsuit/Arbitration/Bankruptcy** Apperance		
Name of Business/Industry/Entity KabaFusion, Inc.				

Provide explanation below: See Attached

Original Signature (electronic, copies or stamps not accepted)

6/14/2022
Date

Applicant's initials

KabaFusion
Patient-Focused Infusion Therapy

Regarding Massachusetts Board of Pharmacy Appearance for KabaFusion, Inc. (Shrewsbury)

KabaFusion, Inc. attended the Massachusetts Board of Pharmacy meeting on 7/17/2020 to discuss a relocation from Shrewsbury, MA to Lexington, MA. A copy of the agenda and minuites are enclosed. The pharmacy did not relocate and still operates in Shrewsbury, MA.

CORPORATE (WEST COAST)
17777 Center Court Dr., Ste. 550, Cerritos, CA 90703
P: 800-435-3020 F: 562-860-6017

CORPORATE (EAST COAST)
80 Hayden Ave., Suite 300, Lexington, MA 02421
P: 844-777-4844 F: 781-862-2002

www.kabafusion.com

COMMONWEALTH OF MASSACHUSETTS
Board of Registration in Pharmacy

NOTICE OF THE REGULARLY SCHEDULED MEETING OF THE BOARD OF REGISTRATION IN PHARMACY

July 17, 2020

Webex Information

Call in Number: 1-203-607-0564 or toll free 1-866-692-3580

Access Code: 161 759 5995

Attendee: #

If you need reasonable accommodations in order to participate in the meeting, contact the DPH ADA Coordinator Yulanda Kiner, Phone: 617-624-5848 in advance of the meeting. While the Board will do its best to accommodate you, certain accommodations may require distinctive requests or the hiring of outside contractors and may not be available if requested immediately before the meeting.

Agenda

Time	#	Item	Page	Contact
8:00	**I**	**CALL TO ORDER**		K. Tanzer
	II	**APPROVAL OF AGENDA**		
8:05	**III**	**APPROVAL OF BOARD MINUTES** • Draft of July 10, 2020 Regular Session Minutes		
8:10	**IV**	**APPLICATIONS** • Kabafusion-DS89700 – Relocation • St. Mary's Pharmacy – New Community Pharmacy • BIDMC Pharmacy – New Community Pharmacy • Anchor Home Medical & Pharmacy – New Community Pharmayc • Baker Pharmacy; DS12518- Transfer of Ownership		

8:55	**V**	**FLEX** • Pharmacy issues related to Covid-19 and the state of emergency		
9:00	**VI**	**M.G.L. c. 112, § 65C SESSION**		CLOSED SESSION
10:15	**VII**	**ADJUDICATORY SESSION (M.G.L. ch. 30A, §18)**		CLOSED SESSION
10:30	**VIII**	**ADJOURNMENT**		

COMMONWEALTH OF MASSACHUSETTS
BOARD OF REGISTRATION IN PHARMACY

MINUTES OF THE GENERAL SESSION
Meeting held via WEBEX remotely
Boston, Massachusetts, 02114
July 17, 2020

Board Members Present

Kim Tanzer, PharmD, RPh. President
Julie Lanza, CPhT, President Elect
Leah Giambarresi, Pharm D, RPh, Secretary
Sebastian Hamilton, Pharm D, RPh
Dr. Richard Lopez, MD
Timothy Fensky, RPh (leaves at 10:30 AM)
Patrick Gannon, RPh (leave 9:30-10:30 AM; back 10:30 AM-11:00AM)
Susan Cornacchio JD, RN
Katie Thornell, RPh
Dawn Perry, JD (Leave at 10:22 AM)
Carly Jean-Francois, RN, NP (leave at 10:10 AM)
Andrew Stein, Pharm D (leaves at 9:11 AM)
Stephanie Hernandez, Pharm D, BCGP, RPh (leave at 10:30 AM)

Board Members Not Present

Board Staff Present

David Sencabaugh, Executive Director
Monica Botto, Assistant Executive Director
Heather Engman, JD, Board Counsel
William Frisch, RPh Director of Pharmacy Compliance (not present for 65C)
Michelle Chan, RPh Quality Assurance Pharmacist
Julienne Tran, PharmD RPh, Investigator
Gregory Melton, Pharm D, JD, RPh Investigator
Christina Mogni, RPh Investigator
John Murray, RPh Investigator
Nathan VanAllen, PharmD, RPh Investigator
Michael Brosnan, PharmD, RPh, Investigator
Ed Taglieri, MSM, NHA, RPh, PSUD Supervisor
Joanna Chow, Office Support Specialist
Richard Harris, Program Analyst

TOPIC I. Attendance by roll call:
CALL TO ORDER 8:02 AM
A quorum of the Board was present, established by roll call. President K. Tanzer chaired the meeting. She explained that the Board of Pharmacy was recording the meeting.

Roll call attendance: K. Tanzer, yes; J. Lanza, yes; L. Giambarresi, yes; D. Perry, yes; P. Gannon, yes; C. Jean-Francois, yes; S. Hamilton, yes; S. Cornacchio, yes, Dr. Lopez, yes; T. Fensky, yes; K. Thornell; S. Hernandez, yes; Andy Stein, yes.

Topic II. **Approval of Agenda** **TIME 8:03 AM**

Agenda July 17, 2020

DISCUSSION:
Change to Agenda:

1. Defer application Anchor Home Medical and Pharmacy
2. Defer application Baker Pharmacy DS12518

ACTION:
Motion by L. Lanza, seconded by C. Jean Francois and voted unanimously by those present by roll call vote to approve the agenda with no changes.

Kim asks Michelle to introduce the APPE Pharmacy students Cara O'Toole From WNE and Kyle Blomster from URI.

Topic III **Approval of Board Minutes** **TIME: 8:04 AM**

Minutes
1. Draft 7/10/20 General Session Minutes

No noted Changes.

Action:
Motion by L. Giambarresi, seconded by S. Hamilton and voted unanimously by roll call vote to approve the regular session minutes of 7/10/20 with no noted changes; A. Stein abstains.

Topic IV **Applications:**
1. Kabafusion DS89700 **Relocation** **Time: 8:06 AM**

Represented by: John Leary MOR, Attorney Paul Garbarini

Recusal: None

Discussion: Pharmacy desires to relocate from Shrewsbury to Lexington. It is a 7,000 sq. ft. design, with 400 sq. ft. for the clean room. This is a home infusion pharmacy that specializes in IG therapy. Mr. Leary has had MOR experience at several other pharmacies, but he started with Kabafusion in April, 2020. Leary has limited experience with sterile compounding, as he has more regulatory background. Kabafusion has a robust training program including videos, online courses and modules, and didactic learning. On his own, Leary has also been taking courses through ASHP and on USP. Fran McAteer has

had a role in training on environmental monitoring. Leary and the previous MOR, Fidelis Fynn did a self-inspection together. Now, Mr. Fynn has passed the MOR role onto Leary, and Fynn has become the director of operations for Kabafusion. Kabafusion is open Monday – Friday. They plan to be moving everything on the weekend, although all the new equipment will be already in the Lexington location. When they are closed, Kabafusion has 24-hour access to an on call pharmacist and nurse, and other facilities as backup.

Action: Motion by L. GIAMBARRESI, seconded by S. HAMILTON, and voted unanimously by roll call by those present to approve the relocation pending successful inspection.

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2. St. Mary's Pharmacy **New Community Pharmacy** **Time: 8:15 AM**

Represented by: Bakheet Shenoda, MOR

Recusal: None

Discussion: Bakheet and the owner will open a new retail pharmacy in North Andover. It is located in a plaza on the end, with one neighbor to the left, a beauty salon. There is no access from the neighboring store and no access from above tenants. Points of entry are limited to a front door and back door, but Bakheet assured the back door will always be closed. Bakheet was previously MOR at NPH Pharmacare pharmacy for 4 months in Whitinsville and was a floater pharmacist for CVS. This pharmacy will be providing vaccinations, with a privacy room area surrounded by curtains. They will be reaching out to nearby nursing homes to assess the need for compliance packaging. They will perform simple compounding, such as oral suspensions. Staffing will be 1 pharmacist and 1 technician to start. They have an after-hours voicemail with access to a pharmacist on call. Training for non-sterile compounding for the pharmacist will be reassessed every 6 months, to inspect compounding area and add safety precautions.

Action: Motion by L. GIAMBARRESI, seconded by S. HAMILTON, and voted unanimously by roll call by those present to approve the relocation pending successful inspection.

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3. BIDMC Pharmacy **New Community Pharmacy/Relocation Time: 8:29 AM**

Represented by: David Young, Luca Cattaneo, Kim Nguyen

Recusal: J. LANZA and H. ENGMAN recused and were not present for the discussion or vote in this matter.

Discussion: Beth Israel Deaconess Medical Center (BIDMC) is looking to operate 2 separate, licensed pharmacies without a physical barrier and with a shared production area. One pharmacy will be designated as a specialty pharmacy while the other will be a retail pharmacy focusing on central fill for their Boston location. There will be designated areas with signage specific to each pickup. The representatives answered questions from the Board members regarding security measures, including that there will be 73 security cameras in use and 37 of those cameras focused on the production area. Each pharmacy will have its own inventory, physically separated by lines of demarcation and routinely

reconciled. Specifically, cycle counts will occur every Friday for the specialty pharmacy. They do not plan to have any of the same medications in each pharmacy. The specialty side will just keep specialty medications. Each pharmacy will have its own phone number, labels, and signage. There will be 2 DEA numbers and 2 separate MORs. The representatives assured members of the Board that they will not be sharing staff between the 2 spaces. Concerns were raised about accountability and who would be held responsible for this pilot project because this model is unprecedented. Pharmacists Chirag, David Young, and Luca Cattaneo will all be responsible and dedicated to running this project, rather than BIDMC. This facility allows them to expand services and provide a high touch with patients. They can enhance patient management by focusing more efforts on high risk patients. Separate licenses operating in the same pharmacy space is requested because accreditation efforts and costs for the specialty pharmacy are labor intensive, as well as creating opportunity for contracts that are typically restricted to specialty pharmacies.

Action: Motion by L. GIAMBARRESI, seconded by K. THORNELL, and voted unanimously by roll call by those present to approve the central fill petition.

Action: Motion by L. GIAMBARRESI, seconded by P. GANNON, and voted unanimously by roll call by those present to approve the pilot project contingent upon the following conditions:

- Approval of the DEA
- Specific metrics and reporting schedule to be determined in conjunction with Board staff
- Pilot project to begin 6 months from the date both pharmacies are open and operational

Action: Motion by L. GIAMBARRESI, seconded by P. GANNON, and voted unanimously by roll call by those present to approve the relocation of BIDMC Specialty Pharmacy pending a successful inspection.

Action: Motion by L. GIAMBARRESI, seconded by P. GANNON, and voted unanimously by roll call by those present to approve a new retail license for BILH Pharmacy Direct pending a successful inspection.

TOPIC V **Flex:** **Time: 9:11 AM**
Pharmacy Issues related to COVID-19 and the state of emergency:
Presented by: D. Sencabaugh

Dave notes no updates this week.

Kim Tanzer announces the general session will be ending and the Board will be going into private session. The Board will not cover any other general session items today.

Andrew Stein, Pharm D (leaves at 9:11 AM)

Topic VI: **M.G.L. 65 C #1** **Time: 9:15 AM**

DISCUSSION: None
ACTION: President elect K. Tanzer request a motion to enter M.G.L 65 c Session.

At 9:15 AM L. Giambarresi, seconded by J. Lanza and voted unanimously by roll call vote of all those present to enter M.G.L. chapter 65 c Session:

Carly Jean-Francois, RN, NP (leave at 10:10 AM)
Dawn Perry, JD (Leave at 10:22 AM)
Timothy Fensky, RPh (leaves at 10:30 AM)
Patrick Gannon, RPh (leave 9:30-10:30 AM; back 10:30 am to 11:00 AM)
Stephanie Hernandez, Pharm D, BCGP, RPh (leave at 10:27 AM)

Topic VII: **Adjudicatory Session** **Time: 10:51 AM**

DISCUSSION: None
ACTION: President elect K. Tanzer request a motion to enter Adjudicatory Session.

At 10:51 AM S. Hamilton, seconded by L. Giambarresi and voted unanimously by roll call vote of all those present to enter M.G.L. chapter 65 c Session:

Topic VII **ADJOURMENT OF MEETING** **TIME: 10:54 AM**

ACTION: Motion by S. Hamilton seconded by L. Giambarresi and voted unanimously by roll call vote by those present, to adjourn from General Session.

EXHIBITS USED DURING THE OPEN SESSION OF THE MEETING

1. Draft Agenda of the 7/17/20 General Session
2. Draft Minutes of the 7/10/20 Meeting
3. Applications Kabafusion DS89700 Relocation
4. St. Mary's Pharmacy New Community Pharmacy
5. BIDMC Pharmacy New Community Pharmacy

Respectfully Submitted,
Leah Giambarresi, PharmD, RPh, Secretary

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5 & 6 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
8/12/2020		Massachusetts		
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
PHA-2019-0071		Commonwealth of Massachusetts, Board of Registration in Pharmacy		
Reason/Charge				
Complaint; Non-Disiplinary Consent Agreement for Stayed Probation				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
KabaFusion, Inc.			Complaint; Non-Disiplinary Consent Agreement for Stayed Probation	
Name of Business/Industry/Entity				
KabaFusion, Inc.				

Provide explanation below: See Attached

Original Signature (electronic, copies or stamps not accepted)

Date 6/14/2022

Applicant's initials SW

KabaFusion
Patient-Focused Infusion Therapy

Regarding Massachusetts Board of Pharmacy Complaint No. PHA-2019-0071 and Non-Disciplinary Consent Agreement for Stayed Probation for KabaFusion, Inc. (Shrewsbury)

Complaint No. PHA-2019-0071 was regarding a failure to report an above action level regarding the 2/20/2019 environmental monitoring.

KabaFusion, Inc. was party to a non-disciplinary condition agreement dated 8/12/2020 with the Massachusetts Board of Pharmacy. The pharmacy was inspected on 6/20/2019 and passed the inspection. After the inspection, KabaFusion and the Massachusetts Board of Pharmacy continued to review and discuss the pharmacy's environmental monitoring procedures and determined that monthly samples would receive routine testing and reporting by a third-party lab. A new pharmacist-in-charge/manager of record took over day to day management of the pharmacy on 6/22/2020 and KabaFusion also completed and passed additional routine inspections by the Board on 12/09/2019, 12/04/2020, 2/24/2021 and 11/10/2021.

On 10/01/2021 the pharmacy received notice from the Massachusetts Board of Pharmacy that all requirements of the agreement were satisfied.

A copy of the Non-Disciplinary Consent Agreement and Notice of Restoration are enclosed.

CORPORATE (WEST COAST)
17777 Center Court Dr., Ste. 550, Cerritos, CA 90703
P: 800-435-3020 F: 562-860-6017

CORPORATE (EAST COAST)
80 Hayden Ave., Suite 300, Lexington, MA 02421
P: 844-777-4844 F: 781-862-2002

www.kabafusion.com

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Bureau of Health Professions Licensure
239 Causeway Street, Suite 500, Boston, MA 02114

CHARLES D. BAKER
Governor

KARYN E. POLITO
Lieutenant Governor

Tel: 617-973-0800
TTY : 617-973-0988
www.mass.gov/dph/boards

MARYLOU SUDDERS
Secretary

MARGRET R. COOKE
Acting Commissioner

October 1, 2021

Manager of Record
Kabafusion, Inc.
159 Memorial Drive, Unit E
Shrewsbury MA 01545

RE: In the Matter of Kabafusion, Inc., Board of Registration in Pharmacy, PHA-2019-0071; License No. DS89700

NOTICE OF RESTORATION OF UNRESTRICTED LICENSURE (SUCCESSFUL COMPLETION OF PROBATION)

Dear Manager of Record:

As you know, the pharmacy entered into a Consent Agreement for Probation, ("Agreement"), effective August 12, 2020 with the Board of Registration in Pharmacy ("Board").

Please be advised that after review and as authorized by Division Policy 15-01, the Board's Executive Director and I determined that the pharmacy has now complied in full with all requirements of the Agreement and that the minimum monitoring period has been satisfied. Accordingly, I am restoring the drug store's license to full, unrestricted status, effective September 22, 2021. Please allow for up to five (5) business days from the date of this letter until the updated license status appears on the "Check a License" website.

Sincerely,

Karen L. Fishman
Probation Department Coordinator

Enclosure
KLF/rf

Cc: Paul M. Garbarini, P.C.
Attorney at Law
PO Box 1551
Northampton, MA 01601

COMMONWEALTH OF MASSACHUSETTS

SUFFOLK COUNTY

BOARD OF REGISTRATION IN PHARMACY

In the Matter of	)	
Kabafusion	)	PHA-2019-0071
DS89700	)	

NON-DISCIPLINARY CONSENT AGREEMENT FOR STAYED PROBATION

The Massachusetts Board of Registration in Pharmacy ("Board") and Kabafusion ("Licensee" or "Pharmacy"), a pharmacy licensed by the Board, DS89700, do hereby stipulate and agree that the following information shall be entered into and become a permanent part of the Pharmacy's record maintained by the Board:

1. The Pharmacy acknowledges the Board opened a complaint against its pharmacy license related to the conduct set forth in Paragraph 2, identified as Docket No. PHA-2019-0071 ("the Complaint").[1]

2. The Board and the Pharmacy acknowledge and agree to the following facts:

   a. Board investigators inspected the Pharmacy on or about June 20, 2019 and observed the Pharmacy failed to properly respond to above action level environmental monitoring results in February 2019 and March 2019.

   b. Specifically, on or about February 20, 2019, a third party performed viable surface sampling at the pharmacy. One surface sample grew two colony forming units (CFUs) of a gram negative, rod-shaped bacteria identified as Serratia macescens, which is a highly pathogenic microorganism. As such, this sample was above USP 797 action levels.

   c. The Pharmacy failed to immediately remedy the February 20, 2019 above action level environmental monitoring result, in violation of USP 797 and 247 CMR 9.01(3).

[1] The term "License" applies to both a current license and the right to renew an expired license.

d. The Pharmacy failed to report the February 20, 2019 above action level environmental monitoring result to the Board, in violation of 247 CMR 6.15(7).

e. Another environmental monitoring sample taken on or about March 18, 2019 contained microbial growth. This sample was not sent to a credentialed laboratory for identification, in violation of in violation of USP 797 and 247 CMR 9.01(3).

f. During the June 20, 2019 inspection, Board investigators also observed the following violations of USP 797 and 247 CMR 9.01(3):

   i. fungal media plates incubated at incorrect temperatures;

   ii. use of expired sterile isopropyl alcohol; and

   iii. unsealed ceiling tiles.

g. The foregoing facts warrant action by the Board under M.G.L. c. 112, §§ 42A and 61 and 247 CMR 10.03(1)(a), (v), and (bb).

3. The Pharmacy agrees that its pharmacy license shall be placed on PROBATION for one (1) year, and that the probation shall be STAYED for no more than one (1) year ("Stayed Probationary Period"), commencing with the date on which the Board signs this Agreement ("Effective Date"). The Agreement shall be non-disciplinary until and unless the Board takes action pursuant to Paragraph 7 of the Agreement.

4. During the Stayed Probationary Period, the Pharmacy further agrees that it shall comply with all of the following requirements to the Board's satisfaction:

   a. Comply with all laws and regulations governing the practice of pharmacy.

   b. Submit documentation demonstrating the pharmacy performed environmental monitoring at least once per month during the Stayed Probationary Period. The environmental monitoring must be performed by trained staff or a qualified third party vendor. Any growth must be sent to a credentialed laboratory for identification.

5. The Board agrees that in return for the Pharmacy's execution and its successful compliance with all the requirements of this Agreement, the Board will not prosecute the Complaint.

6. If and when the Board determines that the Pharmacy has complied to the Board's satisfaction with all the requirements contained in this Agreement, the Stayed Probationary Period will terminate no sooner than one (1) business day after the Effective Date upon written notice to the Licensee from the Board, and the Licensee shall have no history of discipline upon its record related to this Agreement or the Complaint.[2]

7. If the Pharmacy does not materially comply with each requirement of this Agreement, or if the Board opens a Subsequent Complaint[3] during the Probationary Period, the Pharmacy agrees to the following:

   a. The Board may upon written notice to the Pharmacy, as warranted to protect the public health, safety, or welfare:

      i. EXTEND the Probationary Period;

      ii. MODIFY the Probation Agreement requirements; or

      iii. IMMEDIATELY SUSPEND the Pharmacy's license.

   b. If the Board suspends the Pharmacy's license pursuant to Paragraph 7(a)(iii), the suspension shall remain in effect until:

      i. the Board provides the Pharmacy written notice that the Probationary Period is to be resumed and under what terms;

      ii. the Board and the Pharmacy sign a subsequent agreement; or

[2] In all instances where this Agreement specifies written notice to the Licensee from the Board, such notice shall be sent to the Licensee's address of record.

[3] The term "Subsequent Complaint" applies to a complaint opened after the Effective Date concerning acts, omissions, or events occurring after the Effective Date, which (1) alleges that the Pharmacy engaged in conduct that violates Board statutes or regulations, and (2) is substantiated by evidence, as determined following the complaint investigation during which the Pharmacy shall have an opportunity to respond.

iii. the Board issues a written final decision and order following adjudication of the allegations (1) of noncompliance with this Agreement, and/or (2) contained in the Subsequent Complaint.

8. The Pharmacy agrees that if the Board suspends its license in accordance with Paragraph 7, it will immediately return its current Massachusetts license to the Board, by hand or certified mail. The Pharmacy further agrees that upon said suspension, it will no longer be authorized to operate as a pharmacy in the Commonwealth of Massachusetts and shall not in any way represent itself as a pharmacy until such time as the Board reinstates license or right to renew such license.

9. The Pharmacy understands that it has a right to formal adjudicatory hearing concerning the Complaint and that during said adjudication it would possess the right to confront and cross-examine witnesses, to call witnesses, to present evidence, to testify on its own behalf, to contest the allegations, to present oral argument, to appeal to the courts, and all other rights as set forth in the Massachusetts Administrative Procedures Act, M.G.L. c. 30A, and the Standard Adjudicatory Rules of Practice and Procedure, 801 CMR 1.01 et seq. The Pharmacy further understands that by executing this Agreement it is knowingly and voluntarily waiving its right to a formal adjudication of the Complaints.

10. The Pharmacy acknowledges that it has been at all times free to seek and use legal counsel in connection with the Complaint and this Agreement.

11. The Pharmacy acknowledges that after the Effective Date, the Agreement constitutes a public record. The Board may forward a copy of this Agreement to other licensing boards, law enforcement entities, and other individuals or entities as required or permitted by law.

12. The Pharmacy understands and agrees that entering into this Agreement is a voluntary and final act and not subject to reconsideration, appeal, or judicial review.

13. The individual signing this Agreement certifies that he/she is authorized to enter into this Agreement on behalf of the Pharmacy, and that he/she has read this Agreement.

Witness (sign and date) (sign and date) 6/24/2020

Michael Rigas, Pharm.D
(print name) Chief Clinical officer

David Sencabaugh, R.Ph.
Executive Director
Board of Registration in Pharmacy

8-12-20
Effective Date

Fully Signed Agreement Sent to Licensee on 8/13/2020 by

Certified Mail No. 7019 0700 0000 1846 1978

Kabafusion
DS89700
PHA-2019-0071

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
4/2/2018		Maine		
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Complaint # 2017-PHA-13810		State of Maine, Board of Pharmacy		
Reason/Charge				
Violation of Federal or State Statutes, Regulations or Rules; Fine Paid				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
KabaFusion, Inc.		Complaint & Consent Agreement		
Name of Business/Industry/Entity				
KabaFusion, Inc.				

Provide explanation below: See Attached

Original Signature (electronic, copies or stamps not accepted)

6/14/2022
Date

Applicant's initials SM

KabaFusion
Patient-Focused Infusion Therapy

Regarding Disciplinary Action for KabaFusion, Inc. (Shrewsbury)

Maine Board of Pharmacy

KabaFusion, Inc. was party to a Consent Agreement dated 4/02/2018 with the Maine Board of Pharmacy regarding disciplinary action for submission of a late change of pharmacist in charge application, copy enclosed. A $1,500.00 fine was paid.

KabaFusion now has improved policies and procedures and a dedicated team to manage reporting these operational changes to regulators.

CORPORATE (WEST COAST)
17777 Center Court Dr., Ste. 550, Cerritos, CA 90703
P: 800-435-3020 F: 562-860-6017

CORPORATE (EAST COAST)
80 Hayden Ave., Suite 300, Lexington, MA 02421
P: 844-777-4844 F: 781-862-2002

www.kabafusion.com

STATE OF MAINE
BOARD OF PHARMACY

IN RE:	)	
	)	
KABAFUSION, INC.	)	CONSENT AGREEMENT
	)	
Complaint No. 2017-PHA-13810	)	

PARTIES

This document is a Consent Agreement regarding disciplinary action against the mail order pharmacy license of KabaFusion, Inc. in the State of Maine. The parties to this Consent Agreement are: KabaFusion, Inc. ("KabaFusion"), the Maine Board of Pharmacy ("the Board"), and the Maine Office of the Attorney General ("the Attorney General"). This Consent Agreement is entered into pursuant to 10 M.R.S. § 8003(5-A).

FACTS

1. At all times relevant to this matter, KabaFusion was licensed by the Board as a mail order pharmacy, license no. MO40001760, located at 159 Memorial Drive, Unit E, Shrewsbury, Massachusetts.
2. On March 21, 2016, Fidelis Fynn replaced Eve Loppiore as the pharmacist in charge ("PIC") of KabaFusion, thereby requiring KabaFusion to submit a Change of PIC application to the Board within 7 days after the PIC change.
3. KabaFusion, submitted a change of PIC application with the Board on December 27, 2016.
4. On December 29, 2017, Senior Consumer Assistant Specialist Meagan Damon, filed an administrative complaint with the Board alleging that KabaFusion had not filed a timely change of PIC application.

5. This administrative complaint was docketed as complaint no. 2017-PHA-13810.
6. Under Board Rules Chapter 11, § 3, upon a change of PIC, a mail order pharmacy must file a new application with the Board by registered mail no later than seven (7) days after the change.
7. Pursuant to the Board's general delegation of authority dated October 6, 2016, which authorizes Board Staff to offer prescribed consent agreements to resolve first-time violations of PIC change notification requirements, this Consent Agreement is being offered to resolve Complaint No. 2017-PHA-13810.
8. Absent acceptance of this Consent Agreement by signing and dating it and returning it to Maine Board of Pharmacy, Complaints Division, Department of Professional and Financial Regulation, 35 State House Station, Augusta, Maine 04333-0035 by March 20, 2018, the Board will resolve this matter by holding an adjudicatory hearing.

COVENANTS

9. KabaFusion admits to the facts as stated above and admits that such conduct constitutes grounds for discipline pursuant to 10 M.R.S. § 8003(5-A)(A)(5) for violating a rule of the Board, specifically Board Rules Chapter 11, § 3, by failing to file a change of PIC application with the Board by registered mail no later than 7 days after a change of PIC.
10. As DISCIPLINE for the violation admitted to in paragraph 9 above, KabaFusion agrees to accept the imposition of:
    a. A WARNING; and
    b. A CIVIL PENALTY in the amount of one thousand five hundred dollars ($1500.00). Payment of the civil penalty shall be made by check or money order payable to the "Treasurer, State of Maine" and delivered to the Complaints

Division, Department of Professional and Financial Regulation, 35 State House Station, Augusta, Maine 04333, and must be submitted with the signed Consent Agreement.

11. This Consent Agreement is not appealable and is effective until modified or terminated by the parties hereto.

12. Violation of any of the terms or conditions of this Consent Agreement by KabaFusion shall constitute grounds for discipline, including but not limited to modification, suspension, or revocation of licensure or the denial of licensure or re-licensure.

13. The Board and the Office of the Attorney General may communicate and cooperate regarding any matter related to this Consent Agreement.

14. This Consent Agreement is a public record within the meaning of 1 M.R.S. § 402 and will be available for inspection and copying by the public pursuant to 1 M.R.S. § 408-A.

15. Nothing in this Consent Agreement shall be construed to affect any right or interest of any person not a party hereto.

16. The Board and KabaFusion agree that no further agency action will be initiated against KabaFusion's license by the Board based upon the specific violations admitted to herein, except or unless KabaFusion fails to comply with the terms and conditions of this Consent Agreement. The Board may however consider the conduct described above as evidence of a pattern of misconduct in the event that other allegations are brought against KabaFusion. The Board may also consider the fact that discipline was imposed by this Consent Agreement in determining discipline in any further complaints against KabaFusion.

17. KabaFusion acknowledges by its duly authorized representative's signature hereto that it has had an opportunity to consult with an attorney before executing this Consent Agreement, that it executes this Consent Agreement voluntarily, and that it agrees to abide by all terms and conditions set forth herein.

KABAFUSION, INC..

DATED: 3/16/18

BY: [signature]
Authorized Representative

Michael Rigas, Pharm.D., Chief Clinical Officer
Printed Name

DATED: 3/24/2018

[signature]
JOSEPH BRUNO, R.Ph., President
MAINE BOARD OF PHARMACY

DATED: 4/2/2018

[signature]
ANDREW L. BLACK
Assistant Attorney General

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5 & 6. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
5/18/2021		Virginia		
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reference Permit # 0201002838		VA Board of Pharmacy		
Reason/Charge				
Violation of Federal or State Statutes, Regulations or Rules; Fine Paid				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
KabaFusion VA, LLC		Consent Order		
Name of Business/Industry/Entity				
KabaFusion VA, LLC				

Provide explanation below: See Attached

Original Signature (electronic, copies or stamps not accepted)

6/14/2022
Date

Applicant's initials SM

KabaFusion
Patient-Focused Infusion Therapy

Regarding Disciplinary Action For KabaFusion VA, LLC (Chesapeake)

The Virginia Board of Pharmacy inspected KabaFusion VA, LLC on April 21, 2021 and found that bulk IV solutions were in the warehouse space. The bulk IV solutions have been relocated to the licensed pharmacy space and the deficiency correction and payment of monetary penalty are noted in the May 27, 2021 letter from the Virginia Board of Pharmacy, copy enclosed.

CORPORATE (WEST COAST)
17777 Center Court Dr., Ste. 550, Cerritos, CA 90703
P: 800-435-3020 F: 562-860-6017

CORPORATE (EAST COAST)
80 Hayden Ave., Suite 300, Lexington, MA 02421
P: 844-777-4844 F: 781-862-2002

www.kabafusion.com

0201002838

COMMONWEALTH of VIRGINIA

David E. Brown, D.C.
Director

Department of Health Professions
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463

www.dhp.virginia.gov
TEL (804) 367- 4400
FAX (804) 527- 4475

Board of Pharmacy
804/367-4456
804-799-7906 (fax)

May 27, 2021

KabaFusion VA, LLC
Traci M. Johns, Pharmacist-in-Charge
Mailed to the legal address of record
with the Board of Pharmacy

RE: Case #211691

Dear Ms. Johns:

Enclosed please find a certified true copy of the Inspection Deficiency Notice and Consent Order that was entered by the Board on May 18, 2021. Further, this confirms receipt of the monetary penalty and the documentation indicating the corrective action taken. As all requirements have been satisfied, the case is now closed.

Sincerely,

Rose E. DeMatteo
Compliance Case Manager

Enclosure

Virginia Board of Pharmacy
9960 Mayland Drive, Suite 300
Henrico, VA 23233
804-367-4456
804-527-4472 (Fax)
pharmbd@dhp.virginia.gov
April 21, 2021

KabaFusion VA, LLC
Permit Number: 0201002838

Notice

After an inspection conducted on April 21, 2021 at KabaFusion VA, LLC, the deficiencies identified in the inspection summary that was provided to the facility were found. Those deficiencies constitute violations of the statutes and regulations cited below:

1. ($500) Deficiency 12: Storage of prescription drugs not in the prescription department; 18 VAC 110-20-190

If you wish to contest the violations cited above and in the inspection summary that was provided to the facility, you may submit documentation for the Board's consideration within 14 days of the date of this notice. In the alternative, you may request, in writing, an informal conference to further discuss this matter before a committee of the Board within 30 days of the date of this notice. Documents for consideration or a request for an informal conference should be mailed to:

Virginia Board of Pharmacy
9960 Mayland Drive
Suite 300
Henrico, Virginia 23233

If you do not want to contest the cited violations, in lieu of proceeding to an informal conference, you may sign the Consent Order below, submit a total penalty of $500 by check or money order, made payable to the Treasurer of Virginia, and provide documentation of corrective action taken to remedy all of the cited violations. The Consent Order, the penalty, and documentation of corrective action should be sent in one mailing to the address provided above within 30 days of the date of this Notice.

Failure to respond to this document within thirty (30) days of the date of this Notice will result in an informal conference being scheduled to determine whether violations of the statutes and regulations of the Board of Pharmacy have occurred. A notice of the informal conference will be mailed to the attention of the facility's Pharmacist-in-Charge [or the Owner if no PIC] with the scheduled date and time. If it is determined at the conclusion of the informal conference that the pharmacy is in violation of the laws and regulations of the Board of Pharmacy, the permit holder may be subject to disciplinary sanctions by the Board in addition to the penalty listed above. If you have any questions, please contact the Board office.

Consent Order

The Virginia Board of Pharmacy ("Board") and KabaFusion VA, LLC ("Pharmacy") enter into the following Consent Order as evidenced by the signature of the Pharmacist-in-Charge [or the Owner if no PIC] hereto. The deficiencies cited in the Notice above and the inspection summary that was provided to the facility constitute violations of the statutes and regulations as cited above in the Notice. These violations were identified during an inspection conducted on April 21, 2021.

DO NOT MAKE ANY CHANGES TO THIS DOCUMENT:

Pharmacy, by affixing the signature of the Pharmacist-in-Charge (or Owner if no PIC) hereon, agrees to the following:

1. The Pharmacist-in-Charge (or Owner if no PIC) has the right to seek advice of counsel prior to signing this document;
2. The Pharmacist-in-Charge (or Owner if no PIC) acknowledges that without his consent, no legal action can be taken against the Pharmacy except pursuant to the Virginia Administrative Process Act, § 2.2-4000 *et seq.* of the Code of Virginia;
3. The Pharmacist-in-Charge (or Owner if no PIC) acknowledges that he has the following rights, among others: the right to an informal fact finding conference before the Board, the right to reasonable notice of said hearing, the right to representation by counsel, and the right to cross-examine witnesses;
4. The Pharmacist-in-Charge (or Owner if no PIC) waives all such right to an informal conference;
5. The Pharmacist-in-Charge (or Owner if no PIC) admits to the violations cited herein and waives his right to contest such violations in any subsequent proceeding before the Board;
6. The Pharmacist-in-Charge (or Owner if no PIC) consents to the entry of the following Order affecting the permit of the Pharmacy in Virginia.

WHEREFORE, on the basis of the foregoing, the Board, effective upon entry of this Order, and in lieu of further proceedings, hereby ORDERS as follows:

1. Pharmacy shall pay a monetary penalty of $500 to the Board within 30 days of the date of the Notice.

2. Pharmacy shall submit documentation of immediate action taken to correct all violations.

3. Any violation of the terms and conditions of this Order or of any law or regulation affecting the conduct of Pharmacy in the Commonwealth of Virginia shall constitute grounds for the suspension or revocation of the permit of Pharmacy, and an administrative proceeding shall be convened to determine whether such permit shall be suspended or revoked.

DEFICIENCY NOTICE AND CONSENT ORDER
Permit Number: 0201002838

Pursuant to § 2.2-4023 and § 54.1-2400.2 of the Code of Virginia, the signed original of this Notice and Consent Order shall remain in the custody of the Department of Health Professions as public record and shall be made available for public inspection or copying upon request.

Traci Johns RPh
Signature of PIC or Owner

4/29/2021
Date

Traci Johns
Printed Name of Person Signing

Pharmacist in Charge
Position/Title

FOR THE BOARD:

Caroline D. Juran, Executive Director

5/18/2021
Entered

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5 & 6. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
2/25/2021		New York		
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Not listed		New York State Department of Health		
Reason/Charge				
Violation of Federal or State Statutes, Regulations or Rules; Fine Paid				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Lincare of New York, Inc.		Citation; Stipulation and Order		
Name of Business/Industry/Entity				
Lincare of New York, Inc.				

Provide explanation below: See Attached

Original Signature (electronic, copies or stamps not accepted)

6/14/2022
Date

Applicant's initials

KabaFusion
Patient-Focused Infusion Therapy

Citation, Stipulation and Order for Lincare of New York, Inc. (Clinton)

Lincare of New York, Inc. was aquired in May 2020 and inspected by the New York Department of Health in September 2020. All findings have been corrected, and the fine was paid. A copy of the Citation, Stipulation and Order is enclosed.

CORPORATE (WEST COAST)
17777 Center Court Dr., Ste. 550, Cerritos, CA 90703
P: 800-435-3020 F: 562-860-6017

CORPORATE (EAST COAST)
80 Hayden Ave., Suite 300, Lexington, MA 02421
P: 844-777-4844 F: 781-862-2002

www.kabafusion.com

STATE OF NEW YORK : DEPARTMENT OF HEALTH

IN THE MATTER

OF

HOWARD A. ZUCKER, M.D., J.D., as Commissioner of Health of the State of New York, to determine the action to be taken with respect to:

LINCARE OF NEW YORK INC.

Respondent

as operator of

Lincare of New York Inc. - Clinton
8181 Seneca Turnpike Suite 2
Clinton New York, 13323

arising out of alleged violations of Article 36 of the Public Health Law of the State of New York and Title 10 (Health) of the Official Compilation of Codes, Rules and Regulations of the State of New York (NYCRR)

STIPULATION

AND

ORDER

WHEREAS, the New York State Department of Health (the "Department") has investigated the operations of LINCARE OF NEW YORK INC. as operator of Lincare of New York Inc. – Clinton, a Home Care Service provider relating to alleged violations of Article 36 of the Public Health Law and Part 700 of Title 10 (Health) of the Official Compilation of the Codes, Rules and Regulations of the State of New York (NYCRR), as detailed in the Department survey dated September 15, 2020; and

WHEREAS, prior to commencement of administrative enforcement action based upon the alleged violations by service of a Notice of Hearing and Statement of Charges, the Department and the Respondent engaged in settlement discussions; and

WHEREAS, the parties wish to resolve this matter by means of a settlement

instead of an administrative hearing.

NOW, THEREFORE, IT IS STIPULATED AND AGREED AS FOLLOWS:

1. This matter is settled and discontinued with prejudice. The Department shall not pursue further administrative enforcement action against the Respondent pursuant to Article 36 of the Public Health Law and Title 10 NYCRR in connection with the Department survey dated September 15, 2020 and alleged violations of 10 NYCRR §§ 765 – 2.2(b), 766.2(a)(1), 766.3(a), 766.3(b), 766.3(d), 766.4(d), 766.5(b) (3), 766.9(c), 766.9(k), 766.9(l), 766.11(d)(1), 766.11(d)(2), 766.11(d)(4), 766.11 (f)(i), 766.11(l)(1), 766.11(l)(2), 766.12(a)(1), and 766.12(c).

2. The Respondent admits to the existence of substantial evidence of violations of the regulations listed in paragraph #1 above, as detailed in the Department survey dated September 15, 2020. The foregoing admission is without prejudice to the Respondent's rights, defenses, and claims in any other matter, proceeding, action, hearing, or litigation not involving the Department or any of its boards or councils authorized by the Public Health Law, including but not limited to those involving medical malpractice, personal injury, and/or negligence that may be made in a civil action for monetary damages.

3. Pursuant to PHL §§ 12(1)(a) and 206 of the Public Health Law, the Respondent is assessed a civil penalty of Twenty-Five Thousand Five Hundred dollars ($25,500.00). Twelve Thousand Five Hundred dollars ($12,500.00) of this civil penalty will be paid to the Department within thirty (30) days after the effective date of this Stipulation and Order. Thirteen Thousand dollars ($13,000.00) of this civil penalty will be suspended for a further period of 90 days and waived upon the Respondent demonstrating compliance

with the regulatory requirements of 10 NYCRR §§ 765 – 2.2(b), 766.2(a)(1), 766.9(c), 766.9(k), 766.9(l), 766.9(o), 766.11 (d)(1), 766.11 (d)(2), 766.11 (d)(4), 766.11 (i)(i), 766.11(l)(1), 766.11(l) (2), 766.12 (a)(1), 766.12(c).

4. Payments shall be made payable by certified check to the New York State Department of Health and forwarded to the New York State Department of Health, Bureau of Accounts Management, Room 2748, Corning Tower, Empire State Plaza, Albany, New York 12237-0016. Any civil penalty not paid by the date prescribed herein shall be subject to all provisions of law relating to debt collection by the State of New York. This includes, but is not limited to, the imposition of interest, late payment charges and collection fees; referral to the New York State Department of Taxation and Finance for collection, and non-renewal of permits or licenses [Tax Law Section 171(27); State Finance Law Section 18; CPLR Section 5001; Executive Law Section 32].

5. It is further stipulated and agreed by the Respondent and the Department that there exist valid and sufficient grounds, as a matter of fact and law, for the issuance of this Stipulation and Order under the Public Health Law, and the Respondent consents to its issuance, accepts its terms and conditions and waives any right to challenge this Stipulation and Order in a proceeding pursuant to Article 78 of the Civil Practice Law and Rules or in any other action or proceeding.

6. This Stipulation and Order shall be effective upon service on the Respondent or the Respondent's attorney or representative of a copy by personal service or by certified or registered mail.

DATED: Albany , New York
February 25 , 2021

LINCARE of NEW YORK, INC.

BY: Karen Kaczmarek

Karen Kaczmarek
President

AGREED AND SO ORDERED:

DATED: Albany, New York
May 4 , 2021

NEW YORK STATE DEPARTMENT OF HEALTH

HOWARD A. ZUCKER, M.D., J.D.
Commissioner of Health

Inquiries to: Michael John Phillips, Senior Attorney
Bureau of Administrative Hearings
Phone: (518) 474 1902 – office 518 935 0533 - mobile
Email: michael.phillips@health.ny.gov

Mail Stipulation and Order to:

Michael John Phillips, Senior Attorney
New York State Department of Health
Corning Tower Building, Room 2412
Empire State Plaza
Albany, New York 12237-0029

Mail Payment to:

New York State Department of Health
Bureau of Accounts Management
Corning Tower, Room 2748
Empire State Plaza
Albany, New York 12237-0016

ADDENDUM

Lincare of NY, Inc. – Clinton			
Date of Survey	Violation	Description of Applicable Citations	Type and amount of Fine
9/15/2020	10 NYCRR §§ 765 2.2(b), 766.2(a)(1), 766.3(a), 766.3(b), 766.3(d), 766.4(d), 766.5(b) (3), 766.9(c), 766.9(k), 766.9(l), 766.11 (d) (1), 766.11 (d) (2), 766.11 (d) (4), 766.11 (f) (i), 766.11l(1), 766.11(i) (2), 766 .12 (a) (1), and 766.12(c).	Failure to maintain licensing and administrative requirements, Failure to properly administer multiple Plans of Care, Failure to maintain proper personnel records, Failure to maintain required records and reports.	PHL §§ 12(1)(a) and 206. $25,500 civil penalty. $12,500 paid within 30 Days of effective date. $13,000.00 suspended for 90 days to comply with Department administrative requirements.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Sohail Masood

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 Massachusetts, ss. County of Middlesex

I, Sohail Masood, 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 14th day of June.

Joshua R Darakjian

Notary Public Signature

Joshua Robert Darakjian
Notary Public
COMMONWEALTH OF MASSACHUSETTS
My Commission Expires
02/03/2028

(Seal)

Applicant's initials SM

GTMI Corporation

DBA

KabaFusion NV

Personal History Application

Sohail Merchant

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 GTMI Corporation DBA KabaFusion NV

Physical Address 1510 W Sunset Rd., #120

City Henderson State NV Zip 89014

Mailing Address (if different from physical address) 17777 Center Court Drive Suite 550

City Cerritos State CA Zip 90703

Telephone 800-435-3020 Website www.KabaFusion.com

Licensing Company Email KabaFusionLicensing@KabaFusion.com

Section 2: Personal Information

First Sohail Middle _____ Last Merchant

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address 17777 Center Court Drive Suite 550

City Cerritos State CA Zip 90703

Telephone 800-435-3020 Email SMerchant@KabaFusion.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 _____

Section 5: List your high school and college experience 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. Lawrence		01/1972 - 12/1986	
Address	**City**	**State**	**Zip**
V2W8+2QF, Manghopir Rd, Pak Colony Asif Colony	Karachi City, Sindh Pakistan		
Diploma/Degree obtained, if any			
Matriculation			
School Name		**From - To (MM/YY – MM/YY)**	
California State University, Northridge		8/1987 - 6/1994	
Address	**City**	**State**	**Zip**
18111 Nordhoff St.	Northridge	CA	91330
Diploma/Degree obtained, if any			
BS, Business Administration, Accounting Theory and Practice Option			
School Name		From - To (MM/YY – MM/YY)	
Address	City	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
10/2019 - Present	[redacted] Saddlebow Road	Bell Canyon	CA	91307
06/2012 - 10/2019	[redacted] Raleigh Court	Porter Ranch	CA	91326
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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)
KabaFusion Holdings, LLC			10/2009 - Present
Business Address	**City**	**State**	**Zip**
17777 Center Court Dr., Suite 550	Cerritos	CA	90703
Phone	**Title**		
800-435-3020	CFO		

Description of Duties

Oversee operations of the company including corporate functions and manage departments and teams within the organization to support the business
- Responsible for managing the overall financial activities of the company including providing leadership, direction and management of the finance and accounting team
- Negotiate and secure credit line to provide company with liquidity achieving favorable terms and avoiding negative provisions
- Providing strategic recommendations to the CEO and to the BOD
- Oversee payor contracts with Managed Care organizations (i.e., Blue Cross, Blue Shield and United Healthcare)
- Manage ongoing relationship with private equity investors
- Manage relationship with outside independent auditors

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**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?		
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.		
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Applicant's initials _____

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5 & 6 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
12/22/2010		New Jersey		

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
Inspection Report # 8-6106-10-1445; DCN: 5500000098960040	NJ Division of Consumer Affairs; Board of Pharmacy

Reason/Charge
Violation of Federal or State Statutes, Regulations or Rules; Fine Paid

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Home Care Services, Inc.	Complaint

Name of Business/Industry/Entity
Home Care Services, Inc.

Provide explanation below: See Attached

Original Signature (electronic, copies or stamps not accepted)

6/14/2022
Date

Applicant's initials

KabaFusion
Patient-Focused Infusion Therapy

Regarding Disciplinary Action for Home Care Services, Inc. DBA KabaFusion NJ (Edison)

In October 2010 Home Care Services, Inc. was acquired by KabaFusion and began undergoing operational and leadership transitions. The minor violation and fine imposed occurred soon after the acquisition of the pharmacy, copy enclosed.

CORPORATE (WEST COAST)
17777 Center Court Dr., Ste. 550, Cerritos, CA 90703
P: 800-435-3020 F: 562-860-6017

CORPORATE (EAST COAST)
80 Hayden Ave., Suite 300, Lexington, MA 02421
P: 844-777-4844 F: 781-862-2002

www.kabafusion.com

28RS00069700 74328

CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

New Jersey Office of the Attorney General

Division of Consumer Affairs
Board of Pharmacy
124 Halsey Street, 6th Floor, Newark, NJ 07102

PAULA T. DOW
Attorney General

THOMAS R. CALCAGNI
Acting Director

Mailing Address:
P.O. Box 45013
Newark, NJ 07101
(973) 504-6450

December 22, 2010

By Certified and Regular Mail

Walter Molokie, RPIC
Home Care Services, Inc
55 Liberty Street
Metuchen, NJ 08840

Re: Inspection Report # **8-6108-10-1445**

Dear Mr. Molokie:

This letter is to advise you that the New Jersey State Board of Pharmacy (the "Board") has had an opportunity to review information concerning the above inspection report.

Upon review of all available information, the board has preliminarily found that you are responsible for the violations noted on **Attachment A.**

The Board has determined that it will first offer you an opportunity to settle this matter and thereby avoid the initiation of formal disciplinary proceedings. Should you wish to avail yourself of this opportunity, you should sign the acknowledgment below and agree to the following:

1. **Cease and desist** in engaging in the conduct alleged and pay a penalty in the amount of **$50.00** (to be paid upon signing of this certification).
2. Provide to the Board a **Letter of Correction.**

Alternatively you may waive your right to a hearing and submit a written statement or explanation to the Board. The Board will then consider your submission and render a final decision, which may include any of the terms set forth above. Any disposition by way of a settlement will be a public record, and will have the same effect as an order of the Board. Any failure to comply with the terms to which you agree will be deemed a violation.

If you do not wish to settle this matter, you may request a hearing. In that event, this letter will serve as notice of the charges against you and a hearing will be scheduled before the Board. At that hearing you either personally or with the assistance of an attorney will have an opportunity to respond to the charges and submit evidence and present testimony as may be necessary in order for the Board to make a final determination concerning the charges of unlawful activity.

DIVISION OF CONSUMER AFFAIRS
BOARD OF PHARMACY
124 HALSEY ST., 6TH FL., P.O. BOX 45013
NEWARK, NJ 07101

You should be aware that in making its final decision, the Board may, if unlawful activity has been proven, assess civil penalties in an amount greater than that offered in this letter. Additionally, the Board may, if the facts are found to so warrant, enter an order requiring you to reimburse certain monies, directing you to cease and desist from engaging in unlawful acts and/or requiring you to pay costs incurred in the matter.

Should you have any questions concerning this letter or the settlement offer herein, I suggest that you contact The Board of Pharmacy, at (973) 504-6450.

The enclosed certification should be completed and returned to the Board within fifteen (15) days following your receipt of this letter. In the event that the Board receives no response from you within fifteen (15) days, the Board's settlement offer will be withdrawn, and you will be deemed in default. The allegations against you will be deemed uncontested. The Board will then proceed to schedule the matter for final review and will enter an appropriate order. Once an order has been entered, your failure to pay any penalties may result in further action to suspend or revoke your license.

NEW JERSEY STATE
BOARD OF Pharmacy

By: Joanne Boyer
Joanne Boyer, RPh
Executive Director

cc: Sohail Masood, Owner

JB/sk

DIVISION OF CONSUMER AFFAIRS
BOARD OF PHARMACY
124 HALSEY ST., 6TH FL., P.O. BOX 45013
NEWARK, NJ 07101

CERTIFICATION

I, Walter M. Molokie, hereby acknowledge that I have read and reviewed the Board's letter regarding allegations of violations of the Board's enabling act and/or regulations.

Please check one:

X I acknowledge the conduct which has been charged and agree to:

1. **Cease and desist** in engaging in the conduct alleged and pay a penalty in the amount of **$50.00** *(to be paid upon signing of this certification).*
2. Provide to the Board a **Letter of Correction.**

I am also aware that the action taken against me by the Board here is a matter of public record, and that the Board's letter and this certification are public documents.

_____ I hereby waive any rights I may have to a hearing in this matter in order to defend myself against any charges, but ask the Board to consider my explanation before rendering its final decision. I understand that the Board may order any of the terms specified in its letter and that if it does so I will be obligated to comply. I am also aware that the action taken against me by the Board herein is a matter of public record, and that the Board's letter and this certification are public documents. Failure to comply may subject me to further disciplinary action and any failure to make a required payment will result in the filing of a certificate of debt.

_____ I request a formal administrative hearing to contest the charges specified in the UPL. I understand that I will be advised of the time, date and place for that hearing at another time. I am aware that I may be represented by an attorney and that at the time of the hearing I may submit to the Board testimony and documentation relevant to the charges. I understand that in making its final decision, the Board may, if unlawful activity has been proven, assess civil penalties in an amount greater than that herein offered in its letter and may order such other remedies as it may deem appropriate. I am also aware that this proceeding is a matter of public record and that the Board's letter and this certification are public documents.

Walter M. Molokie
(Signature)

1/20/2011
(Dated)

Walter Molokie
(Print Name)

Dated:

Ref: **Walter Molokie, RPIC**
Home Care Services, Inc
55 Liberty Street
Metuchen, NJ 08840
License# 28RS00569700

Inspection Report #8-6106-10-1445
Letter of Correction
12-8-10
Complaint

74328

JB/sk

PAID
2-10-11

DIVISION OF CONSUMER AFFAIRS
BOARD OF PHARMACY
124 HALSEY ST., 6TH FL., P.O. BOX 45015
NEWARK, NJ 07101

Attachment A

HOME CARE SERVICES, INC, 55 Liberty Street, Metuchen, NJ 08840, Walter Molokie, RPIC. Bureau File# 8-6106-10-1445. Period 11-12-10.

REFERENCE: Transfer of Ownership

DETAILS:

Cite	Fine	Description
[13:39-3.6]	$50.00	A copy of the biennial license belonging to Dipali Trivedi, 28RI02390000, was posted on display.
	$50.00	

DIVISION OF CONSUMER AFFAIRS
BOARD OF PHARMACY
124 HALSEY ST., 6TH FL., P.O. BOX 45013
NEWARK, NJ 07101

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5 & 6. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
12/3/2020		Florida		

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
Florida Board of Pharmacy Meeting Agenda Dated 12/03/2020 and Minutes	Florida Board of Pharmacy

Reason/Charge
Appearance Regarding Acceptance of License

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
At Home Infusion Services LLC	Apperance via Telephone Conference Call

Name of Business/Industry/Entity
At Home Infusion Services LLC

Provide explanation below: See Attached

Original Signature (electronic, copies or stamps not accepted)

6/14/2022
Date

Applicant's initials

KabaFusion
Patient-Focused Infusion Therapy

Appearance Regarding Acceptance of License Application for
At Home Infusion Services LLC DBA KabaFusion FL (Orlando)

On December 3, 2020 At Home Infusion Services LLC DBA KabaFusion FL appeared at the Florida Board of Pharmacy meeting, via telephone conference call, regarding its Community Pharmacy License Application. After brief discussion, the Florida Board of Pharmacy moved to accept the application. A copy of the December 3, 2020 Florida Board of Pharmacy Meeting Agenda and Minutes are enclosed.

CORPORATE (WEST COAST)
17777 Center Court Dr., Ste. 550, Cerritos, CA 90703
P: 800-435-3020 F: 562-860-6017

CORPORATE (EAST COAST)
80 Hayden Ave., Suite 300, Lexington, MA 02421
P: 844-777-4844 F: 781-862-2002

www.kabafusion.com

BOARD OF PHARMACY
GENERAL BUSINESS MEETING AGENDA
TELEPHONE CONFERENCE CALL
December 3, 2020
1:00 p.m. ET
Call In Number: (888) 585-9008
Conference Code: 599-196-982(#)

Participants in this public meeting should be aware that these proceedings are being recorded and that an audio file of the meeting will be posted to the board's website.

I. CALL TO ORDER/ROLL CALL

II. APPLICATIONS FOR REVIEW – David Wright, BPharm

A. Pharmacists

i. Sanjeev Seenath
ii. Theresa Ballington

B. Registered Pharmacy Technician

i. James Morrell
ii. Jessica Leavesley
iii. Malinda Barconey
iv. Zadella Thompson
v. Joshua Camesa
vi. Jarvis Manns
vii. Mark Stevenson

C. Pharmacy Permits

i. Total Vein Pharmacy, LLC.
ii. Maple Rose Enterprises, Inc.
iii. At Home Infusion Services, LLC.

III. PETITION FOR VARIANCE OR WAIVER

A. Mirlande Pierre, 64B16-26.300, F.A.C., Consultant Pharmacist Licensure
B. Mounica Jammu, 64B16-26.300, F.A.C., Consultant Pharmacist Licensure
C. Jelisabel Irizarry-Gonzalez, 64B16-26.300, F.A.C., Consultant Pharmacist Licensure
D. Stellar Pharmacy Services, Inc.

IV. PETITION TO INITIATE RULEMAKING

A. RxSafe, LLC., Panama Pharmacy, and Pine Brook Pharmacy, 64B16-28.108, F.A.C., All Permits – Labels and Labeling of Medicinal Drugs

V. RULE DISCUSSION

A. Consultant Pharmacist of Record, Emergency Rule
B. Application Redesign

i. 64B16-26.2032, F.A.C., Application for Pharmacy Intern Registration
ii. 64B16-26.303, F.A.C., Nuclear Pharmacist Licensure
iii. 64B16-26.350, F.A.C., Requirements for Pharmacy Technician Registration

iv. 64B16-300, F.A.C., Consultant Pharmacist for Licensure

VI. REPORTS – Rich Montgomery, BPharm, MBA, Chair

A. Board Chair

B. Executive Director's Report – Jessica Sapp, Executive Director

i. Financial Reports
ii. 2021 Probable Cause Panel Dates
iii. Human Trafficking CE Requirement
iv. Virtual Chat Agent: ELI
v. Staff Recognition

C. Board Counsel Report – Christopher Dierlam, Assistant Attorney General

i. Rules Status Report

D. Investigative Services Report – Robert Difiore, Pharmaceutical Program Manager

VII. NEW BUSINESS – Rich Montgomery, BPharm, MBA, Chair

A. 2021 Election of Officers

B. Ratification of Issued Licenses/Certificates

i. Pharmacist (Licensure) – 250
ii. Pharmacist (Exam Eligibility) – 330
iii. Pharmacist Interns – 384
iv. Consultant Pharmacist – 46
v. Pharmacy/Facilities – 108
vi. Registered Pharmacy Technicians – 1085
vii. Registered Pharmacy Technician Training Program – 16
viii. Nonresident Sterile Compounding – 3
ix. Approved CE Courses – 45
x. Individual Pharmacist Request for Approval of CE - 6

VIII. OLD BUSINESS – Rich Montgomery, BPharm, MBA, Chair

A. Review and Approval of Meeting Minutes

i. October 13, 2020 Rules Committee Minutes
ii. October 13, 2020 General Board Meeting Minutes
iii. October 14, 2020 General Board Meeting Minutes

IX. FOR YOUR INFORMATION

A. Sophic Medical Presentation

X. ADJOURNMENT

FLORIDA | Board of Pharmacy

Draft Minutes

December 3, 2020
TELEPHONE CONFERENCE CALL
1:00 p.m. ET
Call In Number: (888) 585-9008
Conference Code: 599-196-982(#)

Jonathan Hickman, PharmD
Chair

Jessica Sapp, Executive Director

BOARD OF PHARMACY
GENERAL BUSINESS MEETING AGENDA
TELEPHONE CONFERENCE CALL
DRAFT MINUTES
October 14, 2020
8:00 a.m. ET
Call In Number: (888) 585-9008
Conference Code: 599-196-982(#)

Participants in this public meeting should be aware that these proceedings are being recorded and that an audio file of the meeting will be posted to the board's website.

I. CALL TO ORDER/ROLL CALL

Call to Order - The meeting was called to order by Board Chair, Dr. Hickman, at 1:00 p.m. ET.

Those present during the meeting included the following:

MEMBERS PRESENT:
Jonathan Hickman, PharmD, Chair
David Wright, BPharm
Jeenu Philip, BPharm
Jeffrey J. Mesaros, PharmD, JD
Gavin Meshad, Consumer Member
Patty Ghazvini, PharmD, BCGP
Dorinda Segovia, PharmD
Maja Gift, BPharm, MHA, CPH

STAFF PRESENT:
Jessica Sapp, Executive Director
Traci Zeh, Program Administrator

BOARD COUNSEL:
Christopher Dierlam, Assistant Attorney General

PROSECUTION ATTORNEY:
Andrew Pietrylo, DOH Prosecution Services
Alejandro Camacho, DOH Prosecution Services

COURT REPORTER:
For the Record
150 Mahan Drive, Suite 140
Tallahassee, FL 32308
(850) 222-5491
(850) 224-5316 (Fax)

II. APPLICATIONS FOR REVIEW – David Wright, BPharm

A. Pharmacists

i. Sanjeev Seenath

The applicant was present and represented by Edwin Bayo, Esq.

The applicant applied for a pharmacist license and answered yes to criminal history questions on his application.

After further discussion the Board took the following action:

Motion: by Mr. Philip to accept the application.
Second: by Mr. Meshad
Vote: 4/1. Dr. Hickman opposed.

ii. Theresa Ballington

The applicant was present.

The applicant applied for a pharmacist license and answered yes to criminal history questions on her application.

After further discussion the Board took the following action:

Ms. Ballington requested to waive the 90-day requirement of her application to allow her time to supply the Board with a copy of her evaluation completed in the state of Illinois.

Motion: by Dr. Hickman to approve the request to continue her the application and to delegate Mr. Wright to review the evaluation to determine if Ms. Ballington is sufficiently safe to practice.
Second: by Dr. Mesaros
Vote: Unanimous

B. Registered Pharmacy Technician

i. James Morrell

The applicant was present.

The applicant applied for a registered pharmacy technician license and answered yes to criminal history questions on his application.

After further discussion the Board took the following action:

Motion: by Dr. Hickman to accept the application.
Second: by Dr. Mesaros
Vote: Unanimous

ii. Jessica Leavesley

Mr. Wright stated for the record he is professionally associated with the applicant. Due to his recusal, the application was tabled to the December 16, 2020 meeting due to lack of quorum.

iii. Malinda Barconey

The applicant was present.

The applicant applied for a registered pharmacy technician license and answered yes to health history questions on her application.

Mr. Philip stated that even though Ms. Barconey completed her training through Walgreens, he

has no professional association with Ms. Barconey and would not need to recuse himself.

After further discussion the Board took the following action:

Ms. Barconey requested to waive the 90-day requirement of her application to allow her time to receive an evaluation from Professional Resources Network (PRN).

Motion: by Dr. Hickman to approve the request to continue her the application for six months and to delegate Mr. Wright to review the evaluation to determine if Ms. Barconey is sufficiently safe to practice.
Second: by Dr. Mesaros
Vote: Unanimous

iv. Zabella Thompson

The applicant was present.

The applicant applied for a registered pharmacy technician license and answered yes to criminal history questions on her application.

After further discussion the Board took the following action:

Motion: by Mr. Philip to accept the application.
Second: by Dr. Mesaros
Vote: Unanimous

v. Joshua Camesa

The applicant was present.

The applicant applied for a registered pharmacy technician license and answered yes to health history questions on his application.

After further discussion the Board took the following action:

Mr. Camesa requested to waive the 90-day requirement of his application to allow him time to receive an evaluation from Professional Resources Network (PRN).

Motion: by Mr. Meshad to approve the request to continue the application for six months and to delegate Mr. Wright to review the evaluation to determine if Mr. Camesa is sufficiently safe to practice.
Second: by Dr. Hickman
Vote: Unanimous

vi. Jarvis Manns

The applicant was present.

The applicant applied for a registered pharmacy technician license and answered yes to criminal history questions on his application.

After further discussion the Board took the following action:

Mr. Manns requested to waive the 90-day requirement of his application.

Motion: by Mr. Meshad to approve the request to continue the application for six months to allow time to retrieve additional criminal documentation.
Second: by Dr. Hickman
Vote: Unanimous

vii. Mark Stevenson

The applicant was present.

Mr. Philip stated that even though Mr. Stevenson completed his training through Walgreens, he has no professional association with Mr. Stevenson and would not need to recuse himself.

The applicant applied for a registered pharmacy technician license and answered yes to criminal and health history questions on his application.

After further discussion the Board took the following action:

Mr. Stevenson requested to waive the 90-day requirement of his application to allow him time to receive an evaluation from Professional Resources Network (PRN).

Motion: by Dr. Hickman to approve the request to continue the application for six months and to delegate Mr. Wright to review the evaluation to determine if Mr. Stevenson is sufficiently safe to practice.
Second: by Mr. Meshad
Vote: Unanimous

C. Pharmacy Permits

i. Total Veins Pharmacy, LLC.

The applicant was present.

The applicant applied for a Nonresident Sterile Compounding Permit. The applicant answered yes to disciplinary questions on the application.

After further discussion the Board took the following action:

Motion: by Dr. Hickman to accept the application.
Second: by Mr. Philip
Vote: Unanimous

ii. Maple Rose Enterprises, Inc.

The applicant was present.

The applicant applied for a Nonresident Pharmacy Permit. The applicant answered yes to disciplinary questions on the application.

During the August Board Meeting, it was requested that Maple Rose Enterprises, Inc. reappear before the Board in December with a new inspection report.

After further discussion the Board took the following action:

Motion: by Mr. Philip to accept the application.
Second: by Dr. Hickman
Vote: Unanimous

iii. At Home Infusion Services, Inc.

The applicant was present.

The applicant applied for a Community Pharmacy Permit. The applicant answered yes to disciplinary questions on the application.

After further discussion the Board took the following action:

Motion: by Dr. Hickman to accept the application.
Second: by Mr. Meshad
Vote: Unanimous

III. PETITION FOR VARIANCE OR WAIVER

A. Mirlande Pierre, 64B16-26.300, F.A.C., Consultant Pharmacist Licensure

The petitioner was present.

Pursuant to Rule 64B16-26.300(3)(c), F.A.C., a pharmacist wishing to become licensed as a consultant pharmacist must "successfully complete a period of assessment and evaluation under the supervision of a preceptor within one (1) year of completion of the course set forth in paragraph (b), above. This period of assessment and evaluation shall be completed over no more than three (3) consecutive months and shall include at least 40 hours of training in the following practice areas, 60% of which shall occur on-site at an institution that holds a pharmacy permit.

Ms. Pierre requested the rule be temporarily waived as she is unable to complete the on-site requirement at an institution due to restrictions of entering facilities during COVID-19.

After further discussion the Board took the following action:

Motion: by Dr. Hickman to grant the petition contingent upon the completion of an additional eight (8) hours of Consultant Pharmacist continuing education within six (6) months.
Second: by Dr. Mesaros
Vote: Unanimous

B. Mounica Jammu, 64B16-26.300, F.A.C., Consultant Pharmacist Licensure

The petitioner was present.

Pursuant to Rule 64B16-26.300(3)(c), F.A.C., a pharmacist wishing to become licensed as a consultant pharmacist must "successfully complete a period of assessment and evaluation under the supervision of a preceptor within one (1) year of completion of the course set forth in paragraph (b), above. This period of assessment and evaluation shall be completed over no more than three (3) consecutive months and shall include at least 40 hours of training in the following practice areas, 60% of which shall occur on-site at an institution that holds a pharmacy permit.

Ms. Jammu was seeking a waiver of Rule 64B16-26.300(3)(c), F.A.C, as she is unable to locate a preceptor during the current COVID-19 climate.

After further discussion the Board took the following action:

Motion: by Mr. Wright to grant the petition contingent upon the completion of an additional eight (8) hours of Consultant Pharmacist continuing education within six (6) months.
Second: by Dr. Mesaros
Vote: Unanimous

C. Jelisabel Irizarry-Gonzalez, 64B16-26.300, F.A.C., Consultant Pharmacist Licensure

The petitioner was present.

Pursuant to Rule 64B16-26.300(3)(c), F.A.C., a pharmacist wishing to become licensed as a consultant pharmacist must "successfully complete a period of assessment and evaluation under the supervision of a preceptor within one (1) year of completion of the course set forth in paragraph (b), above. This period of assessment and evaluation shall be completed over no more than three (3) consecutive months and shall include at least 40 hours of training in the following practice areas, 60% of which shall occur on-site at an institution that holds a pharmacy permit.

Ms. Irizarry Gonzalez was seeking a waiver of Rule 64B16-26.300(3)(c), F.A.C, as she is unable to locate a preceptor during the current COVID-19 climate.

After further discussion the Board took the following action:

Motion: by Mr. Wright to grant the petition contingent upon the completion of an additional eight (8) hours of Consultant Pharmacist continuing education within six (6) months.
Second: by Dr. Mesaros
Vote: Unanimous

D. Stellar Pharmacy Services, Inc.

The petitioner was present.

The Petitioner was seeking a variance from 465.0235, Florida Statutes, Automated pharmacy

systems used by long-term care facilities, hospices, or state correctional institutions, or for outpatient dispensing. The petitioner was seeking guidance regarding allowing a Florida licensed Non-Resident Pharmacy be substituted for a Community Pharmacy, a medical provider deliver patient counseling, and for the allowance of an out of state licensed pharmacist supervise an automated pharmacy system.

The Petitioner withdrew the petition.

IV. PETITION TO INITIATE RULEMAKING

A. RxSafe, LLC., Panama Pharmacy, and Pine Brook Pharmacy, 64B16-28.108, F.A.C., All Permits – Labels and Labeling of Medicinal Drugs

The Petitioner was present and represented by Edwin Bayo, Esp.

RxSafe, LLC., Panama Pharmacy, and Pine Brook Pharmacy petitioned the Board to initiate rulemaking for the purpose of amending Rule 64B16-28.108, F.A.C., to reflect a "beyond use date" that would be consistent to allow a pharmacy that provides customized patient medication packaging to dispense a ninety day supply.

64B16-28.108 All Permits – Labels and Labeling of Medicinal Drugs.

(6) A customized patient medication package may be utilized if:
(a) The consent of the patient or the patient's agent has been secured; and,
(b) The label includes:
1. Name, address and telephone number of the pharmacy.
2. Serial number for the customized medication package and a separate serial number for each medicinal drug dispensed.
3. Date of preparation of the customized patient medication package.
4. Patient's name.
5. Name of each prescriber.
6. Directions for use and any cautionary statements required for each medicinal drug.
7. Storage instructions.
8. Name, strength, quantity and physical description of each drug product.
9. A beyond use date that is not more than ~~60~~ 120 days from the date of preparation of the customized patient medication package but shall not be later than any appropriate beyond use date for any medicinal drug included in the customized patient medication package.

Motion: by Dr. Mesaros to table this discussion to be considered at a Rules Committee Meeting and requested the Petitioner to provide data from other states on how many times they have to rework the packaging of the medications.
Second: by Dr. Hickman
Vote: Unanimous

V. RULE DISCUSSION

A. Consultant Pharmacist of Record, Emergency Rule

Due to the concerns surrounding the spread of COVID-19, the Board held an Emergency Rule Hearing to address the obligations of Consultant Pharmacists under 64B16-28, F.A.C. Emergency Rule 64B16ER20-21 was effective March 19, 2020 through June 19, 2020 which suspended the

requirement of a Consultant Pharmacist completing their required inspections "on-site".

This was placed on the agenda for further Board discussion.

During the October meeting the Board directed Board Counsel to provide language for another emergency rule. The Following language was provided for the Board's review.

64B16ER20-42 (64B16-28.501) Consultant Pharmacist of Record; Initial Designation; Change.
(1) through (4) No change.
(5) Off-site consultant pharmacists of record shall not be required to perform inspections and on-site consultations at permitted institutional pharmacies as referenced in Rules 64B16-28.501(3), F.A.C.; Rules 64B16-28.702(2)(b), (c), and (d) F.A.C.; Rule 64B16-28.850(16), F.A.C., and Rules 64B16-28.870(3)(c) and (d), F.A.C., when the consultant pharmacist of record is not regularly present at the location and the permit holder refuses to grant access due to COVID-19 concerns. This rule shall in no way modify any obligations stemming from State or Federal laws requiring drug regimen reviews.

Motion: by Mr. Wright to approve the proposed emergency rule language.
Second: by Dr. Hickman
Vote: Unanimous

The Board opened the floor for public comment.

Kathy Baldwin addressed the Board.

Motion: by Mr. Wright to find that there would be no economic impact on small businesses.
Second: by Mr. Philip
Vote: Unanimous

Motion: by Mr. Wright to find that the proposed rule would not likely directly or indirectly increase regulatory costs to any entity (including government) in excess of $200,000 within 1 year after the implementation of the rule.
Second: by Dr. Hickman
Vote: Unanimous

Motion: by Mr. Wright to find that no part of the rule should be designated as a minor violation.
Second: by Dr. Hickman
Vote: Unanimous

B. Application Redesign
- i. 64B16-26.2032, F.A.C., Application for Pharmacy Intern Registration
- ii. 64B16-26.303, F.A.C., Nuclear Pharmacist Licensure
- iii. 64B16-26.350, F.A.C., Requirements for Pharmacy Technician Registration
- iv. 64B16-300, F.A.C., Consultant Pharmacist for Licensure

Ms. Sapp provided the Board with a summary of the application revisions.

Motion: by Mr. Wright to approve the application revisions and open the applicable rules open for development.
Second: by Mr. Philip
Vote: Unanimous

Motion: by Mr. Wright to find that there would be no economic impact on small businesses.
Second: by Dr. Hickman
Vote: Unanimous

Motion: by Dr. Hickman to find that the proposed rule would not likely directly or indirectly increase regulatory costs to any entity (including government) in excess of $200,000 within 1 year after the implementation of the rule.
Second: by Mr. Wright
Vote: Unanimous

Motion: by Dr. Hickman to find that no part of the rule should be designated as a minor violation.
Second: by Mr. Wright
Vote: Unanimous

Motion: by Mr. Wright to find that this rule shall not include a sunset provision.
Second: by Dr. Hickman
Vote: Unanimous

VI. REPORTS – Jonathan Hickman, PharmD, Chair

A. Board Chair

Dr. Hickman addressed the Board and recognized the outgoing Members. Mr. Richard Montgomery, Dr. Mark Mikhael, and Dr. Blanca Rivera for their years of service on the Board. He also welcomed the new Members, Dr. Patty Ghazvini, Dr. Dorinda Segovia, and Ms. Maja Gift to the Board.

B. Executive Director's Report – Jessica Sapp, Executive Director

Ms. Sapp provided an overview of 2021 legislation.

HB29, Dispensing Medicinal Drugs, was recently filed. This bill authorizes a prescribing health care practitioner to dispense up to a 48-hour supply of a medicinal drug to an inpatient upon discharge or to a patient discharged from an emergency department of a hospital that operates a Class II or Class III Institutional pharmacy. It also allows up to a 72-hour supply when a state of emergency has been declared for an area in the state pursuant to section 252.36, Florida Statutes (F.S.). Ms. Sapp will provide updates at each meeting with the status of the bill and any other bills filed throughout the 2021 legislative season.

i. Financial Reports

These reports were provided for informational purposes only.

ii. 2021 Probable Cause Panel Dates

The 2021 PCP dates were provided for the Board's review.

Board staff will make updates to the PCP schedule and bring back to a future meeting for review.

iii. Human Trafficking CE Requirement

Ms. Sapp reminded Board Members and others present at the meeting that all currently licensed pharmacists and registered pharmacy technicians are required to complete the one-time, one-hour course on Human Trafficking by January 1, 2021 and provided information on where licensees can find approved courses.

iv. Virtual Chat Agent: ELI

Ms. Sapp provided an overview of virtual chat agenda, ELI that launched on the Board of Pharmacy's website on October 28, 2020.

ELI (Enforcement – Licensure – Information) is MQA's new artificial intelligence system that is transforming the customer service MQA provides by enabling the workforce to deliver exceptional service to our customers through online chat.

ELI is designed to answer common questions in a variety of different areas. Some areas include: licensure requirements, renewal requirements, fees, contact information, background screening, public records, and more.

v. Staff Recognition

This was provided for informational purposes only.

C. Board Counsel Report – Christopher Dierlam, Assistant Attorney General

i. Rules Status Report

Mr. Dierlam provided an overview of the rules report.

D. Committee Report

i. Rules Committee – Jeffery J. Mesaros, PharmD, JD

a. Rules Committee Update

No report was provided at this time.

E. Investigative Services Report – Robert Difiore, Pharmaceutical Program Manager

Mr. Dilworth provided a brief update on the inspection results as of October 2020.

As of December 2020 - Non-Sterile Pharmacy inspections, currently 883 inspections have been completed; Sterile Compounding Pharmacy inspections are currently at 33 inspections completed.

VII. NEW BUSINESS – Rich Montgomery, BPharm, MBA, Chair

A. 2021 Election of Officers

This item was tabled to the December 16, 2020 meeting.

B. Ratification of Issued Licenses/Certificates

i. Pharmacist (Licensure) – 250
ii. Pharmacist (Exam Eligibility) – 330
iii. Pharmacist Interns – 384
iv. Consultant Pharmacist – 46
v. Pharmacy/Facilities – 108
vi. Registered Pharmacy Technicians – 1085
vii. Registered Pharmacy Technician Training Program – 16
viii. Nonresident Sterile Compounding – 3
ix. Approved CE Courses – 45
x. Individual Pharmacist Request for Approval of CE – 6

Motion: by Mr. Philip to accept the ratification lists.
Second: by Mr. Meshad
Vote: Unanimous

VIII. OLD BUSINESS – Rich Montgomery, BPharm, MBA, Chair

A. Review and Approval of Meeting Minutes

i. October 13, 2020 Rules Committee Minutes
ii. October 13, 2020 General Board Meeting Minutes
iii. October 14, 2020 General Board Meeting Minutes

Motion: by Mr. Wright to accept the meeting minutes.
Second: by Mr. Meshad
Vote: Unanimous

IX. FOR YOUR INFORMATION

A. Sophic Medical Presentation

Mr. Bob Parrado addressed the Board.

X. ADJOURNMENT

There being no further business the meeting adjourned at 5:30 p.m. ET.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5 & 6. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Spring 2019		Texas		
Case # SOAH Docket No. 515-19-2304 / Agreed Board Order #K-18-018		**Governing, licensing, Arresting Presiding Body/Agency/Court** State Office of Administrative Hearings; Texas State Board of Pharmacy		
Reason/Charge Appearance / Board Order				
Plaintiff/Defendant/Claimant/Respondent Home Care Services, Inc. DBA KabaFusion NJ		**Lawsuit/Arbitration/Bankruptcy** Appearance / Board Order		
Name of Business/Industry/Entity Home Care Services, Inc. DBA KabaFusion NJ				

Provide explanation below: See Attached

Original Signature (electronic, copies or stamps not accepted)

6/14/2022
Date

Applicant's initials

KabaFusion
Patient-Focused Infusion Therapy

Regarding Disciplinary Action for Home Care Services, Inc. DBA KabaFusion NJ (Edison)

In 2019 Home Care Services, Inc. DBA KabaFusion NJ and the Texas State Board of Pharmacy met and discussed a matter that was non-suited.

CORPORATE (WEST COAST)
17777 Center Court Dr., Ste. 550, Cerritos, CA 90703
P: 800-435-3020 F: 562-860-6017

CORPORATE (EAST COAST)
80 Hayden Ave., Suite 300, Lexington, MA 02421
P: 844-777-4844 F: 781-862-2002

www.kabafusion.com

TEXAS STATE BOARD OF PHARMACY

Re:	KabaFusion NJ
Address:	160 Raritan Center Parkway, Suite 18 Edison, New Jersey 08837
License No.:	27408
Date Issued:	March 7, 2011
Licensure Status:	Closed-approved to close on or about July 16, 2019
Type of Pharmacy:	Community Sterile Compounding
Prior Disciplinary Orders:	No

The Texas State Board of Pharmacy maintains records regarding licensure and disciplinary action against a licensee. KabaFusion NJ (former Texas Pharmacy License #27408) has not been subject to disciplinary action by the Texas State Board of Pharmacy.

Form Completed by:

Eamon D. Briggs
Assistant General Counsel
Texas State Board of Pharmacy

June 2, 2022
Date

The Texas Department of State Health Services, Drugs and Medical Devices Division, Wholesaler Registration, 1100 W. 49th Street, Austin, TX 78756, is responsible for issuing registrations to wholesale drug distributors and drug manufacturers in Texas.

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This is in response to Question # 5 & 6. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
5/7/2020		Illinois		

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
Case # 2018-05913	Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation

Reason/Charge
Violation of Federal or State Statutes, Regulations or Rules

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
KabaFusion, Inc.	Complaint & Non-Disiplinary Consent Order

Name of Business/Industry/Entity
KabaFusion, Inc.

Provide explanation below: See Attached

Original Signature (electronic, copies or stamps not accepted)

6/14/2022
Date

Applicant's initials

KabaFusion
Patient-Focused Infusion Therapy

Regarding Disciplinary Action for KabaFusion, Inc. (Shrewsbury)

Illinois Board of Pharmacy

KabaFusion, Inc. was party to a Non-Disciplinary Consent Order dated 5/07/2020 with the Illinois Board of Pharmacy regarding the Maine Board of Pharmacy Consent Agreement involving disciplinary action for submission of a late change of pharmacist in charge application.

KabaFusion now has improved policies and procedures and a dedicated team to manage reporting these operational changes to regulators.

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STATE OF ILLINOIS
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
DIVISION OF PROFESSIONAL REGULATION

DIVISION OF PROFESSIONAL REGULATION OF THE ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION,	Complainant,	)	
v.		)	Case No. 2018-05913
KABAFUSION, INC., License No. 054.018814,	Respondent.	)	

NON-DISCIPLINARY CONSENT ORDER

The Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation ("Department"), by attorney Paula McGee, and Respondent Kabafusion, Inc., ("Respondent"), by attorney Alex Cooper of Quarles & Brady, LLP, agree to the following:

STIPULATIONS

Respondent holds Illinois pharmacy license no. 054.018814 pursuant to the Pharmacy Practice Act, 225 ILCS 85/et seq. ("Act"), which is presently in active status. On or about April 2, 2018, the Maine State Board of Pharmacy issued a public Consent Agreement whereby Respondent agreed to pay an administrative fine of one thousand five hundred dollars ($1,500.00) due to Respondent's failure to file a change of pharmacist-in-charge ("PIC") application with the Maine Board of Pharmacy by registered mail within seven (7) days after a change of PIC. Respondent filed its PIC application with the Maine Board of Pharmacy approximately nine (9) months after a change of PIC. For the purposes of this Non-Disciplinary Consent Order, Respondent admits that an adverse action was taken against Respondent in the State of Maine. Respondent's actions and/or omissions constitute grounds for discipline under the Act, 225 ILCS 85/30(a)(8).

At all times material to the matter set forth in this Non-Disciplinary Consent Order, the Department had jurisdiction over the subject matter and the parties herein. Respondent has been advised of the right to have any allegation(s) reduced to written charges, to a hearing where the Department bears the burden to prove its allegations by clear and convincing evidence, the right to contest any charges brought and present mitigating evidence, and the right to administrative review of any order resulting from a hearing. Respondent knowingly waives each of these rights, as well as any right to administrative review of this Non-Disciplinary Consent Order.

Such waiver ceases if this Non-Disciplinary Consent Order is rejected by the Board of Pharmacy ("Board") or Director. Respondent acknowledges that Respondent has entered into this Non-Disciplinary Consent Order freely and of Respondent's own will without threat or coercion by the Department or any person and has not relied upon any representation made by or on behalf of the Department other than those specifically included herein. Respondent acknowledges that the Department attorney may be requested to communicate with the Board or Director in furtherance of the approval of this Non-Disciplinary Consent Order. Respondent has been informed that this Non-Disciplinary Consent Order will be presented to the Director. If this Non-Disciplinary Consent Order is not approved, Respondent waives any right to raise any prejudice resulting from the Director's consideration of this Non-Disciplinary Consent Order. Respondent understands that this Non-Disciplinary Consent Order is not effective unless and until it is adopted by the Director. A copy of any original signature(s) shall be given the full force and effect of an original signature(s) affixed to this Non-Disciplinary Consent Order.

Respondent and the Department agree, in order to resolve this matter, that Respondent be permitted to enter into a Non-Disciplinary Consent Order with the Department, providing for the imposition of measures which are fair and equitable in the circumstances and which are consistent with the best interests of the people of the State of Illinois.

CONDITIONS

Wherefore, the Department, by attorney Paula McGee, and Respondent, by attorney Alex Cooper of Quarles & Brady, LLP, agree:

A. Respondent shall permanently voluntarily surrender Respondent's Illinois pharmacy license no. 054.018814 to the Department.

B. This Non-Disciplinary Consent Order shall become effective upon the Director's signature, as dated below.

Signatures on the following page.

4/29/2020
Date

Respondent Kabafusion, Inc.

5/5/2020
Date

Alex Cooper, Quarles & Brady, LLP
Attorney for Respondent

5/6/2020
Date

Department Attorney Paula McGee

5/7/2020
Date

Board of Pharmacy Member

The foregoing Non-Disciplinary Consent Order is approved in full.

Dated this 7th day of May, 2020.

ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
SECRETARY DEBORAH HAGAN

Acting Director Cecilia Abundis
Division of Professional Regulation

Case No. 2018-05913
License No. 054.118814

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This is in response to Question # 6 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
7/17/2020		Massachusetts		
Case # Massachusetts Board of Pharmacy Meeting Agenda Dated 7/17/2020 and Minutes		**Governing, licensing, Arresting Presiding Body/Agency/Court** Commonwealth of Massachusetts, Board of Registration in Pharmacy		
Reason/Charge Appearance Regarding Relocation Application				
Plaintiff/Defendant/Claimant/Respondent KabaFusion, Inc.		**Lawsuit/Arbitration/Bankruptcy** Apperance		
Name of Business/Industry/Entity KabaFusion, Inc.				

Provide explanation below: See Attached

Original Signature (electronic, copies or stamps not accepted)

6/14/2022
Date

Applicant's initials

KabaFusion
Patient-Focused Infusion Therapy

Regarding Massachusetts Board of Pharmacy Appearance for KabaFusion, Inc. (Shrewsbury)

KabaFusion, Inc. attended the Massachusetts Board of Pharmacy meeting on 7/17/2020 to discuss a relocation from Shrewsbury, MA to Lexington, MA. A copy of the agenda and minuites are enclosed. The pharmacy did not relocate and still operates in Shrewsbury, MA.

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COMMONWEALTH OF MASSACHUSETTS
Board of Registration in Pharmacy

NOTICE OF THE REGULARLY SCHEDULED MEETING OF THE BOARD OF REGISTRATION IN PHARMACY

July 17, 2020

Webex Information

Call in Number: 1-203-607-0564 or toll free 1-866-692-3580

Access Code: 161 759 5995

Attendee: #

If you need reasonable accommodations in order to participate in the meeting, contact the DPH ADA Coordinator Yulanda Kiner, Phone: 617-624-5848 in advance of the meeting. While the Board will do its best to accommodate you, certain accommodations may require distinctive requests or the hiring of outside contractors and may not be available if requested immediately before the meeting.

Agenda

Time	#	Item	Page	Contact
8:00	**I**	**CALL TO ORDER**		K. Tanzer
	II	**APPROVAL OF AGENDA**		
8:05	**III**	**APPROVAL OF BOARD MINUTES** • Draft of July 10, 2020 Regular Session Minutes		
8:10	**IV**	**APPLICATIONS** • Kabafusion-DS89700 – Relocation • St. Mary's Pharmacy – New Community Pharmacy • BIDMC Pharmacy – New Community Pharmacy • Anchor Home Medical & Pharmacy – New Community Pharmayc • Baker Pharmacy; DS12518- Transfer of Ownership		

8:55	**V**	**FLEX** • Pharmacy issues related to Covid-19 and the state of emergency		
9:00	**VI**	**M.G.L. c. 112, § 65C SESSION**		CLOSED SESSION
10:15	**VII**	**ADJUDICATORY SESSION (M.G.L. ch. 30A, §18)**		CLOSED SESSION
10:30	**VIII**	**ADJOURNMENT**		

COMMONWEALTH OF MASSACHUSETTS
BOARD OF REGISTRATION IN PHARMACY

MINUTES OF THE GENERAL SESSION
Meeting held via WEBEX remotely
Boston, Massachusetts, 02114
July 17, 2020

Board Members Present

Kim Tanzer, PharmD, RPh. President
Julie Lanza, CPhT, President Elect
Leah Giambarresi, Pharm D, RPh, Secretary
Sebastian Hamilton, Pharm D, RPh
Dr. Richard Lopez, MD
Timothy Fensky, RPh (leaves at 10:30 AM)
Patrick Gannon, RPh (leave 9:30-10:30 AM; back 10:30 AM-11:00AM)
Susan Cornacchio JD, RN
Katie Thornell, RPh
Dawn Perry, JD (Leave at 10:22 AM)
Carly Jean-Francois, RN, NP (leave at 10:10 AM)
Andrew Stein, Pharm D (leaves at 9:11 AM)
Stephanie Hernandez, Pharm D, BCGP, RPh (leave at 10:30 AM)

Board Members Not Present

Board Staff Present

David Sencabaugh, Executive Director
Monica Botto, Assistant Executive Director
Heather Engman, JD, Board Counsel
William Frisch, RPh Director of Pharmacy Compliance (not present for 65C)
Michelle Chan, RPh Quality Assurance Pharmacist
Julienne Tran, PharmD RPh, Investigator
Gregory Melton, Pharm D, JD, RPh Investigator
Christina Mogni, RPh Investigator
John Murray, RPh Investigator
Nathan VanAllen, PharmD, RPh Investigator
Michael Brosnan, PharmD, RPh, Investigator
Ed Taglieri, MSM, NHA, RPh, PSUD Supervisor
Joanna Chow, Office Support Specialist
Richard Harris, Program Analyst

TOPIC I. Attendance by roll call:
CALL TO ORDER 8:02 AM
A quorum of the Board was present, established by roll call. President K. Tanzer chaired the meeting. She explained that the Board of Pharmacy was recording the meeting.

Roll call attendance: K. Tanzer, yes; J. Lanza, yes; L. Giambarresi, yes; D. Perry, yes; P. Gannon, yes; C. Jean-Francois, yes; S. Hamilton, yes; S. Cornacchio, yes, Dr. Lopez, yes; T. Fensky, yes; K. Thornell; S. Hernandez, yes; Andy Stein, yes.

Topic II. **Approval of Agenda** **TIME 8:03 AM**

Agenda July 17, 2020

DISCUSSION:
Change to Agenda:

1. Defer application Anchor Home Medical and Pharmacy
2. Defer application Baker Pharmacy DS12518

ACTION:
Motion by L. Lanza, seconded by C. Jean Francois and voted unanimously by those present by roll call vote to approve the agenda with no changes.

Kim asks Michelle to introduce the APPE Pharmacy students Cara O'Toole From WNE and Kyle Blomster from URI.

Topic III **Approval of Board Minutes** **TIME: 8:04 AM**

Minutes
1. Draft 7/10/20 General Session Minutes

No noted Changes.

Action:
Motion by L. Giambarresi, seconded by S. Hamilton and voted unanimously by roll call vote to approve the regular session minutes of 7/10/20 with no noted changes; A. Stein abstains.

Topic IV **Applications:**
1. Kabafusion DS89700 **Relocation** **Time: 8:06 AM**

Represented by: John Leary MOR, Attorney Paul Garbarini

Recusal: None

Discussion: Pharmacy desires to relocate from Shrewsbury to Lexington. It is a 7,000 sq. ft. design, with 400 sq. ft. for the clean room. This is a home infusion pharmacy that specializes in IG therapy. Mr. Leary has had MOR experience at several other pharmacies, but he started with Kabafusion in April, 2020. Leary has limited experience with sterile compounding, as he has more regulatory background. Kabafusion has a robust training program including videos, online courses and modules, and didactic learning. On his own, Leary has also been taking courses through ASHP and on USP. Fran McAteer has

had a role in training on environmental monitoring. Leary and the previous MOR, Fidelis Fynn did a self-inspection together. Now, Mr. Fynn has passed the MOR role onto Leary, and Fynn has become the director of operations for Kabafusion. Kabafusion is open Monday – Friday. They plan to be moving everything on the weekend, although all the new equipment will be already in the Lexington location. When they are closed, Kabafusion has 24-hour access to an on call pharmacist and nurse, and other facilities as backup.

Action: Motion by L. GIAMBARRESI, seconded by S. HAMILTON, and voted unanimously by roll call by those present to approve the relocation pending successful inspection.

---

2. St. Mary's Pharmacy **New Community Pharmacy** **Time: 8:15 AM**

Represented by: Bakheet Shenoda, MOR

Recusal: None

Discussion: Bakheet and the owner will open a new retail pharmacy in North Andover. It is located in a plaza on the end, with one neighbor to the left, a beauty salon. There is no access from the neighboring store and no access from above tenants. Points of entry are limited to a front door and back door, but Bakheet assured the back door will always be closed. Bakheet was previously MOR at NPH Pharmacare pharmacy for 4 months in Whitinsville and was a floater pharmacist for CVS. This pharmacy will be providing vaccinations, with a privacy room area surrounded by curtains. They will be reaching out to nearby nursing homes to assess the need for compliance packaging. They will perform simple compounding, such as oral suspensions. Staffing will be 1 pharmacist and 1 technician to start. They have an after-hours voicemail with access to a pharmacist on call. Training for non-sterile compounding for the pharmacist will be reassessed every 6 months, to inspect compounding area and add safety precautions.

Action: Motion by L. GIAMBARRESI, seconded by S. HAMILTON, and voted unanimously by roll call by those present to approve the relocation pending successful inspection.

---

3. BIDMC Pharmacy **New Community Pharmacy/Relocation Time: 8:29 AM**

Represented by: David Young, Luca Cattaneo, Kim Nguyen

Recusal: J. LANZA and H. ENGMAN recused and were not present for the discussion or vote in this matter.

Discussion: Beth Israel Deaconess Medical Center (BIDMC) is looking to operate 2 separate, licensed pharmacies without a physical barrier and with a shared production area. One pharmacy will be designated as a specialty pharmacy while the other will be a retail pharmacy focusing on central fill for their Boston location. There will be designated areas with signage specific to each pickup. The representatives answered questions from the Board members regarding security measures, including that there will be 73 security cameras in use and 37 of those cameras focused on the production area. Each pharmacy will have its own inventory, physically separated by lines of demarcation and routinely

reconciled. Specifically, cycle counts will occur every Friday for the specialty pharmacy. They do not plan to have any of the same medications in each pharmacy. The specialty side will just keep specialty medications. Each pharmacy will have its own phone number, labels, and signage. There will be 2 DEA numbers and 2 separate MORs. The representatives assured members of the Board that they will not be sharing staff between the 2 spaces. Concerns were raised about accountability and who would be held responsible for this pilot project because this model is unprecedented. Pharmacists Chirag, David Young, and Luca Cattaneo will all be responsible and dedicated to running this project, rather than BIDMC. This facility allows them to expand services and provide a high touch with patients. They can enhance patient management by focusing more efforts on high risk patients. Separate licenses operating in the same pharmacy space is requested because accreditation efforts and costs for the specialty pharmacy are labor intensive, as well as creating opportunity for contracts that are typically restricted to specialty pharmacies.

Action: Motion by L. GIAMBARRESI, seconded by K. THORNELL, and voted unanimously by roll call by those present to approve the central fill petition.

Action: Motion by L. GIAMBARRESI, seconded by P. GANNON, and voted unanimously by roll call by those present to approve the pilot project contingent upon the following conditions:

- Approval of the DEA
- Specific metrics and reporting schedule to be determined in conjunction with Board staff
- Pilot project to begin 6 months from the date both pharmacies are open and operational

Action: Motion by L. GIAMBARRESI, seconded by P. GANNON, and voted unanimously by roll call by those present to approve the relocation of BIDMC Specialty Pharmacy pending a successful inspection.

Action: Motion by L. GIAMBARRESI, seconded by P. GANNON, and voted unanimously by roll call by those present to approve a new retail license for BILH Pharmacy Direct pending a successful inspection.

TOPIC V **Flex:** **Time: 9:11 AM**
Pharmacy Issues related to COVID-19 and the state of emergency:
Presented by: D. Sencabaugh

Dave notes no updates this week.

Kim Tanzer announces the general session will be ending and the Board will be going into private session. The Board will not cover any other general session items today.

Andrew Stein, Pharm D (leaves at 9:11 AM)

Topic VI: **M.G.L. 65 C #1** **Time: 9:15 AM**

DISCUSSION: None
ACTION: President elect K. Tanzer request a motion to enter M.G.L 65 c Session.

At 9:15 AM L. Giambarresi, seconded by J. Lanza and voted unanimously by roll call vote of all those present to enter M.G.L. chapter 65 c Session:

Carly Jean-Francois, RN, NP (leave at 10:10 AM)
Dawn Perry, JD (Leave at 10:22 AM)
Timothy Fensky, RPh (leaves at 10:30 AM)
Patrick Gannon, RPh (leave 9:30-10:30 AM; back 10:30 am to 11:00 AM)
Stephanie Hernandez, Pharm D, BCGP, RPh (leave at 10:27 AM)

Topic VII: **Adjudicatory Session** **Time: 10:51 AM**

DISCUSSION: None
ACTION: President elect K. Tanzer request a motion to enter Adjudicatory Session.

At 10:51 AM S. Hamilton, seconded by L. Giambarresi and voted unanimously by roll call vote of all those present to enter M.G.L. chapter 65 c Session:

Topic VII **ADJOURMENT OF MEETING** **TIME: 10:54 AM**

ACTION: Motion by S. Hamilton seconded by L. Giambarresi and voted unanimously by roll call vote by those present, to adjourn from General Session.

EXHIBITS USED DURING THE OPEN SESSION OF THE MEETING

1. Draft Agenda of the 7/17/20 General Session
2. Draft Minutes of the 7/10/20 Meeting
3. Applications Kabafusion DS89700 Relocation
4. St. Mary's Pharmacy New Community Pharmacy
5. BIDMC Pharmacy New Community Pharmacy

Respectfully Submitted,
Leah Giambarresi, PharmD, RPh, Secretary

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This is in response to Question # 5 & 6. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
8/12/2020		Massachusetts		
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
PHA-2019-0071		Commonwealth of Massachusetts, Board of Registration in Pharmacy		
Reason/Charge				
Complaint; Non-Disiplinary Consent Agreement for Stayed Probation				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
KabaFusion, Inc.		Complaint; Non-Disiplinary Consent Agreement for Stayed Probation		
Name of Business/Industry/Entity				
KabaFusion, Inc.				

Provide explanation below: See Attached

Original Signature (electronic, copies or stamps not accepted)

6/14/2022
Date

Applicant's initials

KabaFusion
Patient-Focused Infusion Therapy

Regarding Massachusetts Board of Pharmacy Complaint No. PHA-2019-0071 and Non-Disciplinary Consent Agreement for Stayed Probation for KabaFusion, Inc. (Shrewsbury)

Complaint No. PHA-2019-0071 was regarding a failure to report an above action level regarding the 2/20/2019 environmental monitoring.

KabaFusion, Inc. was party to a non-disciplinary condition agreement dated 8/12/2020 with the Massachusetts Board of Pharmacy. The pharmacy was inspected on 6/20/2019 and passed the inspection. After the inspection, KabaFusion and the Massachusetts Board of Pharmacy continued to review and discuss the pharmacy's environmental monitoring procedures and determined that monthly samples would receive routine testing and reporting by a third-party lab. A new pharmacist-in-charge/manager of record took over day to day management of the pharmacy on 6/22/2020 and KabaFusion also completed and passed additional routine inspections by the Board on 12/09/2019, 12/04/2020, 2/24/2021 and 11/10/2021.

On 10/01/2021 the pharmacy received notice from the Massachusetts Board of Pharmacy that all requirements of the agreement were satisfied.

A copy of the Non-Disciplinary Consent Agreement and Notice of Restoration are enclosed.

CORPORATE (WEST COAST)
17777 Center Court Dr., Ste. 550, Cerritos, CA 90703
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The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Bureau of Health Professions Licensure
239 Causeway Street, Suite 500, Boston, MA 02114

CHARLES D. BAKER
Governor

KARYN E. POLITO
Lieutenant Governor

Tel: 617-973-0800
TTY : 617-973-0988
www.mass.gov/dph/boards

MARYLOU SUDDERS
Secretary

MARGRET R. COOKE
Acting Commissioner

October 1, 2021

Manager of Record
Kabafusion, Inc.
159 Memorial Drive, Unit E
Shrewsbury MA 01545

RE: In the Matter of Kabafusion, Inc., Board of Registration in Pharmacy, PHA-2019-0071; License No. DS89700

NOTICE OF RESTORATION OF UNRESTRICTED LICENSURE (SUCCESSFUL COMPLETION OF PROBATION)

Dear Manager of Record:

As you know, the pharmacy entered into a Consent Agreement for Probation, ("Agreement"), effective August 12, 2020 with the Board of Registration in Pharmacy ("Board").

Please be advised that after review and as authorized by Division Policy 15-01, the Board's Executive Director and I determined that the pharmacy has now complied in full with all requirements of the Agreement and that the minimum monitoring period has been satisfied. Accordingly, I am restoring the drug store's license to full, unrestricted status, effective September 22, 2021. Please allow for up to five (5) business days from the date of this letter until the updated license status appears on the "Check a License" website.

Sincerely,

Karen L. Fishman
Probation Department Coordinator

Enclosure
KLF/rf

Cc: Paul M. Garbarini, P.C.
Attorney at Law
PO Box 1551
Northampton, MA 01601

COMMONWEALTH OF MASSACHUSETTS

SUFFOLK COUNTY

BOARD OF REGISTRATION IN PHARMACY

In the Matter of	)	
Kabafusion	)	PHA-2019-0071
DS89700	)	

NON-DISCIPLINARY
CONSENT AGREEMENT FOR STAYED PROBATION

The Massachusetts Board of Registration in Pharmacy ("Board") and Kabafusion ("Licensee" or "Pharmacy"), a pharmacy licensed by the Board, DS89700, do hereby stipulate and agree that the following information shall be entered into and become a permanent part of the Pharmacy's record maintained by the Board:

1. The Pharmacy acknowledges the Board opened a complaint against its pharmacy license related to the conduct set forth in Paragraph 2, identified as Docket No. PHA-2019-0071 ("the Complaint").[1]

2. The Board and the Pharmacy acknowledge and agree to the following facts:

   a. Board investigators inspected the Pharmacy on or about June 20, 2019 and observed the Pharmacy failed to properly respond to above action level environmental monitoring results in February 2019 and March 2019.

   b. Specifically, on or about February 20, 2019, a third party performed viable surface sampling at the pharmacy. One surface sample grew two colony forming units (CFUs) of a gram negative, rod-shaped bacteria identified as Serratia macescens, which is a highly pathogenic microorganism. As such, this sample was above USP 797 action levels.

   c. The Pharmacy failed to immediately remedy the February 20, 2019 above action level environmental monitoring result, in violation of USP 797 and 247 CMR 9.01(3).

[1] The term "License" applies to both a current license and the right to renew an expired license.

d. The Pharmacy failed to report the February 20, 2019 above action level environmental monitoring result to the Board, in violation of 247 CMR 6.15(7).

e. Another environmental monitoring sample taken on or about March 18, 2019 contained microbial growth. This sample was not sent to a credentialed laboratory for identification, in violation of in violation of USP 797 and 247 CMR 9.01(3).

f. During the June 20, 2019 inspection, Board investigators also observed the following violations of USP 797 and 247 CMR 9.01(3):

   i. fungal media plates incubated at incorrect temperatures;

   ii. use of expired sterile isopropyl alcohol; and

   iii. unsealed ceiling tiles.

g. The foregoing facts warrant action by the Board under M.G.L. c. 112, §§ 42A and 61 and 247 CMR 10.03(1)(a), (v), and (bb).

3. The Pharmacy agrees that its pharmacy license shall be placed on PROBATION for one (1) year, and that the probation shall be STAYED for no more than one (1) year ("Stayed Probationary Period"), commencing with the date on which the Board signs this Agreement ("Effective Date"). The Agreement shall be non-disciplinary until and unless the Board takes action pursuant to Paragraph 7 of the Agreement.

4. During the Stayed Probationary Period, the Pharmacy further agrees that it shall comply with all of the following requirements to the Board's satisfaction:

   a. Comply with all laws and regulations governing the practice of pharmacy.

   b. Submit documentation demonstrating the pharmacy performed environmental monitoring at least once per month during the Stayed Probationary Period. The environmental monitoring must be performed by trained staff or a qualified third party vendor. Any growth must be sent to a credentialed laboratory for identification.

5. The Board agrees that in return for the Pharmacy's execution and its successful compliance with all the requirements of this Agreement, the Board will not prosecute the Complaint.

6. If and when the Board determines that the Pharmacy has complied to the Board's satisfaction with all the requirements contained in this Agreement, the Stayed Probationary Period will terminate no sooner than one (1) business day after the Effective Date upon written notice to the Licensee from the Board, and the Licensee shall have no history of discipline upon its record related to this Agreement or the Complaint.[2]

7. If the Pharmacy does not materially comply with each requirement of this Agreement, or if the Board opens a Subsequent Complaint[3] during the Probationary Period, the Pharmacy agrees to the following:

   a. The Board may upon written notice to the Pharmacy, as warranted to protect the public health, safety, or welfare:

      i. EXTEND the Probationary Period;

      ii. MODIFY the Probation Agreement requirements; or

      iii. IMMEDIATELY SUSPEND the Pharmacy's license.

   b. If the Board suspends the Pharmacy's license pursuant to Paragraph 7(a)(iii), the suspension shall remain in effect until:

      i. the Board provides the Pharmacy written notice that the Probationary Period is to be resumed and under what terms;

      ii. the Board and the Pharmacy sign a subsequent agreement; or

[2] In all instances where this Agreement specifies written notice to the Licensee from the Board, such notice shall be sent to the Licensee's address of record.

[3] The term "Subsequent Complaint" applies to a complaint opened after the Effective Date concerning acts, omissions, or events occurring after the Effective Date, which (1) alleges that the Pharmacy engaged in conduct that violates Board statutes or regulations, and (2) is substantiated by evidence, as determined following the complaint investigation during which the Pharmacy shall have an opportunity to respond.

iii. the Board issues a written final decision and order following adjudication of the allegations (1) of noncompliance with this Agreement, and/or (2) contained in the Subsequent Complaint.

8. The Pharmacy agrees that if the Board suspends its license in accordance with Paragraph 7, it will immediately return its current Massachusetts license to the Board, by hand or certified mail. The Pharmacy further agrees that upon said suspension, it will no longer be authorized to operate as a pharmacy in the Commonwealth of Massachusetts and shall not in any way represent itself as a pharmacy until such time as the Board reinstates license or right to renew such license.

9. The Pharmacy understands that it has a right to formal adjudicatory hearing concerning the Complaint and that during said adjudication it would possess the right to confront and cross-examine witnesses, to call witnesses, to present evidence, to testify on its own behalf, to contest the allegations, to present oral argument, to appeal to the courts, and all other rights as set forth in the Massachusetts Administrative Procedures Act, M.G.L. c. 30A, and the Standard Adjudicatory Rules of Practice and Procedure, 801 CMR 1.01 et seq. The Pharmacy further understands that by executing this Agreement it is knowingly and voluntarily waiving its right to a formal adjudication of the Complaints.

10. The Pharmacy acknowledges that it has been at all times free to seek and use legal counsel in connection with the Complaint and this Agreement.

11. The Pharmacy acknowledges that after the Effective Date, the Agreement constitutes a public record. The Board may forward a copy of this Agreement to other licensing boards, law enforcement entities, and other individuals or entities as required or permitted by law.

12. The Pharmacy understands and agrees that entering into this Agreement is a voluntary and final act and not subject to reconsideration, appeal, or judicial review.

13. The individual signing this Agreement certifies that he/she is authorized to enter into this Agreement on behalf of the Pharmacy, and that he/she has read this Agreement.

Witness (sign and date) 6/24/2020

(sign and date) 6/24/2020

Michael Rigas, Pharm.D
(print name) Chief Clinical officer

David Sencabaugh, R.Ph.
Executive Director
Board of Registration in Pharmacy

8-12-20
Effective Date

Fully Signed Agreement Sent to Licensee on 8/13/2020 by

Certified Mail No. 7019 0700 0000 1846 1978

Kabafusion
DS89700
PHA-2019-0071

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
4/2/2018		Maine		
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Complaint # 2017-PHA-13810		State of Maine, Board of Pharmacy		
Reason/Charge				
Violation of Federal or State Statutes, Regulations or Rules; Fine Paid				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
KabaFusion, Inc.		Complaint & Consent Agreement		
Name of Business/Industry/Entity				
KabaFusion, Inc.				

Provide explanation below: See Attached

Original Signature (electronic, copies or stamps not accepted)

6/14/2022
Date

Applicant's initials

KabaFusion
Patient-Focused Infusion Therapy

Regarding Disciplinary Action for KabaFusion, Inc. (Shrewsbury)

Maine Board of Pharmacy

KabaFusion, Inc. was party to a Consent Agreement dated 4/02/2018 with the Maine Board of Pharmacy regarding disciplinary action for submission of a late change of pharmacist in charge application, copy enclosed. A $1,500.00 fine was paid.

KabaFusion now has improved policies and procedures and a dedicated team to manage reporting these operational changes to regulators.

CORPORATE (WEST COAST)
17777 Center Court Dr., Ste. 550, Cerritos, CA 90703
P: 800-435-3020 F: 562-860-6017

CORPORATE (EAST COAST)
80 Hayden Ave., Suite 300, Lexington, MA 02421
P: 844-777-4844 F: 781-862-2002

www.kabafusion.com

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5 & 6. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
5/18/2021		Virginia		
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reference Permit # 0201002838		VA Board of Pharmacy		
Reason/Charge				
Violation of Federal or State Statutes, Regulations or Rules; Fine Paid				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
KabaFusion VA, LLC			Consent Order	
Name of Business/Industry/Entity				
KabaFusion VA, LLC				

Provide explanation below: See Attached

Original Signature (electronic, copies or stamps not accepted)

Date 6/14/2022

Applicant's initials

KabaFusion
Patient-Focused Infusion Therapy

Regarding Disciplinary Action For KabaFusion VA, LLC (Chesapeake)

The Virginia Board of Pharmacy inspected KabaFusion VA, LLC on April 21, 2021 and found that bulk IV solutions were in the warehouse space. The bulk IV solutions have been relocated to the licensed pharmacy space and the deficiency correction and payment of monetary penalty are noted in the May 27, 2021 letter from the Virginia Board of Pharmacy, copy enclosed.

CORPORATE (WEST COAST)
17777 Center Court Dr., Ste. 550, Cerritos, CA 90703
P: 800-435-3020 F: 562-860-6017

CORPORATE (EAST COAST)
80 Hayden Ave., Suite 300, Lexington, MA 02421
P: 844-777-4844 F: 781-862-2002

www.kabafusion.com

0201002838

COMMONWEALTH of VIRGINIA

David E. Brown, D.C.
Director

Department of Health Professions
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463

www.dhp.virginia.gov
TEL (804) 367-4400
FAX (804) 527-4475

Board of Pharmacy
804/367-4456
804-799-7906 (fax)

May 27, 2021

KabaFusion VA, LLC
Traci M. Johns, Pharmacist-in-Charge
Mailed to the legal address of record with the Board of Pharmacy

RE: Case #211691

Dear Ms. Johns:

Enclosed please find a certified true copy of the Inspection Deficiency Notice and Consent Order that was entered by the Board on May 18, 2021. Further, this confirms receipt of the monetary penalty and the documentation indicating the corrective action taken. As all requirements have been satisfied, the case is now closed.

Sincerely,

Rose E. DeMatteo
Compliance Case Manager

Enclosure

Virginia Board of Pharmacy
9960 Mayland Drive, Suite 300
Henrico, VA 23233
804-367-4456
804-527-4472 (Fax)
pharmbd@dhp.virginia.gov

April 21, 2021

KabaFusion VA, LLC
Permit Number: 0201002838

Notice

After an inspection conducted on April 21, 2021 at KabaFusion VA, LLC, the deficiencies identified in the inspection summary that was provided to the facility were found. Those deficiencies constitute violations of the statutes and regulations cited below:

1. ($500) Deficiency 12: Storage of prescription drugs not in the prescription department; 18 VAC 110-20-190

If you wish to contest the violations cited above and in the inspection summary that was provided to the facility, you may submit documentation for the Board's consideration within 14 days of the date of this notice. In the alternative, you may request, in writing, an informal conference to further discuss this matter before a committee of the Board within 30 days of the date of this notice. Documents for consideration or a request for an informal conference should be mailed to:

Virginia Board of Pharmacy
9960 Mayland Drive
Suite 300
Henrico, Virginia 23233

If you do not want to contest the cited violations, in lieu of proceeding to an informal conference, you may sign the Consent Order below, submit a total penalty of $500 by check or money order, made payable to the Treasurer of Virginia, and provide documentation of corrective action taken to remedy all of the cited violations. The Consent Order, the penalty, and documentation of corrective action should be sent in one mailing to the address provided above within 30 days of the date of this Notice.

Failure to respond to this document within thirty (30) days of the date of this Notice will result in an informal conference being scheduled to determine whether violations of the statutes and regulations of the Board of Pharmacy have occurred. A notice of the informal conference will be mailed to the attention of the facility's Pharmacist-in-Charge [or the Owner if no PIC] with the scheduled date and time. If it is determined at the conclusion of the informal conference that the pharmacy is in violation of the laws and regulations of the Board of Pharmacy, the permit holder may be subject to disciplinary sanctions by the Board in addition to the penalty listed above. If you have any questions, please contact the Board office.

Consent Order

The Virginia Board of Pharmacy ("Board") and KabaFusion VA, LLC ("Pharmacy") enter into the following Consent Order as evidenced by the signature of the Pharmacist-in-Charge [or the Owner if no PIC] hereto. The deficiencies cited in the Notice above and the inspection summary that was provided to the facility constitute violations of the statutes and regulations as cited above in the Notice. These violations were identified during an inspection conducted on April 21, 2021.

DO NOT MAKE ANY CHANGES TO THIS DOCUMENT:

Pharmacy, by affixing the signature of the Pharmacist-in-Charge (or Owner if no PIC) hereon, agrees to the following:

1. The Pharmacist-in-Charge (or Owner if no PIC) has the right to seek advice of counsel prior to signing this document;
2. The Pharmacist-in-Charge (or Owner if no PIC) acknowledges that without his consent, no legal action can be taken against the Pharmacy except pursuant to the Virginia Administrative Process Act, § 2.2-4000 *et seq.* of the Code of Virginia;
3. The Pharmacist-in-Charge (or Owner if no PIC) acknowledges that he has the following rights, among others: the right to an informal fact finding conference before the Board, the right to reasonable notice of said hearing, the right to representation by counsel, and the right to cross-examine witnesses;
4. The Pharmacist-in-Charge (or Owner if no PIC) waives all such right to an informal conference;
5. The Pharmacist-in-Charge (or Owner if no PIC) admits to the violations cited herein and waives his right to contest such violations in any subsequent proceeding before the Board;
6. The Pharmacist-in-Charge (or Owner if no PIC) consents to the entry of the following Order affecting the permit of the Pharmacy in Virginia.

WHEREFORE, on the basis of the foregoing, the Board, effective upon entry of this Order, and in lieu of further proceedings, hereby ORDERS as follows:

1. Pharmacy shall pay a monetary penalty of $500 to the Board within 30 days of the date of the Notice.

2. Pharmacy shall submit documentation of immediate action taken to correct all violations.

3. Any violation of the terms and conditions of this Order or of any law or regulation affecting the conduct of Pharmacy in the Commonwealth of Virginia shall constitute grounds for the suspension or revocation of the permit of Pharmacy, and an administrative proceeding shall be convened to determine whether such permit shall be suspended or revoked.

DEFICIENCY NOTICE AND CONSENT ORDER
Permit Number: 0201002838

Pursuant to § 2.2-4023 and § 54.1-2400.2 of the Code of Virginia, the signed original of this Notice and Consent Order shall remain in the custody of the Department of Health Professions as public record and shall be made available for public inspection or copying upon request.

Traci Johns RPh
Signature of PIC or Owner

4/29/2021
Date

Traci Johns
Printed Name of Person Signing

Pharmacist in Charge
Position/Title

FOR THE BOARD:

Caroline D. Juran, Executive Director

5/18/2021
Entered

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5 & 6. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
2/25/2021		New York		
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Not listed		New York State Department of Health		
Reason/Charge				
Violation of Federal or State Statutes, Regulations or Rules; Fine Paid				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Lincare of New York, Inc.		Citation; Stipulation and Order		
Name of Business/Industry/Entity				
Lincare of New York, Inc.				

Provide explanation below: See Attached

Original Signature (electronic, copies or stamps not accepted)

Date 6/14/2022

Applicant's initials

KabaFusion
Patient-Focused Infusion Therapy

Citation, Stipulation and Order for Lincare of New York, Inc. (Clinton)

Lincare of New York, Inc. was aquired in May 2020 and inspected by the New York Department of Health in September 2020. All findings have been corrected, and the fine was paid. A copy of the Citation, Stipulation and Order is enclosed.

CORPORATE (WEST COAST)
17777 Center Court Dr., Ste. 550, Cerritos, CA 90703
P: 800-435-3020 F: 562-860-6017

CORPORATE (EAST COAST)
80 Hayden Ave., Suite 300, Lexington, MA 02421
P: 844-777-4844 F: 781-862-2002

www.kabafusion.com

STATE OF NEW YORK : DEPARTMENT OF HEALTH

IN THE MATTER

OF

HOWARD A. ZUCKER, M.D., J.D., as Commissioner of Health of the State of New York, to determine the action to be taken with respect to:

LINCARE OF NEW YORK INC.

Respondent

as operator of

Lincare of New York Inc. - Clinton
8181 Seneca Turnpike Suite 2
Clinton New York, 13323

arising out of alleged violations of Article 36 of the Public Health Law of the State of New York and Title 10 (Health) of the Official Compilation of Codes, Rules and Regulations of the State of New York (NYCRR)

STIPULATION

AND

ORDER

WHEREAS, the New York State Department of Health (the "Department") has investigated the operations of LINCARE OF NEW YORK INC. as operator of Lincare of New York Inc. – Clinton, a Home Care Service provider relating to alleged violations of Article 36 of the Public Health Law and Part 700 of Title 10 (Health) of the Official Compilation of the Codes, Rules and Regulations of the State of New York (NYCRR), as detailed in the Department survey dated September 15, 2020; and

WHEREAS, prior to commencement of administrative enforcement action based upon the alleged violations by service of a Notice of Hearing and Statement of Charges, the Department and the Respondent engaged in settlement discussions; and

WHEREAS, the parties wish to resolve this matter by means of a settlement

instead of an administrative hearing.

NOW, THEREFORE, IT IS STIPULATED AND AGREED AS FOLLOWS:

1. This matter is settled and discontinued with prejudice. The Department shall not pursue further administrative enforcement action against the Respondent pursuant to Article 36 of the Public Health Law and Title 10 NYCRR in connection with the Department survey dated September 15, 2020 and alleged violations of 10 NYCRR §§ 765 – 2.2(b), 766.2(a)(1), 766.3(a), 766.3(b), 766.3(d), 766.4(d), 766.5(b) (3), 766.9(c), 766.9(k), 766.9(l), 766.11(d)(1), 766.11(d)(2), 766.11(d)(4), 766.11 (f)(i), 766.11(l)(1), 766.11(l)(2), 766.12(a)(1), and 766.12(c).

2. The Respondent admits to the existence of substantial evidence of violations of the regulations listed in paragraph #1 above, as detailed in the Department survey dated September 15, 2020. The foregoing admission is without prejudice to the Respondent's rights, defenses, and claims in any other matter, proceeding, action, hearing, or litigation not involving the Department or any of its boards or councils authorized by the Public Health Law, including but not limited to those involving medical malpractice, personal injury, and/or negligence that may be made in a civil action for monetary damages.

3. Pursuant to PHL §§ 12(1)(a) and 206 of the Public Health Law, the Respondent is assessed a civil penalty of Twenty-Five Thousand Five Hundred dollars ($25,500.00). Twelve Thousand Five Hundred dollars ($12,500.00) of this civil penalty will be paid to the Department within thirty (30) days after the effective date of this Stipulation and Order. Thirteen Thousand dollars ($13,000.00) of this civil penalty will be suspended for a further period of 90 days and waived upon the Respondent demonstrating compliance

with the regulatory requirements of 10 NYCRR §§ 765 – 2.2(b), 766.2(a)(1), 766.9(c), 766.9(k), 766.9(l), 766.9(o), 766.11 (d)(1), 766.11 (d)(2), 766.11 (d)(4), 766.11 (i)(i), 766.11(l)(1), 766.11(l) (2), 766.12 (a)(1), 766.12(c).

4. Payments shall be made payable by certified check to the New York State Department of Health and forwarded to the New York State Department of Health, Bureau of Accounts Management, Room 2748, Corning Tower, Empire State Plaza, Albany, New York 12237-0016. Any civil penalty not paid by the date prescribed herein shall be subject to all provisions of law relating to debt collection by the State of New York. This includes, but is not limited to, the imposition of interest, late payment charges and collection fees; referral to the New York State Department of Taxation and Finance for collection, and non-renewal of permits or licenses [Tax Law Section 171(27); State Finance Law Section 18; CPLR Section 5001; Executive Law Section 32].

5. It is further stipulated and agreed by the Respondent and the Department that there exist valid and sufficient grounds, as a matter of fact and law, for the issuance of this Stipulation and Order under the Public Health Law, and the Respondent consents to its issuance, accepts its terms and conditions and waives any right to challenge this Stipulation and Order in a proceeding pursuant to Article 78 of the Civil Practice Law and Rules or in any other action or proceeding.

6. This Stipulation and Order shall be effective upon service on the Respondent or the Respondent's attorney or representative of a copy by personal service or by certified or registered mail.

DATED: Albany , New York
February 25 , 2021

LINCARE of NEW YORK, INC.

BY: Karen Kaczmarek

Karen Kaczmarek
President

AGREED AND SO ORDERED:

DATED: Albany, New York
May 4 , 2021

NEW YORK STATE DEPARTMENT OF HEALTH

HOWARD A. ZUCKER, M.D., J.D.
Commissioner of Health

Inquiries to: Michael John Phillips, Senior Attorney
Bureau of Administrative Hearings
Phone: (518) 474 1902 – office 518 935 0533 - mobile
Email: michael.phillips@health.ny.gov

Mail Stipulation and Order to:

Michael John Phillips, Senior Attorney
New York State Department of Health
Corning Tower Building, Room 2412
Empire State Plaza
Albany, New York 12237-0029

Mail Payment to:

New York State Department of Health
Bureau of Accounts Management
Corning Tower, Room 2748
Empire State Plaza
Albany, New York 12237-0016

ADDENDUM

Lincare of NY, Inc. – Clinton			
Date of Survey	Violation	Description of Applicable Citations	Type and amount of Fine
9/15/2020	10 NYCRR §§ 765 2.2(b), 766.2(a)(1), 766.3(a), 766.3(b), 766.3(d), 766.4(d), 766.5(b) (3), 766.9(c), 766.9(k), 766.9(l), 766.11 (d) (1), 766.11 (d) (2), 766.11 (d) (4), 766.11 (f) (i), 766.11l(1), 766.11(i) (2), 766 .12 (a) (1), and 766.12(c).	Failure to maintain licensing and administrative requirements, Failure to properly administer multiple Plans of Care, Failure to maintain proper personnel records, Failure to maintain required records and reports.	PHL §§ 12(1)(a) and 206. $25,500 civil penalty. $12,500 paid within 30 Days of effective date. $13,000.00 suspended for 90 days to comply with Department administrative requirements.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Sohail Merchant

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 Massachusetts, ss. County of Middlesex

I, Sohail Merchant, 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 14th day of June.

Joshua R Darakjian

Notary Public Signature

Joshua Robert Darakjian
Notary Public
COMMONWEALTH OF MASSACHUSETTS
My Commission Expires
02/03/2028

(Seal)

Applicant's initials

GTMI Corporation

DBA

KabaFusion NV

Personal History Application

Aslam Masood

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: GTMI Corporation DBA KabaFusion NV

Physical Address: 1510 W Sunset Rd., #120

City: Henderson State: NV Zip: 89014

Mailing Address (if different from physical address): 17777 Center Court Drive Suite 550

City: Cerritos State: CA Zip: 90703

Telephone: 800-435-3020 Website: www.KabaFusion.com

Licensing Company Email: KabaFusionLicensing@KabaFusion.com

Section 2: Personal Information

First: Aslam Middle: Last: Masood

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: 17777 Center Court Drive Suite 550

City: Cerritos State: CA Zip: 90703

Telephone: 800-435-3020 Email: AMasood@KabaFusion.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: AM

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Sacred Heart Cathedral High School		09/1965 - 06/1970	
Address	**City**	**State**	**Zip**
1 Lawrence Road	Lahore, Pakistan		
Diploma/Degree obtained, if any			
High School Diploma - Matriculation			

School Name		From - To (MM/YY – MM/YY)	
Woodbury University		09/1982 - 03/1985	
Address	**City**	**State**	**Zip**
7500 N Glenoaks Blvd.	Burbank	CA	91504
Diploma/Degree obtained, if any			
Master of Business Administration			

School Name		From - To (MM/YY – MM/YY)	
Northeastern Illinois University		01/1981 - 12/1981	
Address	**City**	**State**	**Zip**
5500 N St Louis Ave.	Chicago	Il	60625
Diploma/Degree obtained, if any			
BA Accounting			

School Name		From - To (MM/YY – MM/YY)	
Forman Christian College - Punjab University		09/1970 - 06/1975	
Address	**City**	**State**	**Zip**
Zahoor Elahi Rd, Gulberg III	Lahore, Pakistan		
Diploma/Degree obtained, if any			
BA Economics			

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
03/07 - Present	[redacted] Westgate Drive	Houston	TX	77019
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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 AM

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)	
KabaFusion Holdings, LLC		10/2009 - Present	
Business Address	**City**	**State**	**Zip**
17777 Center Court Dr., Suite 550	Cerritos	CA	90703
Phone	**Title**		
800-435-3020	Secretary		

Description of Duties

Responsible for administrative, financial and risk management operations of combined entities, including development of measurable financial and operational strategy and the ongoing development and monitoring of control systems designed to preserve company assets and reporting of financial results

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	X	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	X	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Applicant's initials _____

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5 & 6. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
12/22/2010		New Jersey		

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
Inspection Report # 8-6106-10-1445; DCN: 5500000098960040	NJ Division of Consumer Affairs; Board of Pharmacy

Reason/Charge
Violation of Federal or State Statutes, Regulations or Rules; Fine Paid

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Home Care Services, Inc.	Complaint

Name of Business/Industry/Entity
Home Care Services, Inc.

Provide explanation below: See Attached

Aslam Masood

Original Signature (electronic, copies or stamps not accepted)

6-16-2022

Date

Applicant's initials Am

KabaFusion
Patient-Focused Infusion Therapy

Regarding Disciplinary Action for Home Care Services, Inc. DBA KabaFusion NJ (Edison)

In October 2010 Home Care Services, Inc. was acquired by KabaFusion and began undergoing operational and leadership transitions. The minor violation and fine imposed occurred soon after the acquisition of the pharmacy, copy enclosed.

CORPORATE (WEST COAST)
17777 Center Court Dr., Ste. 550, Cerritos, CA 90703
P: 800-435-3020 F: 562-860-6017

CORPORATE (EAST COAST)
80 Hayden Ave., Suite 300, Lexington, MA 02421
P: 844-777-4844 F: 781-862-2002

www.kabafusion.com

28RS00669700 74328

CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

New Jersey Office of the Attorney General

Division of Consumer Affairs
Board of Pharmacy
124 Halsey Street, 6th Floor, Newark, NJ 07102

PAULA T. DOW
Attorney General

THOMAS R. CALCAGNI
Acting Director

Mailing Address:
P.O. Box 45013
Newark, NJ 07101
(973) 504-6450

December 22, 2010

By Certified and Regular Mail

Walter Molokie, RPIC
Home Care Services, Inc
55 Liberty Street
Metuchen, NJ 08840

Re: Inspection Report # **8-8108-10-1445**

Dear Mr. Molokie:

This letter is to advise you that the New Jersey State Board of Pharmacy (the "Board") has had an opportunity to review information concerning the above inspection report.

Upon review of all available information, the board has preliminarily found that you are responsible for the violations noted on **Attachment A.**

The Board has determined that it will first offer you an opportunity to settle this matter and thereby avoid the initiation of formal disciplinary proceedings. Should you wish to avail yourself of this opportunity, you should sign the acknowledgment below and agree to the following:

1. **Cease and desist** in engaging in the conduct alleged and pay a penalty in the amount of **$50.00** (to be paid upon signing of this certification).
2. Provide to the Board a **Letter of Correction.**

Alternatively you may waive your right to a hearing and submit a written statement or explanation to the Board. The Board will then consider your submission and render a final decision, which may include any of the terms set forth above. Any disposition by way of a settlement will be a public record, and will have the same effect as an order of the Board. Any failure to comply with the terms to which you agree will be deemed a violation.

If you do not wish to settle this matter, you may request a hearing. In that event, this letter will serve as notice of the charges against you and a hearing will be scheduled before the Board. At that hearing you either personally or with the assistance of an attorney will have an opportunity to respond to the charges and submit evidence and present testimony as may be necessary in order for the Board to make a final determination concerning the charges of unlawful activity.

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DIVISION OF CONSUMER AFFAIRS
BOARD OF PHARMACY
124 HALSEY ST., 6TH FL., P.O. BOX 45013
NEWARK, NJ 07101

You should be aware that in making its final decision, the Board may, if unlawful activity has been proven, assess civil penalties in an amount greater than that offered in this letter. Additionally, the Board may, if the facts are found to so warrant, enter an order requiring you to reimburse certain monies, directing you to cease and desist from engaging in unlawful acts and/or requiring you to pay costs incurred in the matter.

Should you have any questions concerning this letter or the settlement offer herein, I suggest that you contact The Board of Pharmacy, at (973) 504-6450.

The enclosed certification should be completed and returned to the Board within fifteen (15) days following your receipt of this letter. In the event that the Board receives no response from you within fifteen (15) days, the Board's settlement offer will be withdrawn, and you will be deemed in default. The allegations against you will be deemed uncontested. The Board will then proceed to schedule the matter for final review and will enter an appropriate order. Once an order has been entered, your failure to pay any penalties may result in further action to suspend or revoke your license.

NEW JERSEY STATE
BOARD OF Pharmacy

By: Joanne Boyer
Joanne Boyer, RPh
Executive Director

cc: Sohail Masood, Owner

JB/sk

DIVISION OF CONSUMER AFFAIRS
BOARD OF PHARMACY
124 HALSEY ST., 6TH FL., P.O. BOX 45013
NEWARK, NJ 07101

CERTIFICATION

I, Walter Malone, hereby acknowledge that I have read and reviewed the Board's letter regarding allegations of violations of the Board's enabling act and/or regulations.

Please check one:

X I acknowledge the conduct which has been charged and agree to:

1. **Cease and desist** in engaging in the conduct alleged and pay a penalty in the amount of **$50.00** *(to be paid upon signing of this certification)*.
2. Provide to the Board a **Letter of Correction.**

I am also aware that the action taken against me by the Board here is a matter of public record, and that the Board's letter and this certification are public documents.

_____ *I hereby waive any rights I may have to a hearing in this matter in order to defend myself against* any charges, but ask the Board to consider my explanation before rendering its final decision. I understand that the Board may order any of the terms specified in its letter and that if it does so I will be obligated to comply. I am also aware that the action taken against me by the Board herein is a matter of public record, and that the Board's letter and this certification are public documents. Failure to comply *may subject me to further disciplinary action and any failure to make a required payment will result in the* filing of a certificate of debt.

_____ **I request a formal administrative hearing** to contest the charges specified in the UPL. I understand that I will be advised of the time, date and place for that hearing at another time. I am aware that I may be represented by an attorney and that at the time of the hearing I may submit to the Board testimony and documentation relevant to the charges. I understand that in making its final decision, the Board may, if unlawful activity has been proven, assess civil penalties in an amount greater than that herein offered in its letter and may order such other remedies as it may deem appropriate. I am also aware that this proceeding is a matter of public record and that the Board's letter and this certification are public documents.

Walter Malone R
(Signature)

1/20/2011
(Dated)

Walter Malone
(Print Name)

Dated:

Ref: **Walter Molokie, RPIC**
Home Care Services, Inc
55 Liberty Street
Metuchen, NJ 08840
License# 28RS00559700

Inspection Report #8-6106-10-1445
Letter of Correction
12-8-10
Complaint
74328
JB/sk

PAID
2-10-11

DIVISION OF CONSUMER AFFAIRS
BOARD OF PHARMACY
124 HALSEY ST., 6TH FL., P.O. BOX 45013
NEWARK, NJ 07101

Attachment A

HOME CARE SERVICES, INC, 55 Liberty Street, Metuchen, NJ 08840, Walter Molokie, RPIC. Bureau File# 8-6106-10-1445. Period 11-12-10.

REFERENCE: Transfer of Ownership

DETAILS:

Cite	Fine	Description
[13:39-3.6]	$50.00	A copy of the biennial license belonging to Dipali Trivedi, 28RI02390000, was posted on display.
	$50.00	

DIVISION OF CONSUMER AFFAIRS
BOARD OF PHARMACY
124 HALSEY ST., 6TH FL., P.O. BOX 45013
NEWARK, NJ 07101

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5 & 6. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
12/3/2020		Florida		

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
Florida Board of Pharmacy Meeting Agenda Dated 12/03/2020 and Minutes	Florida Board of Pharmacy

Reason/Charge
Appearance Regarding Acceptance of License

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
At Home Infusion Services LLC	Apperance via Telephone Conference Call

Name of Business/Industry/Entity
At Home Infusion Services LLC

Provide explanation below: See Attached

Adam Masood

Original Signature (electronic, copies or stamps not accepted)

6-16-2022

Date

Applicant's initials AM

KabaFusion
Patient-Focused Infusion Therapy

Appearance Regarding Acceptance of License Application for
At Home Infusion Services LLC DBA KabaFusion FL (Orlando)

On December 3, 2020 At Home Infusion Services LLC DBA KabaFusion FL appeared at the Florida Board of Pharmacy meeting, via telephone conference call, regarding its Community Pharmacy License Application. After brief discussion, the Florida Board of Pharmacy moved to accept the application. A copy of the December 3, 2020 Florida Board of Pharmacy Meeting Agenda and Minutes are enclosed.

CORPORATE (WEST COAST)
17777 Center Court Dr., Ste. 550, Cerritos, CA 90703
P: 800-435-3020 F: 562-860-6017

CORPORATE (EAST COAST)
80 Hayden Ave., Suite 300, Lexington, MA 02421
P: 844-777-4844 F: 781-862-2002

www.kabafusion.com

BOARD OF PHARMACY
GENERAL BUSINESS MEETING AGENDA
TELEPHONE CONFERENCE CALL
December 3, 2020
1:00 p.m. ET
Call In Number: (888) 585-9008
Conference Code: 599-196-982(#)

Participants in this public meeting should be aware that these proceedings are being recorded and that an audio file of the meeting will be posted to the board's website.

I. CALL TO ORDER/ROLL CALL

II. APPLICATIONS FOR REVIEW – David Wright, BPharm

A. Pharmacists

i. Sanjeev Seenath
ii. Theresa Ballington

B. Registered Pharmacy Technician

i. James Morrell
ii. Jessica Leavesley
iii. Malinda Barconey
iv. Zadella Thompson
v. Joshua Camesa
vi. Jarvis Manns
vii. Mark Stevenson

C. Pharmacy Permits

i. Total Vein Pharmacy, LLC.
ii. Maple Rose Enterprises, Inc.
iii. At Home Infusion Services, LLC.

III. PETITION FOR VARIANCE OR WAIVER

A. Mirlande Pierre, 64B16-26.300, F.A.C., Consultant Pharmacist Licensure
B. Mounica Jammu, 64B16-26.300, F.A.C., Consultant Pharmacist Licensure
C. Jelisabel Irizarry-Gonzalez, 64B16-26.300, F.A.C., Consultant Pharmacist Licensure
D. Stellar Pharmacy Services, Inc.

IV. PETITION TO INITIATE RULEMAKING

A. RxSafe, LLC., Panama Pharmacy, and Pine Brook Pharmacy, 64B16-28.108, F.A.C., All Permits – Labels and Labeling of Medicinal Drugs

V. RULE DISCUSSION

A. Consultant Pharmacist of Record, Emergency Rule
B. Application Redesign

i. 64B16-26.2032, F.A.C., Application for Pharmacy Intern Registration
ii. 64B16-26.303, F.A.C., Nuclear Pharmacist Licensure
iii. 64B16-26.350, F.A.C., Requirements for Pharmacy Technician Registration

iv. 64B16-300, F.A.C., Consultant Pharmacist for Licensure

VI. REPORTS – Rich Montgomery, BPharm, MBA, Chair

A. Board Chair

B. Executive Director's Report – Jessica Sapp, Executive Director

i. Financial Reports
ii. 2021 Probable Cause Panel Dates
iii. Human Trafficking CE Requirement
iv. Virtual Chat Agent: ELI
v. Staff Recognition

C. Board Counsel Report – Christopher Dierlam, Assistant Attorney General

i. Rules Status Report

D. Investigative Services Report – Robert Difiore, Pharmaceutical Program Manager

VII. NEW BUSINESS – Rich Montgomery, BPharm, MBA, Chair

A. 2021 Election of Officers

B. Ratification of Issued Licenses/Certificates

i. Pharmacist (Licensure) – 250
ii. Pharmacist (Exam Eligibility) – 330
iii. Pharmacist Interns – 384
iv. Consultant Pharmacist – 46
v. Pharmacy/Facilities – 108
vi. Registered Pharmacy Technicians – 1085
vii. Registered Pharmacy Technician Training Program – 16
viii. Nonresident Sterile Compounding – 3
ix. Approved CE Courses – 45
x. Individual Pharmacist Request for Approval of CE - 6

VIII. OLD BUSINESS – Rich Montgomery, BPharm, MBA, Chair

A. Review and Approval of Meeting Minutes

i. October 13, 2020 Rules Committee Minutes
ii. October 13, 2020 General Board Meeting Minutes
iii. October 14, 2020 General Board Meeting Minutes

IX. FOR YOUR INFORMATION

A. Sophic Medical Presentation

X. ADJOURNMENT

FLORIDA | Board of Pharmacy

Draft Minutes

December 3, 2020
TELEPHONE CONFERENCE CALL
1:00 p.m. ET
Call In Number: (888) 585-9008
Conference Code: 599-196-982(#)

Jonathan Hickman, PharmD
Chair

Jessica Sapp, Executive Director

BOARD OF PHARMACY
GENERAL BUSINESS MEETING AGENDA
TELEPHONE CONFERENCE CALL
DRAFT MINUTES
October 14, 2020
8:00 a.m. ET
Call In Number: (888) 585-9008
Conference Code: 599-196-982(#)

Participants in this public meeting should be aware that these proceedings are being recorded and that an audio file of the meeting will be posted to the board's website.

I. CALL TO ORDER/ROLL CALL

Call to Order - The meeting was called to order by Board Chair, Dr. Hickman, at 1:00 p.m. ET.

Those present during the meeting included the following:

MEMBERS PRESENT:
Jonathan Hickman, PharmD, Chair
David Wright, BPharm
Jeenu Philip, BPharm
Jeffrey J. Mesaros, PharmD, JD
Gavin Meshad, Consumer Member
Patty Ghazvini, PharmD, BCGP
Dorinda Segovia, PharmD
Maja Gift, BPharm, MHA, CPH

STAFF PRESENT:
Jessica Sapp, Executive Director
Traci Zeh, Program Administrator

BOARD COUNSEL:
Christopher Dierlam, Assistant Attorney General

PROSECUTION ATTORNEY:
Andrew Pietrylo, DOH Prosecution Services
Alejandro Camacho, DOH Prosecution Services

COURT REPORTER:
For the Record
150 Mahan Drive, Suite 140
Tallahassee, FL 32308
(850) 222-5491
(850) 224-5316 (Fax)

II. APPLICATIONS FOR REVIEW – David Wright, BPharm

A. Pharmacists

i. Sanjeev Seenath

The applicant was present and represented by Edwin Bayo, Esq.

The applicant applied for a pharmacist license and answered yes to criminal history questions on his application.

After further discussion the Board took the following action:

Motion: by Mr. Philip to accept the application.
Second: by Mr. Meshad
Vote: 4/1. Dr. Hickman opposed.

ii. Theresa Ballington

The applicant was present.

The applicant applied for a pharmacist license and answered yes to criminal history questions on her application.

After further discussion the Board took the following action:

Ms. Ballington requested to waive the 90-day requirement of her application to allow her time to supply the Board with a copy of her evaluation completed in the state of Illinois.

Motion: by Dr. Hickman to approve the request to continue her the application and to delegate Mr. Wright to review the evaluation to determine if Ms. Ballington is sufficiently safe to practice.
Second: by Dr. Mesaros
Vote: Unanimous

B. Registered Pharmacy Technician

i. James Morrell

The applicant was present.

The applicant applied for a registered pharmacy technician license and answered yes to criminal history questions on his application.

After further discussion the Board took the following action:

Motion: by Dr. Hickman to accept the application.
Second: by Dr. Mesaros
Vote: Unanimous

ii. Jessica Leavesley

Mr. Wright stated for the record he is professionally associated with the applicant. Due to his recusal, the application was tabled to the December 16, 2020 meeting due to lack of quorum.

iii. Malinda Barconey

The applicant was present.

The applicant applied for a registered pharmacy technician license and answered yes to health history questions on her application.

Mr. Philip stated that even though Ms. Barconey completed her training through Walgreens, he

has no professional association with Ms. Barconey and would not need to recuse himself.

After further discussion the Board took the following action:

Ms. Barconey requested to waive the 90-day requirement of her application to allow her time to receive an evaluation from Professional Resources Network (PRN).

Motion: by Dr. Hickman to approve the request to continue her the application for six months and to delegate Mr. Wright to review the evaluation to determine if Ms. Barconey is sufficiently safe to practice.
Second: by Dr. Mesaros
Vote: Unanimous

iv. Zabella Thompson

The applicant was present.

The applicant applied for a registered pharmacy technician license and answered yes to criminal history questions on her application.

After further discussion the Board took the following action:

Motion: by Mr. Philip to accept the application.
Second: by Dr. Mesaros
Vote: Unanimous

v. Joshua Camesa

The applicant was present.

The applicant applied for a registered pharmacy technician license and answered yes to health history questions on his application.

After further discussion the Board took the following action:

Mr. Camesa requested to waive the 90-day requirement of his application to allow him time to receive an evaluation from Professional Resources Network (PRN).

Motion: by Mr. Meshad to approve the request to continue the application for six months and to delegate Mr. Wright to review the evaluation to determine if Mr. Camesa is sufficiently safe to practice.
Second: by Dr. Hickman
Vote: Unanimous

vi. Jarvis Manns

The applicant was present.

The applicant applied for a registered pharmacy technician license and answered yes to criminal history questions on his application.

After further discussion the Board took the following action:

Mr. Manns requested to waive the 90-day requirement of his application.

Motion: by Mr. Meshad to approve the request to continue the application for six months to allow time to retrieve additional criminal documentation.
Second: by Dr. Hickman
Vote: Unanimous

vii. Mark Stevenson

The applicant was present.

Mr. Philip stated that even though Mr. Stevenson completed his training through Walgreens, he has no professional association with Mr. Stevenson and would not need to recuse himself.

The applicant applied for a registered pharmacy technician license and answered yes to criminal and health history questions on his application.

After further discussion the Board took the following action:

Mr. Stevenson requested to waive the 90-day requirement of his application to allow him time to receive an evaluation from Professional Resources Network (PRN).

Motion: by Dr. Hickman to approve the request to continue the application for six months and to delegate Mr. Wright to review the evaluation to determine if Mr. Stevenson is sufficiently safe to practice.
Second: by Mr. Meshad
Vote: Unanimous

C. Pharmacy Permits

i. Total Veins Pharmacy, LLC.

The applicant was present.

The applicant applied for a Nonresident Sterile Compounding Permit. The applicant answered yes to disciplinary questions on the application.

After further discussion the Board took the following action:

Motion: by Dr. Hickman to accept the application.
Second: by Mr. Philip
Vote: Unanimous

ii. Maple Rose Enterprises, Inc.

The applicant was present.

The applicant applied for a Nonresident Pharmacy Permit. The applicant answered yes to disciplinary questions on the application.

During the August Board Meeting, it was requested that Maple Rose Enterprises, Inc. reappear before the Board in December with a new inspection report.

After further discussion the Board took the following action:

Motion: by Mr. Philip to accept the application.
Second: by Dr. Hickman
Vote: Unanimous

iii. At Home Infusion Services, Inc.

The applicant was present.

The applicant applied for a Community Pharmacy Permit. The applicant answered yes to disciplinary questions on the application.

After further discussion the Board took the following action:

Motion: by Dr. Hickman to accept the application.
Second: by Mr. Meshad
Vote: Unanimous

III. PETITION FOR VARIANCE OR WAIVER

A. Mirlande Pierre, 64B16-26.300, F.A.C., Consultant Pharmacist Licensure

The petitioner was present.

Pursuant to Rule 64B16-26.300(3)(c), F.A.C., a pharmacist wishing to become licensed as a consultant pharmacist must "successfully complete a period of assessment and evaluation under the supervision of a preceptor within one (1) year of completion of the course set forth in paragraph (b), above. This period of assessment and evaluation shall be completed over no more than three (3) consecutive months and shall include at least 40 hours of training in the following practice areas, 60% of which shall occur on-site at an institution that holds a pharmacy permit.

Ms. Pierre requested the rule be temporarily waived as she is unable to complete the on-site requirement at an institution due to restrictions of entering facilities during COVID-19.

After further discussion the Board took the following action:

Motion: by Dr. Hickman to grant the petition contingent upon the completion of an additional eight (8) hours of Consultant Pharmacist continuing education within six (6) months.
Second: by Dr. Mesaros
Vote: Unanimous

B. Mounica Jammu, 64B16-26.300, F.A.C., Consultant Pharmacist Licensure

The petitioner was present.

Pursuant to Rule 64B16-26.300(3)(c), F.A.C., a pharmacist wishing to become licensed as a consultant pharmacist must "successfully complete a period of assessment and evaluation under the supervision of a preceptor within one (1) year of completion of the course set forth in paragraph (b), above. This period of assessment and evaluation shall be completed over no more than three (3) consecutive months and shall include at least 40 hours of training in the following practice areas, 60% of which shall occur on-site at an institution that holds a pharmacy permit.

Ms. Jammu was seeking a waiver of Rule 64B16-26.300(3)(c), F.A.C, as she is unable to locate a preceptor during the current COVID-19 climate.

After further discussion the Board took the following action:

Motion: by Mr. Wright to grant the petition contingent upon the completion of an additional eight (8) hours of Consultant Pharmacist continuing education within six (6) months.
Second: by Dr. Mesaros
Vote: Unanimous

C. Jelisabel Irizarry-Gonzalez, 64B16-26.300, F.A.C., Consultant Pharmacist Licensure

The petitioner was present.

Pursuant to Rule 64B16-26.300(3)(c), F.A.C., a pharmacist wishing to become licensed as a consultant pharmacist must "successfully complete a period of assessment and evaluation under the supervision of a preceptor within one (1) year of completion of the course set forth in paragraph (b), above. This period of assessment and evaluation shall be completed over no more than three (3) consecutive months and shall include at least 40 hours of training in the following practice areas, 60% of which shall occur on-site at an institution that holds a pharmacy permit.

Ms. Irizarry Gonzalez was seeking a waiver of Rule 64B16-26.300(3)(c), F.A.C, as she is unable to locate a preceptor during the current COVID-19 climate.

After further discussion the Board took the following action:

Motion: by Mr. Wright to grant the petition contingent upon the completion of an additional eight (8) hours of Consultant Pharmacist continuing education within six (6) months.
Second: by Dr. Mesaros
Vote: Unanimous

D. Stellar Pharmacy Services, Inc.

The petitioner was present.

The Petitioner was seeking a variance from 465.0235, Florida Statutes, Automated pharmacy

systems used by long-term care facilities, hospices, or state correctional institutions, or for outpatient dispensing. The petitioner was seeking guidance regarding allowing a Florida licensed Non-Resident Pharmacy be substituted for a Community Pharmacy, a medical provider deliver patient counseling, and for the allowance of an out of state licensed pharmacist supervise an automated pharmacy system.

The Petitioner withdrew the petition.

IV. PETITION TO INITIATE RULEMAKING

A. RxSafe, LLC., Panama Pharmacy, and Pine Brook Pharmacy, 64B16-28.108, F.A.C., All Permits – Labels and Labeling of Medicinal Drugs

The Petitioner was present and represented by Edwin Bayo, Esp.

RxSafe, LLC., Panama Pharmacy, and Pine Brook Pharmacy petitioned the Board to initiate rulemaking for the purpose of amending Rule 64B16-28.108, F.A.C., to reflect a "beyond use date" that would be consistent to allow a pharmacy that provides customized patient medication packaging to dispense a ninety day supply.

64B16-28.108 All Permits – Labels and Labeling of Medicinal Drugs.

(6) A customized patient medication package may be utilized if:
(a) The consent of the patient or the patient's agent has been secured; and,
(b) The label includes:
1. Name, address and telephone number of the pharmacy.
2. Serial number for the customized medication package and a separate serial number for each medicinal drug dispensed.
3. Date of preparation of the customized patient medication package.
4. Patient's name.
5. Name of each prescriber.
6. Directions for use and any cautionary statements required for each medicinal drug.
7. Storage instructions.
8. Name, strength, quantity and physical description of each drug product.
9. A beyond use date that is not more than ~~60~~ 120 days from the date of preparation of the customized patient medication package but shall not be later than any appropriate beyond use date for any medicinal drug included in the customized patient medication package.

Motion: by Dr. Mesaros to table this discussion to be considered at a Rules Committee Meeting and requested the Petitioner to provide data from other states on how many times they have to rework the packaging of the medications.
Second: by Dr. Hickman
Vote: Unanimous

V. RULE DISCUSSION

A. Consultant Pharmacist of Record, Emergency Rule

Due to the concerns surrounding the spread of COVID-19, the Board held an Emergency Rule Hearing to address the obligations of Consultant Pharmacists under 64B16-28, F.A.C. Emergency Rule 64B16ER20-21 was effective March 19, 2020 through June 19, 2020 which suspended the

requirement of a Consultant Pharmacist completing their required inspections "on-site".

This was placed on the agenda for further Board discussion.

During the October meeting the Board directed Board Counsel to provide language for another emergency rule. The Following language was provided for the Board's review.

64B16ER20-42 (64B16-28.501) Consultant Pharmacist of Record; Initial Designation; Change.
(1) through (4) No change.
(5) Off-site consultant pharmacists of record shall not be required to perform inspections and on-site consultations at permitted institutional pharmacies as referenced in Rules 64B16-28.501(3), F.A.C.; Rules 64B16-28.702(2)(b), (c), and (d) F.A.C.; Rule 64B16-28.850(16), F.A.C., and Rules 64B16-28.870(3)(c) and (d), F.A.C., when the consultant pharmacist of record is not regularly present at the location and the permit holder refuses to grant access due to COVID-19 concerns. This rule shall in no way modify any obligations stemming from State or Federal laws requiring drug regimen reviews.

Motion: by Mr. Wright to approve the proposed emergency rule language.
Second: by Dr. Hickman
Vote: Unanimous

The Board opened the floor for public comment.

Kathy Baldwin addressed the Board.

Motion: by Mr. Wright to find that there would be no economic impact on small businesses.
Second: by Mr. Philip
Vote: Unanimous

Motion: by Mr. Wright to find that the proposed rule would not likely directly or indirectly increase regulatory costs to any entity (including government) in excess of $200,000 within 1 year after the implementation of the rule.
Second: by Dr. Hickman
Vote: Unanimous

Motion: by Mr. Wright to find that no part of the rule should be designated as a minor violation.
Second: by Dr. Hickman
Vote: Unanimous

B. Application Redesign
- i. 64B16-26.2032, F.A.C., Application for Pharmacy Intern Registration
- ii. 64B16-26.303, F.A.C., Nuclear Pharmacist Licensure
- iii. 64B16-26.350, F.A.C., Requirements for Pharmacy Technician Registration
- iv. 64B16-300, F.A.C., Consultant Pharmacist for Licensure

Ms. Sapp provided the Board with a summary of the application revisions.

Motion: by Mr. Wright to approve the application revisions and open the applicable rules open for development.
Second: by Mr. Philip
Vote: Unanimous

Motion: by Mr. Wright to find that there would be no economic impact on small businesses.
Second: by Dr. Hickman
Vote: Unanimous

Motion: by Dr. Hickman to find that the proposed rule would not likely directly or indirectly increase regulatory costs to any entity (including government) in excess of $200,000 within 1 year after the implementation of the rule.
Second: by Mr. Wright
Vote: Unanimous

Motion: by Dr. Hickman to find that no part of the rule should be designated as a minor violation.
Second: by Mr. Wright
Vote: Unanimous

Motion: by Mr. Wright to find that this rule shall not include a sunset provision.
Second: by Dr. Hickman
Vote: Unanimous

VI. REPORTS – Jonathan Hickman, PharmD, Chair

A. Board Chair

Dr. Hickman addressed the Board and recognized the outgoing Members. Mr. Richard Montgomery, Dr. Mark Mikhael, and Dr. Blanca Rivera for their years of service on the Board. He also welcomed the new Members, Dr. Patty Ghazvini, Dr. Dorinda Segovia, and Ms. Maja Gift to the Board.

B. Executive Director's Report – Jessica Sapp, Executive Director

Ms. Sapp provided an overview of 2021 legislation.

HB29, Dispensing Medicinal Drugs, was recently filed. This bill authorizes a prescribing health care practitioner to dispense up to a 48-hour supply of a medicinal drug to an inpatient upon discharge or to a patient discharged from an emergency department of a hospital that operates a Class II or Class III Institutional pharmacy. It also allows up to a 72-hour supply when a state of emergency has been declared for an area in the state pursuant to section 252.36, Florida Statutes (F.S.). Ms. Sapp will provide updates at each meeting with the status of the bill and any other bills filed throughout the 2021 legislative season.

i. Financial Reports

These reports were provided for informational purposes only.

ii. 2021 Probable Cause Panel Dates

The 2021 PCP dates were provided for the Board's review.

Board staff will make updates to the PCP schedule and bring back to a future meeting for review.

iii. Human Trafficking CE Requirement

Ms. Sapp reminded Board Members and others present at the meeting that all currently licensed pharmacists and registered pharmacy technicians are required to complete the one-time, one-hour course on Human Trafficking by January 1, 2021 and provided information on where licensees can find approved courses.

iv. Virtual Chat Agent: ELI

Ms. Sapp provided an overview of virtual chat agenda, ELI that launched on the Board of Pharmacy's website on October 28, 2020.

ELI (Enforcement – Licensure – Information) is MQA's new artificial intelligence system that is transforming the customer service MQA provides by enabling the workforce to deliver exceptional service to our customers through online chat.

ELI is designed to answer common questions in a variety of different areas. Some areas include: licensure requirements, renewal requirements, fees, contact information, background screening, public records, and more.

v. Staff Recognition

This was provided for informational purposes only.

C. Board Counsel Report – Christopher Dierlam, Assistant Attorney General

i. Rules Status Report

Mr. Dierlam provided an overview of the rules report.

D. Committee Report

i. Rules Committee – Jeffery J. Mesaros, PharmD, JD

a. Rules Committee Update

No report was provided at this time.

E. Investigative Services Report – Robert Difiore, Pharmaceutical Program Manager

Mr. Dilworth provided a brief update on the inspection results as of October 2020.

As of December 2020 - Non-Sterile Pharmacy inspections, currently 883 inspections have been completed; Sterile Compounding Pharmacy inspections are currently at 33 inspections completed.

VII. NEW BUSINESS – Rich Montgomery, BPharm, MBA, Chair

A. 2021 Election of Officers

This item was tabled to the December 16, 2020 meeting.

B. Ratification of Issued Licenses/Certificates

i. Pharmacist (Licensure) – 250
ii. Pharmacist (Exam Eligibility) – 330
iii. Pharmacist Interns – 384
iv. Consultant Pharmacist – 46
v. Pharmacy/Facilities – 108
vi. Registered Pharmacy Technicians – 1085
vii. Registered Pharmacy Technician Training Program – 16
viii. Nonresident Sterile Compounding – 3
ix. Approved CE Courses – 45
x. Individual Pharmacist Request for Approval of CE – 6

Motion: by Mr. Philip to accept the ratification lists.
Second: by Mr. Meshad
Vote: Unanimous

VIII. OLD BUSINESS – Rich Montgomery, BPharm, MBA, Chair

A. Review and Approval of Meeting Minutes

i. October 13, 2020 Rules Committee Minutes
ii. October 13, 2020 General Board Meeting Minutes
iii. October 14, 2020 General Board Meeting Minutes

Motion: by Mr. Wright to accept the meeting minutes.
Second: by Mr. Meshad
Vote: Unanimous

IX. FOR YOUR INFORMATION

A. Sophic Medical Presentation

Mr. Bob Parrado addressed the Board.

X. ADJOURNMENT

There being no further business the meeting adjourned at 5:30 p.m. ET.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5 & 6. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Spring 2019		Texas		
Case # SOAH Docket No. 515-19-2304 / Agreed Board Order #K-18-018		**Governing, licensing, Arresting Presiding Body/Agency/Court** State Office of Administrative Hearings; Texas State Board of Pharmacy		
Reason/Charge Appearance / Board Order				
Plaintiff/Defendant/Claimant/Respondent Home Care Services, Inc. DBA KabaFusion NJ		**Lawsuit/Arbitration/Bankruptcy** Appearance / Board Order		
Name of Business/Industry/Entity Home Care Services, Inc. DBA KabaFusion NJ				

Provide explanation below: See Attached

Aslam Masood
Original Signature (electronic, copies or stamps not accepted)

6-16-2022
Date

Applicant's initials AM

KabaFusion
Patient-Focused Infusion Therapy

Regarding Disciplinary Action for Home Care Services, Inc. DBA KabaFusion NJ (Edison)

In 2019 Home Care Services, Inc. DBA KabaFusion NJ and the Texas State Board of Pharmacy met and discussed a matter that was non-suited.

CORPORATE (WEST COAST)
17777 Center Court Dr., Ste. 550, Cerritos, CA 90703
P: 800-435-3020 F: 562-860-6017

CORPORATE (EAST COAST)
80 Hayden Ave., Suite 300, Lexington, MA 02421
P: 844-777-4844 F: 781-862-2002

www.kabafusion.com

TEXAS STATE BOARD OF PHARMACY

Re:	KabaFusion NJ
Address:	160 Raritan Center Parkway, Suite 18 Edison, New Jersey 08837
License No.:	27408
Date Issued:	March 7, 2011
Licensure Status:	Closed-approved to close on or about July 16, 2019
Type of Pharmacy:	Community Sterile Compounding
Prior Disciplinary Orders:	No

The Texas State Board of Pharmacy maintains records regarding licensure and disciplinary action against a licensee. KabaFusion NJ (former Texas Pharmacy License #27408) has not been subject to disciplinary action by the Texas State Board of Pharmacy.

Form Completed by:

Eamon D. Briggs
Assistant General Counsel
Texas State Board of Pharmacy

June 2, 2022
Date

The Texas Department of State Health Services, Drugs and Medical Devices Division, Wholesaler Registration, 1100 W. 49th Street, Austin, TX 78756, is responsible for issuing registrations to wholesale drug distributors and drug manufacturers in Texas.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5 & 6. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
5/7/2020		Illinois		
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Case # 2018-05913		Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation		
Reason/Charge				
Violation of Federal or State Statutes, Regulations or Rules				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
KabaFusion, Inc.		Complaint & Non-Disiplinary Consent Order		
Name of Business/Industry/Entity				
KabaFusion, Inc.				

Provide explanation below: See Attached

Aslam Masood
Original Signature (electronic, copies or stamps not accepted)

6-16-2022
Date

Applicant's initials AM

KabaFusion
Patient-Focused Infusion Therapy

Regarding Disciplinary Action for KabaFusion, Inc. (Shrewsbury)

Illinois Board of Pharmacy

KabaFusion, Inc. was party to a Non-Disciplinary Consent Order dated 5/07/2020 with the Illinois Board of Pharmacy regarding the Maine Board of Pharmacy Consent Agreement involving disciplinary action for submission of a late change of pharmacist in charge application.

KabaFusion now has improved policies and procedures and a dedicated team to manage reporting these operational changes to regulators.

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17777 Center Court Dr., Ste. 550, Cerritos, CA 90703
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www.kabafusion.com

STATE OF ILLINOIS
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
DIVISION OF PROFESSIONAL REGULATION

DIVISION OF PROFESSIONAL REGULATION OF THE ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION,	Complainant,	)	
v.		)	Case No. 2018-05913
KABAFUSION, INC., License No. 054.018814,	Respondent.	)	

NON-DISCIPLINARY CONSENT ORDER

The Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation ("Department"), by attorney Paula McGee, and Respondent Kabafusion, Inc., ("Respondent"), by attorney Alex Cooper of Quarles & Brady, LLP, agree to the following:

STIPULATIONS

Respondent holds Illinois pharmacy license no. 054.018814 pursuant to the Pharmacy Practice Act, 225 ILCS 85/et seq. ("Act"), which is presently in active status. On or about April 2, 2018, the Maine State Board of Pharmacy issued a public Consent Agreement whereby Respondent agreed to pay an administrative fine of one thousand five hundred dollars ($1,500.00) due to Respondent's failure to file a change of pharmacist-in-charge ("PIC") application with the Maine Board of Pharmacy by registered mail within seven (7) days after a change of PIC. Respondent filed its PIC application with the Maine Board of Pharmacy approximately nine (9) months after a change of PIC. For the purposes of this Non-Disciplinary Consent Order, Respondent admits that an adverse action was taken against Respondent in the State of Maine. Respondent's actions and/or omissions constitute grounds for discipline under the Act, 225 ILCS 85/30(a)(8).

At all times material to the matter set forth in this Non-Disciplinary Consent Order, the Department had jurisdiction over the subject matter and the parties herein. Respondent has been advised of the right to have any allegation(s) reduced to written charges, to a hearing where the Department bears the burden to prove its allegations by clear and convincing evidence, the right to contest any charges brought and present mitigating evidence, and the right to administrative review of any order resulting from a hearing. Respondent knowingly waives each of these rights, as well as any right to administrative review of this Non-Disciplinary Consent Order.

Such waiver ceases if this Non-Disciplinary Consent Order is rejected by the Board of Pharmacy ("Board") or Director. Respondent acknowledges that Respondent has entered into this Non-Disciplinary Consent Order freely and of Respondent's own will without threat or coercion by the Department or any person and has not relied upon any representation made by or on behalf of the Department other than those specifically included herein. Respondent acknowledges that the Department attorney may be requested to communicate with the Board or Director in furtherance of the approval of this Non-Disciplinary Consent Order. Respondent has been informed that this Non-Disciplinary Consent Order will be presented to the Director. If this Non-Disciplinary Consent Order is not approved, Respondent waives any right to raise any prejudice resulting from the Director's consideration of this Non-Disciplinary Consent Order. Respondent understands that this Non-Disciplinary Consent Order is not effective unless and until it is adopted by the Director. A copy of any original signature(s) shall be given the full force and effect of an original signature(s) affixed to this Non-Disciplinary Consent Order.

Respondent and the Department agree, in order to resolve this matter, that Respondent be permitted to enter into a Non-Disciplinary Consent Order with the Department, providing for the imposition of measures which are fair and equitable in the circumstances and which are consistent with the best interests of the people of the State of Illinois.

CONDITIONS

Wherefore, the Department, by attorney Paula McGee, and Respondent, by attorney Alex Cooper of Quarles & Brady, LLP, agree:

A. Respondent shall permanently voluntarily surrender Respondent's Illinois pharmacy license no. 054.018814 to the Department.

B. This Non-Disciplinary Consent Order shall become effective upon the Director's signature, as dated below.

Signatures on the following page.

4/29/2020
Date

Respondent Kabafusion, Inc.

5/5/2020
Date

Alex Couper, Quarles & Brady, LLP
Attorney for Respondent

5/6/2020
Date

Department Attorney Paula McGee

5/7/2020
Date

Board of Pharmacy Member

The foregoing Non-Disciplinary Consent Order is approved in full.

Dated this 7th day of May, 2020.

ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
SECRETARY DEBORAH HAGAN

Acting Director Cecilia Abundis
Division of Professional Regulation

Case No. 2018-05913
License No. 054.118814

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 6. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
7/17/2020		Massachusetts		
Case # Massachusetts Board of Pharmacy Meeting Agenda Dated 7/17/2020 and Minutes		**Governing, licensing, Arresting Presiding Body/Agency/Court** Commonwealth of Massachusetts, Board of Registration in Pharmacy		
Reason/Charge Appearance Regarding Relocation Application				
Plaintiff/Defendant/Claimant/Respondent KabaFusion, Inc.		**Lawsuit/Arbitration/Bankruptcy** Apperance		
Name of Business/Industry/Entity KabaFusion, Inc.				

Provide explanation below: See Attached

Aslam Masood
Original Signature (electronic, copies or stamps not accepted)

6-16-2022
Date

Applicant's initials AM

KabaFusion
Patient-Focused Infusion Therapy

Regarding Massachusetts Board of Pharmacy Appearance for KabaFusion, Inc. (Shrewsbury)

KabaFusion, Inc. attended the Massachusetts Board of Pharmacy meeting on 7/17/2020 to discuss a relocation from Shrewsbury, MA to Lexington, MA. A copy of the agenda and minuites are enclosed. The pharmacy did not relocate and still operates in Shrewsbury, MA.

CORPORATE (WEST COAST)
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P: 800-435-3020 F: 562-860-6017

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www.kabafusion.com

COMMONWEALTH OF MASSACHUSETTS
Board of Registration in Pharmacy

NOTICE OF THE REGULARLY SCHEDULED MEETING OF THE BOARD OF REGISTRATION IN PHARMACY

July 17, 2020

Webex Information

Call in Number: 1-203-607-0564 or toll free 1-866-692-3580

Access Code: 161 759 5995

Attendee: #

If you need reasonable accommodations in order to participate in the meeting, contact the DPH ADA Coordinator Yulanda Kiner, Phone: 617-624-5848 in advance of the meeting. While the Board will do its best to accommodate you, certain accommodations may require distinctive requests or the hiring of outside contractors and may not be available if requested immediately before the meeting.

Agenda

Time	#	Item	Page	Contact
8:00	**I**	**CALL TO ORDER**		K. Tanzer
	II	**APPROVAL OF AGENDA**		
8:05	**III**	**APPROVAL OF BOARD MINUTES** • Draft of July 10, 2020 Regular Session Minutes		
8:10	**IV**	**APPLICATIONS** • Kabafusion-DS89700 – Relocation • St. Mary's Pharmacy – New Community Pharmacy • BIDMC Pharmacy – New Community Pharmacy • Anchor Home Medical & Pharmacy – New Community Pharmayc • Baker Pharmacy; DS12518- Transfer of Ownership		

8:55	**V**	**FLEX** • Pharmacy issues related to Covid-19 and the state of emergency		
9:00	**VI**	**M.G.L. c. 112, § 65C SESSION**		CLOSED SESSION
10:15	**VII**	**ADJUDICATORY SESSION (M.G.L. ch. 30A, §18)**		CLOSED SESSION
10:30	**VIII**	**ADJOURNMENT**		

COMMONWEALTH OF MASSACHUSETTS
BOARD OF REGISTRATION IN PHARMACY

MINUTES OF THE GENERAL SESSION
Meeting held via WEBEX remotely
Boston, Massachusetts, 02114
July 17, 2020

Board Members Present

Kim Tanzer, PharmD, RPh. President
Julie Lanza, CPhT, President Elect
Leah Giambarresi, Pharm D, RPh, Secretary
Sebastian Hamilton, Pharm D, RPh
Dr. Richard Lopez, MD
Timothy Fensky, RPh (leaves at 10:30 AM)
Patrick Gannon, RPh (leave 9:30-10:30 AM; back 10:30 AM-11:00AM)
Susan Cornacchio JD, RN
Katie Thornell, RPh
Dawn Perry, JD (Leave at 10:22 AM)
Carly Jean-Francois, RN, NP (leave at 10:10 AM)
Andrew Stein, Pharm D (leaves at 9:11 AM)
Stephanie Hernandez, Pharm D, BCGP, RPh (leave at 10:30 AM)

Board Members Not Present

Board Staff Present

David Sencabaugh, Executive Director
Monica Botto, Assistant Executive Director
Heather Engman, JD, Board Counsel
William Frisch, RPh Director of Pharmacy Compliance (not present for 65C)
Michelle Chan, RPh Quality Assurance Pharmacist
Julienne Tran, PharmD RPh, Investigator
Gregory Melton, Pharm D, JD, RPh Investigator
Christina Mogni, RPh Investigator
John Murray, RPh Investigator
Nathan VanAllen, PharmD, RPh Investigator
Michael Brosnan, PharmD, RPh, Investigator
Ed Taglieri, MSM, NHA, RPh, PSUD Supervisor
Joanna Chow, Office Support Specialist
Richard Harris, Program Analyst

TOPIC I. Attendance by roll call:
CALL TO ORDER 8:02 AM
A quorum of the Board was present, established by roll call. President K. Tanzer chaired the meeting. She explained that the Board of Pharmacy was recording the meeting.

Roll call attendance: K. Tanzer, yes; J. Lanza, yes; L. Giambarresi, yes; D. Perry, yes; P. Gannon, yes; C. Jean-Francois, yes; S. Hamilton, yes; S. Cornacchio, yes, Dr. Lopez, yes; T. Fensky, yes; K. Thornell; S. Hernandez, yes; Andy Stein, yes.

Topic II. **Approval of Agenda** **TIME 8:03 AM**

Agenda July 17, 2020

DISCUSSION:
Change to Agenda:

1. Defer application Anchor Home Medical and Pharmacy
2. Defer application Baker Pharmacy DS12518

ACTION:
Motion by L. Lanza, seconded by C. Jean Francois and voted unanimously by those present by roll call vote to approve the agenda with no changes.

Kim asks Michelle to introduce the APPE Pharmacy students Cara O'Toole From WNE and Kyle Blomster from URI.

Topic III **Approval of Board Minutes** **TIME: 8:04 AM**

Minutes
1. Draft 7/10/20 General Session Minutes

No noted Changes.

Action:
Motion by L. Giambarresi, seconded by S. Hamilton and voted unanimously by roll call vote to approve the regular session minutes of 7/10/20 with no noted changes; A. Stein abstains.

Topic IV **Applications:**
1. Kabafusion DS89700 **Relocation** **Time: 8:06 AM**

Represented by: John Leary MOR, Attorney Paul Garbarini

Recusal: None

Discussion: Pharmacy desires to relocate from Shrewsbury to Lexington. It is a 7,000 sq. ft. design, with 400 sq. ft. for the clean room. This is a home infusion pharmacy that specializes in IG therapy. Mr. Leary has had MOR experience at several other pharmacies, but he started with Kabafusion in April, 2020. Leary has limited experience with sterile compounding, as he has more regulatory background. Kabafusion has a robust training program including videos, online courses and modules, and didactic learning. On his own, Leary has also been taking courses through ASHP and on USP. Fran McAteer has

had a role in training on environmental monitoring. Leary and the previous MOR, Fidelis Fynn did a self-inspection together. Now, Mr. Fynn has passed the MOR role onto Leary, and Fynn has become the director of operations for Kabafusion. Kabafusion is open Monday – Friday. They plan to be moving everything on the weekend, although all the new equipment will be already in the Lexington location. When they are closed, Kabafusion has 24-hour access to an on call pharmacist and nurse, and other facilities as backup.

Action: Motion by L. GIAMBARRESI, seconded by S. HAMILTON, and voted unanimously by roll call by those present to approve the relocation pending successful inspection.

---

2. St. Mary's Pharmacy **New Community Pharmacy** **Time: 8:15 AM**

Represented by: Bakheet Shenoda, MOR

Recusal: None

Discussion: Bakheet and the owner will open a new retail pharmacy in North Andover. It is located in a plaza on the end, with one neighbor to the left, a beauty salon. There is no access from the neighboring store and no access from above tenants. Points of entry are limited to a front door and back door, but Bakheet assured the back door will always be closed. Bakheet was previously MOR at NPH Pharmacare pharmacy for 4 months in Whitinsville and was a floater pharmacist for CVS. This pharmacy will be providing vaccinations, with a privacy room area surrounded by curtains. They will be reaching out to nearby nursing homes to assess the need for compliance packaging. They will perform simple compounding, such as oral suspensions. Staffing will be 1 pharmacist and 1 technician to start. They have an after-hours voicemail with access to a pharmacist on call. Training for non-sterile compounding for the pharmacist will be reassessed every 6 months, to inspect compounding area and add safety precautions.

Action: Motion by L. GIAMBARRESI, seconded by S. HAMILTON, and voted unanimously by roll call by those present to approve the relocation pending successful inspection.

---

3. BIDMC Pharmacy **New Community Pharmacy/Relocation Time: 8:29 AM**

Represented by: David Young, Luca Cattaneo, Kim Nguyen

Recusal: J. LANZA and H. ENGMAN recused and were not present for the discussion or vote in this matter.

Discussion: Beth Israel Deaconess Medical Center (BIDMC) is looking to operate 2 separate, licensed pharmacies without a physical barrier and with a shared production area. One pharmacy will be designated as a specialty pharmacy while the other will be a retail pharmacy focusing on central fill for their Boston location. There will be designated areas with signage specific to each pickup. The representatives answered questions from the Board members regarding security measures, including that there will be 73 security cameras in use and 37 of those cameras focused on the production area. Each pharmacy will have its own inventory, physically separated by lines of demarcation and routinely

reconciled. Specifically, cycle counts will occur every Friday for the specialty pharmacy. They do not plan to have any of the same medications in each pharmacy. The specialty side will just keep specialty medications. Each pharmacy will have its own phone number, labels, and signage. There will be 2 DEA numbers and 2 separate MORs. The representatives assured members of the Board that they will not be sharing staff between the 2 spaces. Concerns were raised about accountability and who would be held responsible for this pilot project because this model is unprecedented. Pharmacists Chirag, David Young, and Luca Cattaneo will all be responsible and dedicated to running this project, rather than BIDMC. This facility allows them to expand services and provide a high touch with patients. They can enhance patient management by focusing more efforts on high risk patients. Separate licenses operating in the same pharmacy space is requested because accreditation efforts and costs for the specialty pharmacy are labor intensive, as well as creating opportunity for contracts that are typically restricted to specialty pharmacies.

Action: Motion by L. GIAMBARRESI, seconded by K. THORNELL, and voted unanimously by roll call by those present to approve the central fill petition.

Action: Motion by L. GIAMBARRESI, seconded by P. GANNON, and voted unanimously by roll call by those present to approve the pilot project contingent upon the following conditions:

- Approval of the DEA
- Specific metrics and reporting schedule to be determined in conjunction with Board staff
- Pilot project to begin 6 months from the date both pharmacies are open and operational

Action: Motion by L. GIAMBARRESI, seconded by P. GANNON, and voted unanimously by roll call by those present to approve the relocation of BIDMC Specialty Pharmacy pending a successful inspection.

Action: Motion by L. GIAMBARRESI, seconded by P. GANNON, and voted unanimously by roll call by those present to approve a new retail license for BILH Pharmacy Direct pending a successful inspection.

TOPIC V **Flex:** **Time: 9:11 AM**
Pharmacy Issues related to COVID-19 and the state of emergency:
Presented by: D. Sencabaugh

Dave notes no updates this week.

Kim Tanzer announces the general session will be ending and the Board will be going into private session. The Board will not cover any other general session items today.

Andrew Stein, Pharm D (leaves at 9:11 AM)

Topic VI: **M.G.L. 65 C #1** **Time: 9:15 AM**

DISCUSSION: None
ACTION: President elect K. Tanzer request a motion to enter M.G.L 65 c Session.

At 9:15 AM L. Giambarresi, seconded by J. Lanza and voted unanimously by roll call vote of all those present to enter M.G.L. chapter 65 c Session:

Carly Jean-Francois, RN, NP (leave at 10:10 AM)
Dawn Perry, JD (Leave at 10:22 AM)
Timothy Fensky, RPh (leaves at 10:30 AM)
Patrick Gannon, RPh (leave 9:30-10:30 AM; back 10:30 am to 11:00 AM)
Stephanie Hernandez, Pharm D, BCGP, RPh (leave at 10:27 AM)

Topic VII: **Adjudicatory Session** **Time: 10:51 AM**

DISCUSSION: None
ACTION: President elect K. Tanzer request a motion to enter Adjudicatory Session.

At 10:51 AM S. Hamilton, seconded by L. Giambarresi and voted unanimously by roll call vote of all those present to enter M.G.L. chapter 65 c Session:

Topic VII **ADJOURMENT OF MEETING** **TIME: 10:54 AM**

ACTION: Motion by S. Hamilton seconded by L. Giambarresi and voted unanimously by roll call vote by those present, to adjourn from General Session.

EXHIBITS USED DURING THE OPEN SESSION OF THE MEETING

1. Draft Agenda of the 7/17/20 General Session
2. Draft Minutes of the 7/10/20 Meeting
3. Applications Kabafusion DS89700 Relocation
4. St. Mary's Pharmacy New Community Pharmacy
5. BIDMC Pharmacy New Community Pharmacy

Respectfully Submitted,
Leah Giambarresi, PharmD, RPh, Secretary

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This is in response to Question # 5 & 6. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
8/12/2020		Massachusetts		

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
PHA-2019-0071	Commonwealth of Massachusetts, Board of Registration in Pharmacy

Reason/Charge
Complaint; Non-Disiplinary Consent Agreement for Stayed Probation

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
KabaFusion, Inc.	Complaint; Non-Disiplinary Consent Agreement for Stayed Probation

Name of Business/Industry/Entity
KabaFusion, Inc.

Provide explanation below: See Attached

Adam Masood

Original Signature (electronic, copies or stamps not accepted)

6-16-2022

Date

Applicant's initials Am

KabaFusion
Patient-Focused Infusion Therapy

Regarding Massachusetts Board of Pharmacy Complaint No. PHA-2019-0071 and Non-Disciplinary Consent Agreement for Stayed Probation for KabaFusion, Inc. (Shrewsbury)

Complaint No. PHA-2019-0071 was regarding a failure to report an above action level regarding the 2/20/2019 environmental monitoring.

KabaFusion, Inc. was party to a non-disciplinary condition agreement dated 8/12/2020 with the Massachusetts Board of Pharmacy. The pharmacy was inspected on 6/20/2019 and passed the inspection. After the inspection, KabaFusion and the Massachusetts Board of Pharmacy continued to review and discuss the pharmacy's environmental monitoring procedures and determined that monthly samples would receive routine testing and reporting by a third-party lab. A new pharmacist-in-charge/manager of record took over day to day management of the pharmacy on 6/22/2020 and KabaFusion also completed and passed additional routine inspections by the Board on 12/09/2019, 12/04/2020, 2/24/2021 and 11/10/2021.

On 10/01/2021 the pharmacy received notice from the Massachusetts Board of Pharmacy that all requirements of the agreement were satisfied.

A copy of the Non-Disciplinary Consent Agreement and Notice of Restoration are enclosed.

CORPORATE (WEST COAST)
17777 Center Court Dr., Ste. 550, Cerritos, CA 90703
P: 800-435-3020 F: 562-860-6017

CORPORATE (EAST COAST)
80 Hayden Ave., Suite 300, Lexington, MA 02421
P: 844-777-4844 F: 781-862-2002

www.kabafusion.com

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Bureau of Health Professions Licensure
239 Causeway Street, Suite 500, Boston, MA 02114

CHARLES D. BAKER
Governor

KARYN E. POLITO
Lieutenant Governor

Tel: 617-973-0800
TTY : 617-973-0988
www.mass.gov/dph/boards

MARYLOU SUDDERS
Secretary

MARGRET R. COOKE
Acting Commissioner

October 1, 2021

Manager of Record
Kabafusion, Inc.
159 Memorial Drive, Unit E
Shrewsbury MA 01545

RE: In the Matter of Kabafusion, Inc., Board of Registration in Pharmacy, PHA-2019-0071; License No. DS89700

NOTICE OF RESTORATION OF UNRESTRICTED LICENSURE (SUCCESSFUL COMPLETION OF PROBATION)

Dear Manager of Record:

As you know, the pharmacy entered into a Consent Agreement for Probation, ("Agreement"), effective August 12, 2020 with the Board of Registration in Pharmacy ("Board").

Please be advised that after review and as authorized by Division Policy 15-01, the Board's Executive Director and I determined that the pharmacy has now complied in full with all requirements of the Agreement and that the minimum monitoring period has been satisfied. Accordingly, I am restoring the drug store's license to full, unrestricted status, effective September 22, 2021. Please allow for up to five (5) business days from the date of this letter until the updated license status appears on the "Check a License" website.

Sincerely,

Karen L. Fishman
Probation Department Coordinator

Enclosure
KLF/rf

Cc: Paul M. Garbarini, P.C.
Attorney at Law
PO Box 1551
Northampton, MA 01601

COMMONWEALTH OF MASSACHUSETTS

SUFFOLK COUNTY

BOARD OF REGISTRATION IN PHARMACY

In the Matter of	)	
Kabafusion	)	PHA-2019-0071
DS89700	)	

NON-DISCIPLINARY CONSENT AGREEMENT FOR STAYED PROBATION

The Massachusetts Board of Registration in Pharmacy ("Board") and Kabafusion ("Licensee" or "Pharmacy"), a pharmacy licensed by the Board, DS89700, do hereby stipulate and agree that the following information shall be entered into and become a permanent part of the Pharmacy's record maintained by the Board:

1. The Pharmacy acknowledges the Board opened a complaint against its pharmacy license related to the conduct set forth in Paragraph 2, identified as Docket No. PHA-2019-0071 ("the Complaint").[1]

2. The Board and the Pharmacy acknowledge and agree to the following facts:

   a. Board investigators inspected the Pharmacy on or about June 20, 2019 and observed the Pharmacy failed to properly respond to above action level environmental monitoring results in February 2019 and March 2019.

   b. Specifically, on or about February 20, 2019, a third party performed viable surface sampling at the pharmacy. One surface sample grew two colony forming units (CFUs) of a gram negative, rod-shaped bacteria identified as Serratia macescens, which is a highly pathogenic microorganism. As such, this sample was above USP 797 action levels.

   c. The Pharmacy failed to immediately remedy the February 20, 2019 above action level environmental monitoring result, in violation of USP 797 and 247 CMR 9.01(3).

[1] The term "License" applies to both a current license and the right to renew an expired license.

d. The Pharmacy failed to report the February 20, 2019 above action level environmental monitoring result to the Board, in violation of 247 CMR 6.15(7).

e. Another environmental monitoring sample taken on or about March 18, 2019 contained microbial growth. This sample was not sent to a credentialed laboratory for identification, in violation of in violation of USP 797 and 247 CMR 9.01(3).

f. During the June 20, 2019 inspection, Board investigators also observed the following violations of USP 797 and 247 CMR 9.01(3):

   i. fungal media plates incubated at incorrect temperatures;

   ii. use of expired sterile isopropyl alcohol; and

   iii. unsealed ceiling tiles.

g. The foregoing facts warrant action by the Board under M.G.L. c. 112, §§ 42A and 61 and 247 CMR 10.03(1)(a), (v), and (bb).

3. The Pharmacy agrees that its pharmacy license shall be placed on PROBATION for one (1) year, and that the probation shall be STAYED for no more than one (1) year ("Stayed Probationary Period"), commencing with the date on which the Board signs this Agreement ("Effective Date"). The Agreement shall be non-disciplinary until and unless the Board takes action pursuant to Paragraph 7 of the Agreement.

4. During the Stayed Probationary Period, the Pharmacy further agrees that it shall comply with all of the following requirements to the Board's satisfaction:

   a. Comply with all laws and regulations governing the practice of pharmacy.

   b. Submit documentation demonstrating the pharmacy performed environmental monitoring at least once per month during the Stayed Probationary Period. The environmental monitoring must be performed by trained staff or a qualified third party vendor. Any growth must be sent to a credentialed laboratory for identification.

5. The Board agrees that in return for the Pharmacy's execution and its successful compliance with all the requirements of this Agreement, the Board will not prosecute the Complaint.

6. If and when the Board determines that the Pharmacy has complied to the Board's satisfaction with all the requirements contained in this Agreement, the Stayed Probationary Period will terminate no sooner than one (1) business day after the Effective Date upon written notice to the Licensee from the Board, and the Licensee shall have no history of discipline upon its record related to this Agreement or the Complaint.[2]

7. If the Pharmacy does not materially comply with each requirement of this Agreement, or if the Board opens a Subsequent Complaint[3] during the Probationary Period, the Pharmacy agrees to the following:

   a. The Board may upon written notice to the Pharmacy, as warranted to protect the public health, safety, or welfare:

      i. EXTEND the Probationary Period;

      ii. MODIFY the Probation Agreement requirements; or

      iii. IMMEDIATELY SUSPEND the Pharmacy's license.

   b. If the Board suspends the Pharmacy's license pursuant to Paragraph 7(a)(iii), the suspension shall remain in effect until:

      i. the Board provides the Pharmacy written notice that the Probationary Period is to be resumed and under what terms;

      ii. the Board and the Pharmacy sign a subsequent agreement; or

[2] In all instances where this Agreement specifies written notice to the Licensee from the Board, such notice shall be sent to the Licensee's address of record.

[3] The term "Subsequent Complaint" applies to a complaint opened after the Effective Date concerning acts, omissions, or events occurring after the Effective Date, which (1) alleges that the Pharmacy engaged in conduct that violates Board statutes or regulations, and (2) is substantiated by evidence, as determined following the complaint investigation during which the Pharmacy shall have an opportunity to respond.

iii. the Board issues a written final decision and order following adjudication of the allegations (1) of noncompliance with this Agreement, and/or (2) contained in the Subsequent Complaint.

8. The Pharmacy agrees that if the Board suspends its license in accordance with Paragraph 7, it will immediately return its current Massachusetts license to the Board, by hand or certified mail. The Pharmacy further agrees that upon said suspension, it will no longer be authorized to operate as a pharmacy in the Commonwealth of Massachusetts and shall not in any way represent itself as a pharmacy until such time as the Board reinstates license or right to renew such license.

9. The Pharmacy understands that it has a right to formal adjudicatory hearing concerning the Complaint and that during said adjudication it would possess the right to confront and cross-examine witnesses, to call witnesses, to present evidence, to testify on its own behalf, to contest the allegations, to present oral argument, to appeal to the courts, and all other rights as set forth in the Massachusetts Administrative Procedures Act, M.G.L. c. 30A, and the Standard Adjudicatory Rules of Practice and Procedure, 801 CMR 1.01 et seq. The Pharmacy further understands that by executing this Agreement it is knowingly and voluntarily waiving its right to a formal adjudication of the Complaints.

10. The Pharmacy acknowledges that it has been at all times free to seek and use legal counsel in connection with the Complaint and this Agreement.

11. The Pharmacy acknowledges that after the Effective Date, the Agreement constitutes a public record. The Board may forward a copy of this Agreement to other licensing boards, law enforcement entities, and other individuals or entities as required or permitted by law.

12. The Pharmacy understands and agrees that entering into this Agreement is a voluntary and final act and not subject to reconsideration, appeal, or judicial review.

13. The individual signing this Agreement certifies that he/she is authorized to enter into this Agreement on behalf of the Pharmacy, and that he/she has read this Agreement.

Witness (sign and date) (sign and date) 6/24/2020

Michael Rigas, Pharm.D
(print name) Chief Clinical officer

David Sencabaugh, R.Ph.
Executive Director
Board of Registration in Pharmacy

8-12-20
Effective Date

Fully Signed Agreement Sent to Licensee on 8/13/2020 by

Certified Mail No. 7019 0700 0000 1846 1978

Kabafusion
DS89700
PHA-2019-0071

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
4/2/2018		Maine		
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Complaint # 2017-PHA-13810		State of Maine, Board of Pharmacy		
Reason/Charge				
Violation of Federal or State Statutes, Regulations or Rules; Fine Paid				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
KabaFusion, Inc.		Complaint & Consent Agreement		
Name of Business/Industry/Entity				
KabaFusion, Inc.				

Provide explanation below: See Attached

Aslam Masood

Original Signature (electronic, copies or stamps not accepted)

6-16-2022

Date

Applicant's initials Am

KabaFusion
Patient-Focused Infusion Therapy

Regarding Disciplinary Action for KabaFusion, Inc. (Shrewsbury)

Maine Board of Pharmacy

KabaFusion, Inc. was party to a Consent Agreement dated 4/02/2018 with the Maine Board of Pharmacy regarding disciplinary action for submission of a late change of pharmacist in charge application, copy enclosed. A $1,500.00 fine was paid.

KabaFusion now has improved policies and procedures and a dedicated team to manage reporting these operational changes to regulators.

CORPORATE (WEST COAST)
17777 Center Court Dr., Ste. 550, Cerritos, CA 90703
P: 800-435-3020 F: 562-860-6017

CORPORATE (EAST COAST)
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P: 844-777-4844 F: 781-862-2002

www.kabafusion.com

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5 & 6. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
5/18/2021		Virginia		
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reference Permit # 0201002838		VA Board of Pharmacy		
Reason/Charge				
Violation of Federal or State Statutes, Regulations or Rules; Fine Paid				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
KabaFusion VA, LLC		Consent Order		
Name of Business/Industry/Entity				
KabaFusion VA, LLC				

Provide explanation below: See Attached

Aslam Masood

Original Signature (electronic, copies or stamps not accepted)

6-16-2022

Date

Applicant's initials Am

KabaFusion
Patient-Focused Infusion Therapy

Regarding Disciplinary Action For KabaFusion VA, LLC (Chesapeake)

The Virginia Board of Pharmacy inspected KabaFusion VA, LLC on April 21, 2021 and found that bulk IV solutions were in the warehouse space. The bulk IV solutions have been relocated to the licensed pharmacy space and the deficiency correction and payment of monetary penalty are noted in the May 27, 2021 letter from the Virginia Board of Pharmacy, copy enclosed.

CORPORATE (WEST COAST)
17777 Center Court Dr., Ste. 550, Cerritos, CA 90703
P: 800-435-3020 F: 562-860-6017

CORPORATE (EAST COAST)
80 Hayden Ave., Suite 300, Lexington, MA 02421
P: 844-777-4844 F: 781-862-2002

www.kabafusion.com

0201002838

COMMONWEALTH of VIRGINIA

David E. Brown, D.C.
Director

Department of Health Professions
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463

www.dhp.virginia.gov
TEL (804) 367-4400
FAX (804) 527-4475

Board of Pharmacy
804/367-4456
804-799-7906 (fax)

May 27, 2021

KabaFusion VA, LLC
Traci M. Johns, Pharmacist-in-Charge
Mailed to the legal address of record
with the Board of Pharmacy

RE: Case #211691

Dear Ms. Johns:

Enclosed please find a certified true copy of the Inspection Deficiency Notice and Consent Order that was entered by the Board on May 18, 2021. Further, this confirms receipt of the monetary penalty and the documentation indicating the corrective action taken. As all requirements have been satisfied, the case is now closed.

Sincerely,

Rose E. DeMatteo
Compliance Case Manager

Enclosure

Virginia Board of Pharmacy
9960 Mayland Drive, Suite 300
Henrico, VA 23233
804-367-4456
804-527-4472 (Fax)
pharmbd@dhp.virginia.gov
April 21, 2021

KabaFusion VA, LLC
Permit Number: 0201002838

Notice

After an inspection conducted on April 21, 2021 at KabaFusion VA, LLC, the deficiencies identified in the inspection summary that was provided to the facility were found. Those deficiencies constitute violations of the statutes and regulations cited below:

1. ($500) Deficiency 12: Storage of prescription drugs not in the prescription department; 18 VAC 110-20-190

If you wish to contest the violations cited above and in the inspection summary that was provided to the facility, you may submit documentation for the Board's consideration within 14 days of the date of this notice. In the alternative, you may request, in writing, an informal conference to further discuss this matter before a committee of the Board within 30 days of the date of this notice. Documents for consideration or a request for an informal conference should be mailed to:

Virginia Board of Pharmacy
9960 Mayland Drive
Suite 300
Henrico, Virginia 23233

If you do not want to contest the cited violations, in lieu of proceeding to an informal conference, you may sign the Consent Order below, submit a total penalty of $500 by check or money order, made payable to the Treasurer of Virginia, and provide documentation of corrective action taken to remedy all of the cited violations. The Consent Order, the penalty, and documentation of corrective action should be sent in one mailing to the address provided above within 30 days of the date of this Notice.

Failure to respond to this document within thirty (30) days of the date of this Notice will result in an informal conference being scheduled to determine whether violations of the statutes and regulations of the Board of Pharmacy have occurred. A notice of the informal conference will be mailed to the attention of the facility's Pharmacist-in-Charge [or the Owner if no PIC] with the scheduled date and time. If it is determined at the conclusion of the informal conference that the pharmacy is in violation of the laws and regulations of the Board of Pharmacy, the permit holder may be subject to disciplinary sanctions by the Board in addition to the penalty listed above. If you have any questions, please contact the Board office.

Consent Order

The Virginia Board of Pharmacy ("Board") and KabaFusion VA, LLC ("Pharmacy") enter into the following Consent Order as evidenced by the signature of the Pharmacist-in-Charge [or the Owner if no PIC] hereto. The deficiencies cited in the Notice above and the inspection summary that was provided to the facility constitute violations of the statutes and regulations as cited above in the Notice. These violations were identified during an inspection conducted on April 21, 2021.

DO NOT MAKE ANY CHANGES TO THIS DOCUMENT:

Pharmacy, by affixing the signature of the Pharmacist-in-Charge (or Owner if no PIC) hereon, agrees to the following:

1. The Pharmacist-in-Charge (or Owner if no PIC) has the right to seek advice of counsel prior to signing this document;
2. The Pharmacist-in-Charge (or Owner if no PIC) acknowledges that without his consent, no legal action can be taken against the Pharmacy except pursuant to the Virginia Administrative Process Act, § 2.2-4000 *et seq.* of the Code of Virginia;
3. The Pharmacist-in-Charge (or Owner if no PIC) acknowledges that he has the following rights, among others: the right to an informal fact finding conference before the Board, the right to reasonable notice of said hearing, the right to representation by counsel, and the right to cross-examine witnesses;
4. The Pharmacist-in-Charge (or Owner if no PIC) waives all such right to an informal conference;
5. The Pharmacist-in-Charge (or Owner if no PIC) admits to the violations cited herein and waives his right to contest such violations in any subsequent proceeding before the Board;
6. The Pharmacist-in-Charge (or Owner if no PIC) consents to the entry of the following Order affecting the permit of the Pharmacy in Virginia.

WHEREFORE, on the basis of the foregoing, the Board, effective upon entry of this Order, and in lieu of further proceedings, hereby ORDERS as follows:

1. Pharmacy shall pay a monetary penalty of $500 to the Board within 30 days of the date of the Notice.

2. Pharmacy shall submit documentation of immediate action taken to correct all violations.

3. Any violation of the terms and conditions of this Order or of any law or regulation affecting the conduct of Pharmacy in the Commonwealth of Virginia shall constitute grounds for the suspension or revocation of the permit of Pharmacy, and an administrative proceeding shall be convened to determine whether such permit shall be suspended or revoked.

Pursuant to § 2.2-4023 and § 54.1-2400.2 of the Code of Virginia, the signed original of this Notice and Consent Order shall remain in the custody of the Department of Health Professions as public record and shall be made available for public inspection or copying upon request.

Traci Johns RPh
Signature of PIC or Owner

4/29/2021
Date

Traci Johns
Printed Name of Person Signing

Pharmacist in Charge
Position/Title

FOR THE BOARD:

Caroline D. Juran, Executive Director

5/18/2021
Entered

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5 & 6. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
2/25/2021		New York		
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Not listed		New York State Department of Health		
Reason/Charge				
Violation of Federal or State Statutes, Regulations or Rules; Fine Paid				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Lincare of New York, Inc.		Citation; Stipulation and Order		
Name of Business/Industry/Entity				
Lincare of New York, Inc.				

Provide explanation below: See Attached

Azlan Masood
Original Signature (electronic, copies or stamps not accepted)

6-16-2022
Date

Applicant's initials AM

KabaFusion
Patient-Focused Infusion Therapy

Citation, Stipulation and Order for Lincare of New York, Inc. (Clinton)

Lincare of New York, Inc. was aquired in May 2020 and inspected by the New York Department of Health in September 2020. All findings have been corrected, and the fine was paid. A copy of the Citation, Stipulation and Order is enclosed.

CORPORATE (WEST COAST)
17777 Center Court Dr., Ste. 550, Cerritos, CA 90703
P: 800-435-3020 F: 562-860-6017

CORPORATE (EAST COAST)
80 Hayden Ave., Suite 300, Lexington, MA 02421
P: 844-777-4844 F: 781-862-2002

www.kabafusion.com

STATE OF NEW YORK : DEPARTMENT OF HEALTH

IN THE MATTER

OF

HOWARD A. ZUCKER, M.D., J.D., as Commissioner of Health of the State of New York, to determine the action to be taken with respect to:

LINCARE OF NEW YORK INC.

Respondent

as operator of

Lincare of New York Inc. - Clinton
8181 Seneca Turnpike Suite 2
Clinton New York, 13323

arising out of alleged violations of Article 36 of the Public Health Law of the State of New York and Title 10 (Health) of the Official Compilation of Codes, Rules and Regulations of the State of New York (NYCRR)

STIPULATION

AND

ORDER

WHEREAS, the New York State Department of Health (the "Department") has investigated the operations of LINCARE OF NEW YORK INC. as operator of Lincare of New York Inc. – Clinton, a Home Care Service provider relating to alleged violations of Article 36 of the Public Health Law and Part 700 of Title 10 (Health) of the Official Compilation of the Codes, Rules and Regulations of the State of New York (NYCRR), as detailed in the Department survey dated September 15, 2020; and

WHEREAS, prior to commencement of administrative enforcement action based upon the alleged violations by service of a Notice of Hearing and Statement of Charges, the Department and the Respondent engaged in settlement discussions; and

WHEREAS, the parties wish to resolve this matter by means of a settlement

instead of an administrative hearing.

NOW, THEREFORE, IT IS STIPULATED AND AGREED AS FOLLOWS:

1. This matter is settled and discontinued with prejudice. The Department shall not pursue further administrative enforcement action against the Respondent pursuant to Article 36 of the Public Health Law and Title 10 NYCRR in connection with the Department survey dated September 15, 2020 and alleged violations of 10 NYCRR §§ 765 – 2.2(b), 766.2(a)(1), 766.3(a), 766.3(b), 766.3(d), 766.4(d), 766.5(b) (3), 766.9(c), 766.9(k), 766.9(l), 766.11(d)(1), 766.11(d)(2), 766.11(d)(4), 766.11 (f)(i), 766.11(l)(1), 766.11(l)(2), 766.12(a)(1), and 766.12(c).

2. The Respondent admits to the existence of substantial evidence of violations of the regulations listed in paragraph #1 above, as detailed in the Department survey dated September 15, 2020. The foregoing admission is without prejudice to the Respondent's rights, defenses, and claims in any other matter, proceeding, action, hearing, or litigation not involving the Department or any of its boards or councils authorized by the Public Health Law, including but not limited to those involving medical malpractice, personal injury, and/or negligence that may be made in a civil action for monetary damages.

3. Pursuant to PHL §§ 12(1)(a) and 206 of the Public Health Law, the Respondent is assessed a civil penalty of Twenty-Five Thousand Five Hundred dollars ($25,500.00). Twelve Thousand Five Hundred dollars ($12,500.00) of this civil penalty will be paid to the Department within thirty (30) days after the effective date of this Stipulation and Order. Thirteen Thousand dollars ($13,000.00) of this civil penalty will be suspended for a further period of 90 days and waived upon the Respondent demonstrating compliance

with the regulatory requirements of 10 NYCRR §§ 765 – 2.2(b), 766.2(a)(1), 766.9(c), 766.9(k), 766.9(l), 766.9(o), 766.11 (d)(1), 766.11 (d)(2), 766.11 (d)(4), 766.11 (i)(i), 766.11(l)(1), 766.11(l) (2), 766.12 (a)(1), 766.12(c).

4. Payments shall be made payable by certified check to the New York State Department of Health and forwarded to the New York State Department of Health, Bureau of Accounts Management, Room 2748, Corning Tower, Empire State Plaza, Albany, New York 12237-0016. Any civil penalty not paid by the date prescribed herein shall be subject to all provisions of law relating to debt collection by the State of New York. This includes, but is not limited to, the imposition of interest, late payment charges and collection fees; referral to the New York State Department of Taxation and Finance for collection, and non-renewal of permits or licenses [Tax Law Section 171(27); State Finance Law Section 18; CPLR Section 5001; Executive Law Section 32].

5. It is further stipulated and agreed by the Respondent and the Department that there exist valid and sufficient grounds, as a matter of fact and law, for the issuance of this Stipulation and Order under the Public Health Law, and the Respondent consents to its issuance, accepts its terms and conditions and waives any right to challenge this Stipulation and Order in a proceeding pursuant to Article 78 of the Civil Practice Law and Rules or in any other action or proceeding.

6. This Stipulation and Order shall be effective upon service on the Respondent or the Respondent's attorney or representative of a copy by personal service or by certified or registered mail.

DATED: Albany , New York
February 25 , 2021

LINCARE of NEW YORK, INC.

BY: Karen Kaczmarek

Karen Kaczmarek
President

AGREED AND SO ORDERED:

DATED: Albany, New York
May , 2021

NEW YORK STATE DEPARTMENT OF HEALTH

HOWARD A. ZUCKER, M.D., J.D.
Commissioner of Health

Inquiries to: Michael John Phillips, Senior Attorney
Bureau of Administrative Hearings
Phone: (518) 474 1902 – office 518 935 0533 - mobile
Email: michael.phillips@health.ny.gov

Mail Stipulation and Order to:

Michael John Phillips, Senior Attorney
New York State Department of Health
Corning Tower Building, Room 2412
Empire State Plaza
Albany, New York 12237-0029

Mail Payment to:

New York State Department of Health
Bureau of Accounts Management
Corning Tower, Room 2748
Empire State Plaza
Albany, New York 12237-0016

ADDENDUM

Lincare of NY, Inc. – Clinton			
Date of Survey	Violation	Description of Applicable Citations	Type and amount of Fine
9/15/2020	10 NYCRR §§ 765 2.2(b), 766.2(a)(1), 766.3(a), 766.3(b), 766.3(d), 766.4(d), 766.5(b) (3), 766.9(c), 766.9(k), 766.9(l), 766.11 (d) (1), 766.11 (d) (2), 766.11 (d) (4), 766.11 (f) (i), 766.11l(1), 766.11(i) (2), 766 .12 (a) (1), and 766.12(c).	Failure to maintain licensing and administrative requirements, Failure to properly administer multiple Plans of Care, Failure to maintain proper personnel records, Failure to maintain required records and reports.	PHL §§ 12(1)(a) and 206. $25,500 civil penalty. $12,500 paid within 30 Days of effective date. $13,000.00 suspended for 90 days to comply with Department administrative requirements.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Aslam Masood
Print Name (First, Last)

Aslam Masood
Original Signature (electronic, copies or stamps not accepted)

6-16-2022
Date

Please have this section completed in the presence of a Notary Public.

State of TEXAS, ss. County of HARRIS

I, ASLAM MASOOD, 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.

Aslam Masood
Original Signature

6-16-2022
Date

Subscribed and Sworn to before me this 16 day of June 2022.

Angeles Gonzalez
Notary Public Signature

ANGELES GONZALEZ
ID #4194464
My Commission Expires
January 30, 2026
(Seal)

Applicant's initials AM

GTMI Corporation

DBA

KabaFusion NV

Personal History Application

Tina Benkendorfer

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: GTMI Corporation DBA KabaFusion NV

Physical Address: 1510 W Sunset Rd., #120

City: Henderson State: NV Zip: 89014

Mailing Address (if different from physical address): 17777 Center Court Drive Suite 550

City: Cerritos State: CA Zip: 90703

Telephone: 800-435-3020 Website: www.KabaFusion.com

Licensing Company Email: KabaFusionLicensing@KabaFusion.com

Section 2: Personal Information

First: Tina Middle: Marie Last: Benkendorfer

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Mailing Address: 17777 Center Court Drive Suite 550

City: Cerritos State: CA Zip: 90703

Telephone: 800-435-3020 Email: TBenkendorfer@kabafusion.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: [redacted]

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Bishop Montgomery High School		09/1976 - 06/1980	
Address	**City**	**State**	**Zip**
5430 Torrance Blvd.	Torrance	CA	90503
Diploma/Degree obtained, if any			
High School Diploma			
School Name		**From - To (MM/YY – MM/YY)**	
University of the Pacific		08/1984 - 06/1987	
Address	**City**	**State**	**Zip**
3601 Pacific Ave.	Stockton	CA	95211
Diploma/Degree obtained, if any			
Pharm.D.			
School Name		**From - To (MM/YY – MM/YY)**	
Loyola Marymount University		08/1980 - 06/1984	
Address	**City**	**State**	**Zip**
1 Loyola Marymount University Dr.	Los Angeles	CA	90045
Diploma/Degree obtained, if any			
Bachelor of Science - Major: Biology/Minor: Chemistry			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**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
10/2016 - Present	[redacted] Pitchfork Ranch Drive	Frisco	TX	75036
09/1999 to 05/2017	[redacted] Avenue D	Redondo Beach	CA	90277
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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)
KabaFusion Holdings, LLC		11/11 - Present

Business Address	City	State	Zip
17777 Center Court Dr., Suite 550	Cerritos	CA	90703

Phone	Title
800-435-3020	Chief Operating Officer

Description of Duties

Develop actionable business strategies and plans that ensure alignment with short-term and long-term objectives, policies, and operating procedures;
Translate strategy into actionable goals for performance and growth helping to implement organization-wide goal setting, performance management, and annual operating planning;
Supports the overall operational growth, in conjunction with the CEO and President

Business Name		From - To (MM/YY – MM/YY)

Business Address	City	State	Zip

Phone	Title

Description of Duties

Business Name		From - To (MM/YY – MM/YY)

Business Address	City	State	Zip

Phone	Title

Description of Duties

Business Name		From - To (MM/YY – MM/YY)

Business Address	City	State	Zip

Phone	Title

Description of Duties

Business Name		From - To (MM/YY – MM/YY)

Business Address	City	State	Zip

Phone	Title

Description of Duties

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	X	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	X	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Applicant's initials _____

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5 & 6. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
5/18/2021		Virginia		
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reference Permit # 0201002838		VA Board of Pharmacy		
Reason/Charge				
Violation of Federal or State Statutes, Regulations or Rules; Fine Paid				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
KabaFusion VA, LLC		Consent Order		
Name of Business/Industry/Entity				
KabaFusion VA, LLC				

Provide explanation below: See Attached

Lisa Berkendorfer, PharmD
Original Signature (electronic, copies or stamps not accepted)

6-13-2022
Date

Applicant's initials LB

KabaFusion
Patient-Focused Infusion Therapy

Regarding Disciplinary Action For KabaFusion VA, LLC (Chesapeake)

The Virginia Board of Pharmacy inspected KabaFusion VA, LLC on April 21, 2021 and found that bulk IV solutions were in the warehouse space. The bulk IV solutions have been relocated to the licensed pharmacy space and the deficiency correction and payment of monetary penalty are noted in the May 27, 2021 letter from the Virginia Board of Pharmacy, copy enclosed.

CORPORATE (WEST COAST)
17777 Center Court Dr., Ste. 550, Cerritos, CA 90703
P: 800-435-3020 F: 562-860-6017

CORPORATE (EAST COAST)
80 Hayden Ave., Suite 300, Lexington, MA 02421
P: 844-777-4844 F: 781-862-2002

www.kabafusion.com

0201002838

COMMONWEALTH of VIRGINIA

David E. Brown, D.C.
Director

Department of Health Professions
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463

www.dhp.virginia.gov
TEL (804) 367-4400
FAX (804) 527-4475

Board of Pharmacy
804/367-4456
804-799-7906 (fax)

May 27, 2021

KabaFusion VA, LLC
Traci M. Johns, Pharmacist-in-Charge
Mailed to the legal address of record
with the Board of Pharmacy

RE: Case #211691

Dear Ms. Johns:

Enclosed please find a certified true copy of the Inspection Deficiency Notice and Consent Order that was entered by the Board on May 18, 2021. Further, this confirms receipt of the monetary penalty and the documentation indicating the corrective action taken. As all requirements have been satisfied, the case is now closed.

Sincerely,

Rose E. DeMatteo
Compliance Case Manager

Enclosure

Virginia Board of Pharmacy
9960 Mayland Drive, Suite 300
Henrico, VA 23233
804-367-4456
804-527-4472 (Fax)
pharmbd@dhp.virginia.gov
April 21, 2021

KabaFusion VA, LLC
Permit Number: 0201002838

Notice

After an inspection conducted on April 21, 2021 at KabaFusion VA, LLC, the deficiencies identified in the inspection summary that was provided to the facility were found. Those deficiencies constitute violations of the statutes and regulations cited below:

1. ($500) Deficiency 12: Storage of prescription drugs not in the prescription department; 18 VAC 110-20-190

If you wish to contest the violations cited above and in the inspection summary that was provided to the facility, you may submit documentation for the Board's consideration within 14 days of the date of this notice. In the alternative, you may request, in writing, an informal conference to further discuss this matter before a committee of the Board within 30 days of the date of this notice. Documents for consideration or a request for an informal conference should be mailed to:

Virginia Board of Pharmacy
9960 Mayland Drive
Suite 300
Henrico, Virginia 23233

If you do not want to contest the cited violations, in lieu of proceeding to an informal conference, you may sign the Consent Order below, submit a total penalty of $500 by check or money order, made payable to the Treasurer of Virginia, and provide documentation of corrective action taken to remedy all of the cited violations. The Consent Order, the penalty, and documentation of corrective action should be sent in one mailing to the address provided above within 30 days of the date of this Notice.

Failure to respond to this document within thirty (30) days of the date of this Notice will result in an informal conference being scheduled to determine whether violations of the statutes and regulations of the Board of Pharmacy have occurred. A notice of the informal conference will be mailed to the attention of the facility's Pharmacist-in-Charge [or the Owner if no PIC] with the scheduled date and time. If it is determined at the conclusion of the informal conference that the pharmacy is in violation of the laws and regulations of the Board of Pharmacy, the permit holder may be subject to disciplinary sanctions by the Board in addition to the penalty listed above. If you have any questions, please contact the Board office.

Consent Order

The Virginia Board of Pharmacy ("Board") and KabaFusion VA, LLC ("Pharmacy") enter into the following Consent Order as evidenced by the signature of the Pharmacist-in-Charge [or the Owner if no PIC] hereto. The deficiencies cited in the Notice above and the inspection summary that was provided to the facility constitute violations of the statutes and regulations as cited above in the Notice. These violations were identified during an inspection conducted on April 21, 2021.

DO NOT MAKE ANY CHANGES TO THIS DOCUMENT:

Pharmacy, by affixing the signature of the Pharmacist-in-Charge (or Owner if no PIC) hereon, agrees to the following:

1. The Pharmacist-in-Charge (or Owner if no PIC) has the right to seek advice of counsel prior to signing this document;
2. The Pharmacist-in-Charge (or Owner if no PIC) acknowledges that without his consent, no legal action can be taken against the Pharmacy except pursuant to the Virginia Administrative Process Act, § 2.2-4000 *et seq.* of the Code of Virginia;
3. The Pharmacist-in-Charge (or Owner if no PIC) acknowledges that he has the following rights, among others: the right to an informal fact finding conference before the Board, the right to reasonable notice of said hearing, the right to representation by counsel, and the right to cross-examine witnesses;
4. The Pharmacist-in-Charge (or Owner if no PIC) waives all such right to an informal conference;
5. The Pharmacist-in-Charge (or Owner if no PIC) admits to the violations cited herein and waives his right to contest such violations in any subsequent proceeding before the Board;
6. The Pharmacist-in-Charge (or Owner if no PIC) consents to the entry of the following Order affecting the permit of the Pharmacy in Virginia.

WHEREFORE, on the basis of the foregoing, the Board, effective upon entry of this Order, and in lieu of further proceedings, hereby ORDERS as follows:

1. Pharmacy shall pay a monetary penalty of $500 to the Board within 30 days of the date of the Notice.

2. Pharmacy shall submit documentation of immediate action taken to correct all violations.

3. Any violation of the terms and conditions of this Order or of any law or regulation affecting the conduct of Pharmacy in the Commonwealth of Virginia shall constitute grounds for the suspension or revocation of the permit of Pharmacy, and an administrative proceeding shall be convened to determine whether such permit shall be suspended or revoked.

Pursuant to § 2.2-4023 and § 54.1-2400.2 of the Code of Virginia, the signed original of this Notice and Consent Order shall remain in the custody of the Department of Health Professions as public record and shall be made available for public inspection or copying upon request.

Traci Johns RPh
Signature of PIC or Owner

4/29/2021
Date

Traci Johns
Printed Name of Person Signing

Pharmacist in Charge
Position/Title

FOR THE BOARD:

Caroline D. Juran, Executive Director

5/3/2021
Entered

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5 & 6. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
2/25/2021		New York		
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Not listed		New York State Department of Health		
Reason/Charge				
Violation of Federal or State Statutes, Regulations or Rules; Fine Paid				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Lincare of New York, Inc.		Citation; Stipulation and Order		
Name of Business/Industry/Entity				
Lincare of New York, Inc.				

Provide explanation below: See Attached

Lina Berkedorf, PharmD.

Original Signature (electronic, copies or stamps not accepted)

6-13-2022

Date

Applicant's initials LB

KabaFusion
Patient-Focused Infusion Therapy

Citation, Stipulation and Order for Lincare of New York, Inc. (Clinton)

Lincare of New York, Inc. was aquired in May 2020 and inspected by the New York Department of Health in September 2020. All findings have been corrected, and the fine was paid. A copy of the Citation, Stipulation and Order is enclosed.

CORPORATE (WEST COAST)
17777 Center Court Dr., Ste. 550, Cerritos, CA 90703
P: 800-435-3020 F: 562-860-6017

CORPORATE (EAST COAST)
80 Hayden Ave., Suite 300, Lexington, MA 02421
P: 844-777-4844 F: 781-862-2002

www.kabafusion.com

STATE OF NEW YORK : DEPARTMENT OF HEALTH

IN THE MATTER

OF

HOWARD A. ZUCKER, M.D., J.D., as Commissioner of Health of the State of New York, to determine the action to be taken with respect to:

LINCARE OF NEW YORK INC.

Respondent

as operator of

Lincare of New York Inc. - Clinton
8181 Seneca Turnpike Suite 2
Clinton New York, 13323

arising out of alleged violations of Article 36 of the Public Health Law of the State of New York and Title 10 (Health) of the Official Compilation of Codes, Rules and Regulations of the State of New York (NYCRR)

STIPULATION

AND

ORDER

WHEREAS, the New York State Department of Health (the "Department") has investigated the operations of LINCARE OF NEW YORK INC. as operator of Lincare of New York Inc. – Clinton, a Home Care Service provider relating to alleged violations of Article 36 of the Public Health Law and Part 700 of Title 10 (Health) of the Official Compilation of the Codes, Rules and Regulations of the State of New York (NYCRR), as detailed in the Department survey dated September 15, 2020; and

WHEREAS, prior to commencement of administrative enforcement action based upon the alleged violations by service of a Notice of Hearing and Statement of Charges, the Department and the Respondent engaged in settlement discussions; and

WHEREAS, the parties wish to resolve this matter by means of a settlement

instead of an administrative hearing.

NOW, THEREFORE, IT IS STIPULATED AND AGREED AS FOLLOWS:

1. This matter is settled and discontinued with prejudice. The Department shall not pursue further administrative enforcement action against the Respondent pursuant to Article 36 of the Public Health Law and Title 10 NYCRR in connection with the Department survey dated September 15, 2020 and alleged violations of 10 NYCRR §§ 765 – 2.2(b), 766.2(a)(1), 766.3(a), 766.3(b), 766.3(d), 766.4(d), 766.5(b) (3), 766.9(c), 766.9(k), 766.9(l), 766.11(d)(1), 766.11(d)(2), 766.11(d)(4), 766.11 (f)(i), 766.11(l)(1), 766.11(l)(2), 766.12(a)(1), and 766.12(c).

2. The Respondent admits to the existence of substantial evidence of violations of the regulations listed in paragraph #1 above, as detailed in the Department survey dated September 15, 2020. The foregoing admission is without prejudice to the Respondent's rights, defenses, and claims in any other matter, proceeding, action, hearing, or litigation not involving the Department or any of its boards or councils authorized by the Public Health Law, including but not limited to those involving medical malpractice, personal injury, and/or negligence that may be made in a civil action for monetary damages.

3. Pursuant to PHL §§ 12(1)(a) and 206 of the Public Health Law, the Respondent is assessed a civil penalty of Twenty-Five Thousand Five Hundred dollars ($25,500.00). Twelve Thousand Five Hundred dollars ($12,500.00) of this civil penalty will be paid to the Department within thirty (30) days after the effective date of this Stipulation and Order. Thirteen Thousand dollars ($13,000.00) of this civil penalty will be suspended for a further period of 90 days and waived upon the Respondent demonstrating compliance

with the regulatory requirements of 10 NYCRR §§ 765 – 2.2(b), 766.2(a)(1), 766.9(c), 766.9(k), 766.9(l), 766.9(o), 766.11 (d)(1), 766.11 (d)(2), 766.11 (d)(4), 766.11 (i)(i), 766.11(l)(1), 766.11(l) (2), 766.12 (a)(1), 766.12(c).

4. Payments shall be made payable by certified check to the New York State Department of Health and forwarded to the New York State Department of Health, Bureau of Accounts Management, Room 2748, Corning Tower, Empire State Plaza, Albany, New York 12237-0016. Any civil penalty not paid by the date prescribed herein shall be subject to all provisions of law relating to debt collection by the State of New York. This includes, but is not limited to, the imposition of interest, late payment charges and collection fees; referral to the New York State Department of Taxation and Finance for collection, and non-renewal of permits or licenses [Tax Law Section 171(27); State Finance Law Section 18; CPLR Section 5001; Executive Law Section 32].

5. It is further stipulated and agreed by the Respondent and the Department that there exist valid and sufficient grounds, as a matter of fact and law, for the issuance of this Stipulation and Order under the Public Health Law, and the Respondent consents to its issuance, accepts its terms and conditions and waives any right to challenge this Stipulation and Order in a proceeding pursuant to Article 78 of the Civil Practice Law and Rules or in any other action or proceeding.

6. This Stipulation and Order shall be effective upon service on the Respondent or the Respondent's attorney or representative of a copy by personal service or by certified or registered mail.

DATED: Albany , New York
February 25 , 2021

LINCARE of NEW YORK, INC.

BY: Karen Kaczmarek

Karen Kaczmarek
President

AGREED AND SO ORDERED:

DATED: Albany, New York
May , 2021

NEW YORK STATE DEPARTMENT OF HEALTH

HOWARD A. ZUCKER, M.D., J.D.
Commissioner of Health

Inquiries to: Michael John Phillips, Senior Attorney
Bureau of Administrative Hearings
Phone: (518) 474 1902 – office 518 935 0533 - mobile
Email: michael.phillips@health.ny.gov

Mail Stipulation and Order to:

Michael John Phillips, Senior Attorney
New York State Department of Health
Corning Tower Building, Room 2412
Empire State Plaza
Albany, New York 12237-0029

Mail Payment to:

New York State Department of Health
Bureau of Accounts Management
Corning Tower, Room 2748
Empire State Plaza
Albany, New York 12237-0016

ADDENDUM

Lincare of NY, Inc. – Clinton			
Date of Survey	Violation	Description of Applicable Citations	Type and amount of Fine
9/15/2020	10 NYCRR §§ 765 2.2(b), 766.2(a)(1), 766.3(a), 766.3(b), 766.3(d), 766.4(d), 766.5(b) (3), 766.9(c), 766.9(k), 766.9(l), 766.11 (d) (1), 766.11 (d) (2), 766.11 (d) (4), 766.11 (f) (i), 766.11l(1), 766.11(i) (2), 766 .12 (a) (1), and 766.12(c).	Failure to maintain licensing and administrative requirements, Failure to properly administer multiple Plans of Care, Failure to maintain proper personnel records, Failure to maintain required records and reports.	PHL §§ 12(1)(a) and 206. $25,500 civil penalty. $12,500 paid within 30 Days of effective date. $13,000.00 suspended for 90 days to comply with Department administrative requirements.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Tina Benkendorfer
Print Name (First, Last)

Tina Benkendorfer, PharmD
Original Signature (electronic, copies or stamps not accepted)

6-13-2022
Date

Please have this section completed in the presence of a Notary Public.

State of _____, ss. County of _____

I, TINA BENKENDORFER, 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.

Tina Benkendorfer, PharmD
Original Signature

6-13-2022
Date

Subscribed and Sworn to before me this ____ day of _____.

See attached
Notary Public Signature

(Seal)

Applicant's initials _____

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of LOS ANGELES

Subscribed and sworn to (or affirmed) before me on this 13TH day of JUNE, 2022, by TINA BENKENDORFER,
proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

FELICIA VARGO-JOHNSON
Notary Public - California
Los Angeles County
Commission # 2356431
My Comm. Expires May 4, 2025

(Seal)

Signature Felicia Vargo-Johnson

7E

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 IB01583	☐ 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: Kindred Hospital Las Vegas

Physical Address: 2250 East Flamingo Road

City: Las Vegas State: NV Zip: 89119-5170

Mailing Address (if different from physical address): Same

City: State: Zip:

Telephone: (702) 936-6372 Toll Free # (NAC 639.708, NRS 639.23286):

Fax: 1 (702) 962-4119 Contact Email: joshua.dalton@kindred.com

Website: kindredhealthcare.com/locations/transitional-care-hospitals/kindred-hospital-las-vegas-flamingo-campus

Nevada Business License # (if applicable) 3368-HOS-29

Supervising/Managing Pharmacist Name (NRS 639.220): Colby Meier

Supervising/Managing Pharmacist NV Pharmacist Registration #: 14030 NV

Type of Pharmacy (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Retail/Community	☐ Retail/Community
■ Hospital (# beds 66)	■ Non-sterile Compounding
☐ Internet	■ Sterile Compounding
☐ Nuclear	☐ Mail-Order Service
☐ Other:	☐ Off-site Cognitive Services
	☐ Long Term Care
	☐ Hospital
	■ Other: Parenteral

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:	Dalton, Joshua B.	NV Pharmacist Registration #:	18350
Name:	Eng, Carol	NV Pharmacist Registration #:	15754
Name:	Meier, Colby W.	NV Pharmacist Registration #:	19030
Name:	Hechanova, Camille F.	NV Pharmacist Registration #:	19338
Name:	Quinn, Derek	NV Pharmacist Registration #:	19110
Name:	Stambek, Thomas J.	NV Pharmacist Registration #:	19083
Name:	Cavalcanti, Renate K.	NV Pharmacist Registration #:	17770
Name:	Le, Vy T.	NV Pharmacist Registration #:	18063
Name:	Tibolt, Macrie A.	NV Pharmacist Registration #:	18084
Name:	Cho, Audrey	NV Pharmacist Registration #:	20815
Name:	Hill, Christopher C.	NV Pharmacist Registration #:	12881

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: Nevada

Parent Company (if any): Kindred Healthcare Operating, LLC

Corporation/Organization Name: Transitional Hospitals Corporation of Nevada, LLC

Mailing Address: 680 South Fourth Street

City: Louisville State: KY Zip: 40202

Telephone: (502) 596-7300 Email: terrance.dillon@kindred.com

Contact Person Name: Terrance Dillon

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ■ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

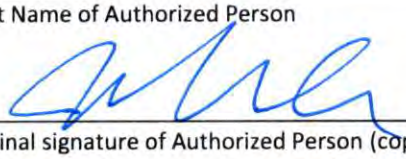
Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Gen. Counsel & Corp. Secretary (title) for Kindred Hospital Las Vegas (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Joseph L. Landenwich, General Counsel & Corporate Secretary

Print Name of Authorized Person



Original signature of Authorized Person (copies or stamps not accepted)

10/5/2021

Date

Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)**	✓	✓		
• **List the top four stockholders and their percent ownership. NRS 639.231(3)**	✓	✓		
• **List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)**		✓		
• **For General Partnerships, list the name of each partner. NAC 639.214(2)** • **For Limited Partnerships, list the names of (NAC 639.214(3)):** o **All General Partners;** o **All Limited Partners who hold 10% or more of the interest.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/. NAC 639.5005. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state.		✓	✓	✓
• **Personal History Record Application found at** http://bop.nv.gov/Services/newapps/Business/ must be completed by: a. **For Non-publicly traded** - The top 4 shareholder/stockholders. b. **For Partnerships** - All general partners; all limited partners who hold 10% or more of the interest. c. **For Sole Owner** - The owner.		✓	✓	✓
• **Submit a copy of your most recent pharmacy inspection** from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(f)	✓	✓	✓	✓
• **Submit a copy of your license, certification, permit or registration issued to your pharmacy** from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(a)	✓	✓	✓	✓
• **License Verification** by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the form here: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/2020%20ALL_LicenseVerificationForm(1).pdf **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2238(2)(g)	✓	✓	✓	✓
• **Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)**	✓	✓	✓	✓
• **Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)**	✓	✓	✓	✓
• **Transmit Controlled Substance Prescription Data-** Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Joseph L. Landenwich, General Counsel & Corporate Secretary

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215



Original signature of Authorized Person (copies or stamps not accepted)

10/05/2021

Date

Board Use Only	Date Received: _____	Amount: 500 cc Processed 11/17/21 M.H

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, **TRANSITIONAL HOSPITALS CORPORATION OF 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 07/02/1993, and is in good standing in this state.

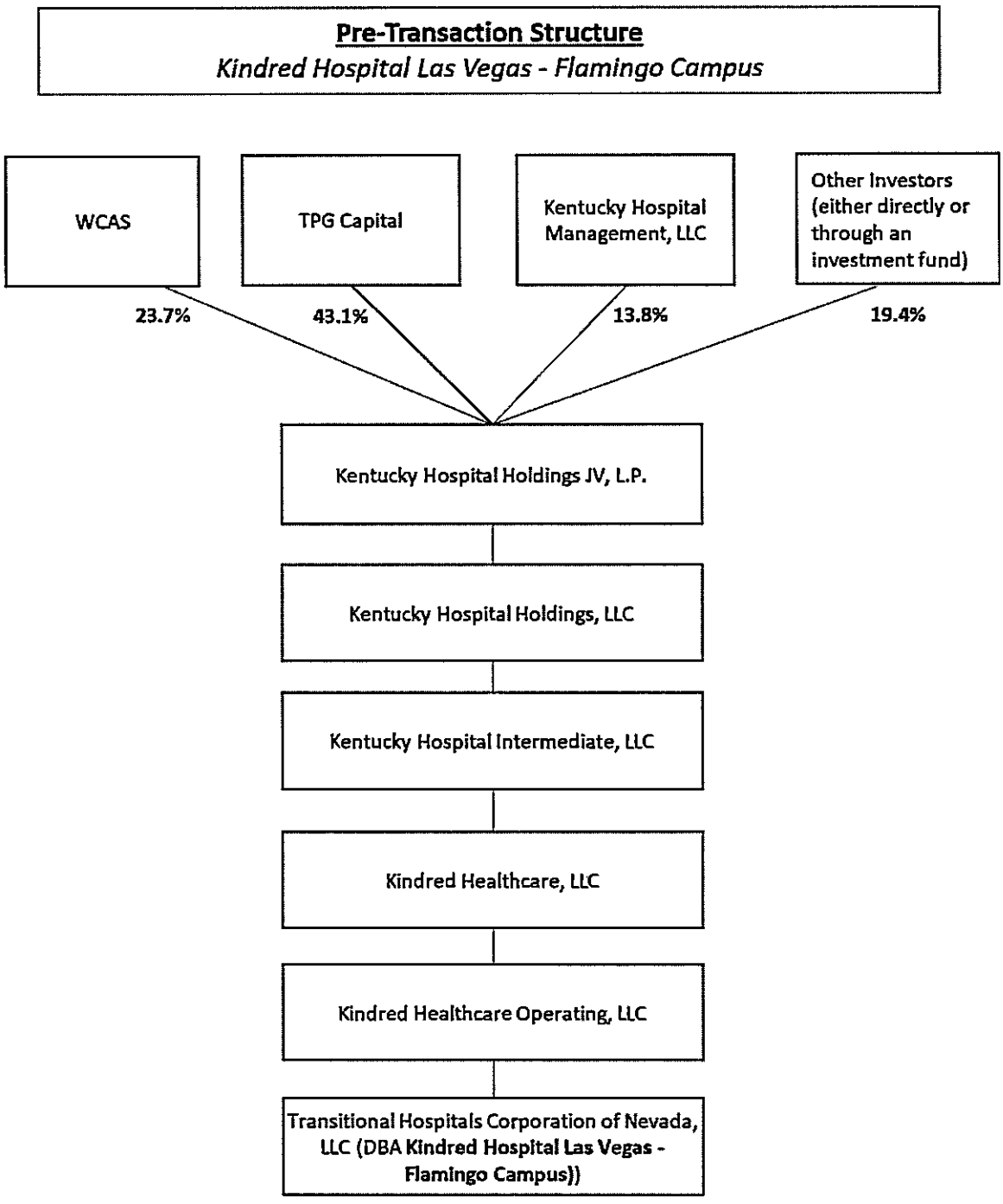
IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 10/04/2021.

Barbara K. Cegavske

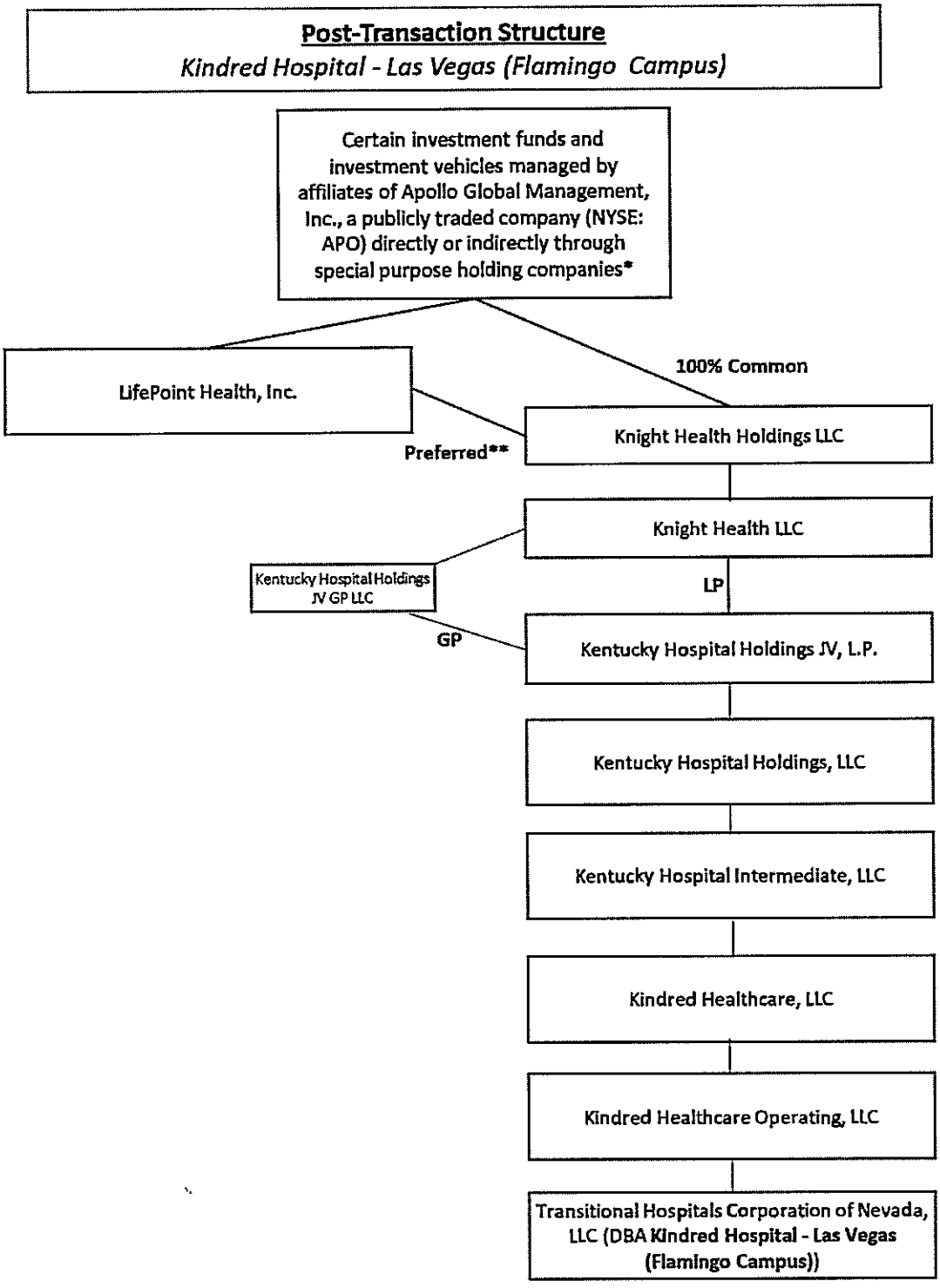
BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202110042043008
You may verify this certificate online at http://www.nvsos.gov

ATTACHMENT A



Note: All ownership percentages are 100% unless specifically noted otherwise.



***Note:** All ownership percentages are 100% unless specifically noted otherwise.*
**Officers, directors, employees and consultants hold less than 10% ownership interest in the aggregate, and no such individual holds more than 1% individually.*
***Represents a non-voting and non-participating preferred security interest.*

ATTACHMENT B

Transitional Hospitals Corporation of Nevada, LLC has managers and officers; it has no directors. The following is a list of all of the managers and officers:

Managers	**Title(s)**
James T. Flowers	Chief Financial Officer, Strategy and Support Services and Treasurer
Joel W. Day	Chief Financial Officer
Joseph L. Landenwich	General Counsel and Corporate Secretary
Officers	**Title(s)**
Michael Warrington	President, Hospital Division
Jeffrey Jasnoff	Chief Human Resources Officer
Joseph L. Landenwich	General Counsel and Corporate Secretary
Douglas L. Curnutte	Chief Development Officer
Cristina E. Pietrowski	Vice President, Real Estate Counsel
Jeffrey P. Stodghill	Senior Vice President and Corporate Counsel
Joseph B. Miller	Senior Vice President and Corporate Counsel
Michael J. Bean	Vice President, Tax
Richard Algood	Senior Vice President, Reimbursement
Tami Johnson	Senior Vice President and Chief Compliance Officer
Charles H. Wardrip	Chief Information Officer
James T. Flowers	Chief Financial Officer, Strategy and Support Services and Treasurer
Joel W. Day	Chief Financial Officer
Adam Darvish	Senior Vice President of Health System Development

Heather Crawford	Senior Vice President, Clinical Operations, Hospital Division
Audra Early	Senior Vice President, Strategy and Network Development
Garett Jackson	Senior Vice President, Chief Financial Officer, Hospital Division
Sean R. Muldoon, M.D.	Senior Vice President and Chief Medical Officer, Hospital Division
Stacie Winkler	Senior Vice President and Chief Counsel, Hospital Division
Lorene Perona	Vice President, Clinical Operations and Care Coordination
Terrance K. Dillon	Assistant Secretary
Linn Billingsley	Vice President, Regional Operations, Hospital Division
Tracy Saunders	Vice President, Regional Operations, Hospital Division
Jeff Herdelin	Vice President, Human Resources, Hospital Division
Anthony Dickamore	Vice President, Facilities Management, Hospital Division
Richard Flores	Vice President, Revenue Cycle, Hospital Division
James Poullard	Senior Vice President of Support Services, Health Equity and Experience
Mark LaRoche	Vice President, Regional Operations, Hospital Division
Stephanie Madrid	Vice President, Regional Operations, Hospital Division
Marty Mann	Senior Vice President of Strategic Partnership Development

ATTACHMENT C

Kindred Healthcare Operating, LLC is the sole parent of, and holds 100% of the direct ownership interest in, Transitional Hospitals Corporation of Nevada, LLC.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Kindred Hospital Flamingo

Physical Address 2250 E. Flamingo Rd.

City Las Vegas State NV Zip 89119

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 702-936-6372 Website kindredhealthcare.com

Licensing Company Email Terrance.Dillon@kindred.com

Section 2: Personal Information

First Colby Middle Wade Last Meier

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted] Britton Rose Dr.

City Las Vegas State NV Zip 89178

Telephone [redacted] Email colby.meier@kindred.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 CM

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Roseman University of Health Sciences		08/12 - 05/15	
Address	City	State	Zip
11 Sunset Way	Henderson	NV	89014
Diploma/Degree obtained, if any			
Doctorate of Pharmacy			
School Name		From - To (MM/YY – MM/YY)	
Southern Utah University		08/08 - 05/12	
Address	City	State	Zip
351 W University Blvd	Cedar City	UT	84720
Diploma/Degree obtained, if any			
Bachelors of Science in Biology			
School Name		From - To (MM/YY – MM/YY)	
Cedar High School		08/04 - 05/08	
Address	City	State	Zip
703 W 600 S	Cedar City	UT	84720
Diploma/Degree obtained, if any			
High School Diploma			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/16 - current	[redacted] Britton Rose Dr.	Las Vegas	NV	89178
04/15 - 05/15	[redacted] Treasure Trove St.	Las Vegas	NV	89123
04/13 - 04/15	[redacted] Boulder Falls St.	Henderson	NV	89011
07/12 - 04/13	[redacted] Bing Cherry Dr.	Las Vegas	NV	89142
05/09 - 07/12	[redacted] S. 580 E.	Cedar City	UT	84720
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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)	
Kindred Hospital Flamingo			11/21 - current	
Business Address		**City**	**State**	**Zip**
2250 E. Flamingo Rd		Las Vegas	NV	89119
Phone	**Title**		**Number of Employed Hours**	
702-936-6372	Clinical Pharmacy Manager		440	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Kindred Hospital Flamingo			10/15 - 11/21	
Business Address		**City**	**State**	**Zip**
2250 E. Flamingo Rd		Las Vegas	NV	89119
Phone	**Title**		**Number of Employed Hours**	
702-936-6372	Clinical Infectious Disease Pharmacist		10,560	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Albertsons Sav-On Pharmacy			07/15 - 10/15	
Business Address		**City**	**State**	**Zip**
5500 Boulder Hwy		Las Vegas	NV	89122
Phone	**Title**		**Number of Employed Hours**	
702-435-6777	Staff Pharmacist		1080	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

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)

1/20/22
Date

Applicant's initials _____

I, Colby Meier, **certify that as the designated representative for**

Kindred Hospital Flamingo,

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

Colby Meier

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

1/20/22

Date

Applicant's initials CM

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Colby Meier

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

1/20/22

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Colby Meier, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

1/20/22

Date

Subscribed and Sworn to before me this 20 day of January 2022.

Notary Public Signature

DANIELLE ESTEVES
Notary Public, State of Nevada
Appointment No. 08-7018-1
My Appt. Expires Mar 30, 2022

(Seal)

Applicant's initials _____

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: Colby Allen Pharmacist Registration #: 19030

Pharmacy Name: Kindred Hospital Flamingo

Initial each statement below to indicate you have read and agree with the following:

CA 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.

CA 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.

CA 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.

CA 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)).

CA I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in <u>any</u> state?		X
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?		X
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?		X

If you marked YES to any questions above, include the following information and provide a <u>signed statement of explanation</u>. <u>Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.</u>

Board Administrative Action:	State:	Date:	Case #:

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.

CA

Original signature of Managing Pharmacist (copies or stamps not accepted)

1/18/22

Date

Nevada State Board of Pharmacy

985 Damonte Ranch Pkwy # 206 • Reno • NV 89521
(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444
E-mail: pharmacy@pharmacy.nv.gov • Web Page: bop.nv.gov

INSPECTION NOTICE

KINDRED HOSPITAL LAS VEGAS
2250 E FLAMINGO RD
LAS VEGAS NV 89119

License: **IB01583**
Inspector: L. Cerras
Month of Inspection: ~~October 2020~~ 2021
Inspection #: **213598**
Date of Inspection: 11/01/2021

INSTRUCTIONS

This Notice is provided to KINDRED HOSPITAL LAS VEGAS to inform you that your facility will be inspected sometime in the month of October. These instructions are intended to assist you to be prepared for the inspection. **You must have completed the following by the first business day of October:**

- ✓ Review and make any needed changes to information shown below
- ✓ Download and print from our website the correct forms. Be advised, in order to complete the inspection process, you will be printing more than one document. Carefully read directions below:
  - Go to http://bop.nv.gov
  - From the Homepage, click on the tab labeled: "**FORMS**"
  - Under the section labeled "**Inspection Forms** ", locate, click on **and** print the APPROPRIATE Inspection Form **and** Instruction Sheet. Also, for **RETAIL** Pharmacies, click on the Workplace Assessment link labeled: October
- ✓ Attach this page to the front of the inspection forms. Complete the Inspection Form, **including** the Workplace Assessment forms for RETAIL Pharmacies, and have the completed forms available for review by the Inspector.
- ✓ The Managing Pharmacist is responsible to assure compliance with, all of the instructions in this matter.
- ✓ Failure to fully comply with the instructions will be noted as a deficiency and may result in disciplinary action against the pharmacy and the Managing Pharmacist.
- ✓ **The Board will *not* provide copies of the necessary Inspection Forms by mail or fax. The Pharmacy is responsible to obtain the Inspection Forms through the Board's website. IF you are unable to access this in the pharmacy, please contact your corporate office and request the forms be printed and provided by them.**

PHARMACY INFORMATION

Our records show the following information regarding your pharmacy. Please review the information carefully and make any changes by striking through any information that is incorrect and adding corrected information in the blanks next to the incorrect information. **You must have this Inspection Notice available as one of the documents which must be completed by the first business day of October and made available to the inspector when he visits.**

Kindred Hospital Las Vegas Market

Name	POS	Status	License Number
Dalton, Joshua B	Interim Area DOP/ Clin Pharm Mgr	FT	18350
Hill, Christopher C	Clin Pharm Mgr Sahara	FT	12881
Eng, Carol	Pharmacist	FT	15754
Meier, Colby W	ID RPH	FT	19030
Hechanova, Camille F	RPh	FT	19338
Quinn, Derek	RPh	FT	19110
Stambek, Thomas J	RPh	FT	19083
Bryant, Tammy	BUYER	FT	PT02679
Henry, Tamara L	TECH	FT	PT01047
Thompson, Eric	TECH	FT	PT04771
Rojas, Raven A	TECH	FT	PT07088
Bell Iii, Ulysses C	TECH	FT	PT13718
Plourde, Janell	TECH	FT	PT10580
Ayla Blanks	TECH	FT	PT15297
Norris, Michael J	TECH	PD	PT11019
Campbell, Temeka R	TECH	PD	PT11383
Barnum, Sydney	TECH	PD	PT18847
Hernandez, Denise	TECH	PD	PT15423
Tago, Johnny	TECH	PD	PT17624
Cavalcanti, Renate K	RPh	PD	17770
Le, Vy T	RPh	PD	18063
Tibolt, Macrie A	RPh	PD	18084
Cho, Audrey	RPh	PD	20815

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Pharmacy Information

Date Completed:

Pharmacy Name:

Pharmacy Ad:

Pharmacy Telephone Number:

Pharmacy Fax Number:

Pharmacy Email:

Please fill out the below information for your Pharmacy Staff – use 2nd sheet if necessary

Position	Name (First and Last Name)	License Number
Managing Pharmacist:	Joshua Dalton	18350
Staff Pharmacist:	Carol Eng	15754
	Camille Heshanova	19338
	Colby Meier	19030
	Derek Quinn	19110
	Thomas Stambek	19083
	Renat Cavalcanti	17770
	Vy Le	18063
	Macne Tibolt	18084
	Audrey Cho	20815
Intern(s):		
Technician(s): PTCB	Tammy Bryant	PT 0267[illegible]9
PTCB	Eric Thompson	PT01047
	Raven Rojas	PT07088
	Janelle Plourde	PT10580
	Ayla Blanks	PT15297
	Michael Norris	PT11019
	Tameka Campbell	PT11383
	Sydney Barnum	PT 18847
	Denise Hernandez	PT 15423
	Johnny Tago	PT17624

Nevada State Board of Pharmacy
985 Damonte Ranch Suite 206, Reno, NV 89521
(775) 850-1440 (800)-364-2081 Fax (775) 850-1444

To: Pharmacy Manager
FROM: Nevada State Board of Pharmacy Inspector
SUBJECT: Self-Assessment Inspection Process

The Board of Pharmacy's established self-assessment inspection process provides management the opportunity to review the standards by which the board inspects your operation. The process recognizes you as the responsible person to implement and review policies and procedures necessary to provide a quality standard of pharmaceutical services. An inspection evaluation form must be obtained from the NVBOP website to self-assess compliance with Nevada pharmacy law. An inspector will review the form with you and inspect your facility during the month listed on your inspection notice. Please have the self-assessment form completed and available for review by the first day of the month listed on your inspection notice.

An inspector will conduct a review of your operation. Observations, along with your findings, will assure understanding and compliance with Nevada law.

Please attach your inspection notice that you received in the mail to your completed self-assessment inspection form. ✓

To minimize the disruption to your facility during the inspection process please have the following documents available:

Completed inspection form along with prior year inspection form ✓✓

Completed DEA-222 and/or E-222 (CSOS) electronic forms since last inspection ✓✓ Blue Folder

Most recent biennial controlled substance audit ✓ 5/03/2021

In-Service training records (CE) for all pharmacy technicians ✓ In employee file in office ✓

Listing of persons authorized to access any of the drug storage areas when pharmacist is not available ✓ No access to pharmacy when Rx closed ✓

Please complete the sterile compounding inspection form if applicable ✓

Please complete the non-sterile compounding inspection form if applicable

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General Information:

Citation	Question			
NAC 639.542	Do all pharmacy personnel wear identification badges?	(Yes) ✓	No	N/A

Controlled Substances:

Citation	Question			
NAC 453.475	Has a new managing pharmacist started since last inspection?	Yes	(No) ✓	N/A
	If yes, was a controlled substance inventory completed for change in managing pharmacist?	Yes	No	(N/A)
NAC 639.050	Is destruction of controlled substances documented on form DEA-41?	Yes	No	(N/A)
	How often are controlled substances destroyed?	Every 3 months via reverse distribution ✓		
	Is your pharmacy registered with the DEA as a "collector" or controlled substances for a mail-back program or collection receptacles where the public may dispose of controlled substances?	Yes	(No)	N/A
	If yes, has the NVBOP been notificd that you are a registcred collector?	Yes	No	(N/A)

Establishment of Policies and Procedures, and Systems for Investigational Drugs:

Citation	Question			
NAC 639.468	Does the pharmacy have an investigational drug system?	Yes	(No)	N/A
	Are policies and procedures in place?	Yes	No	(N/A)
	Drug protocols on file in the pharmacy?	Yes	No	(N/A)
	Approved by Pharmacy and Therapeutics Committee?	Yes	No	(N/A)
	Dispensing controlled by the pharmacy?	Yes	No	(N/A)

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Standards for Premises:

Citation	Question			
NAC 639.469	Is space adequate for storage, compounding, labeling, dispensing, and distribution of drugs?	Yes	No	N/A
	Is the space clean and well organized?	Yes	No	N/A
	Is the space well lit and ventilated?	Yes	No	N/A
	Is the sink clean and equipped with hot/cold water?	Yes	No	N/A
	Is the temperature compatible for proper storage of drugs?	Yes	No	N/A
	Locked storage area for Schedule II controlled substances?	Yes	No	N/A
	Is the pharmacy complying with local/state fire codes on storage of flammable materials in the pharmacy?	Yes	No	N/A

Security of Premises:

Citation	Question			
NAC 639.470	Can the pharmacy be secured to prevent theft/diversion of prescription drugs?	Yes	No	N/A
	Are all areas able to be locked to prevent unauthorized access (pharmacy, carts, etc.)?	Yes	No	N/A
	Is there a system of key control?	Yes	No	N/A

Procurement and Storage of Drugs:

Citation	Question			
NAC 639.473	Is outdated, mislabeled, or adulterated drugs are removed From stock?	Yes	No	N/A
	Is outdated stock maintained separately?	Yes	No	N/A
	Is a reverse distributor utilized for outdated stock returns?	Yes	No	N/A EXP

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Development and Use of Formulary:

Citation	Question			
NAC 639.474	Has a hospital formulary been developed?	Yes	No	N/A
	Is the pharmacist a voting member?	Yes	No	N/A
	Was the formulary/Drug list prepared and updated by committee?	Yes	No	N/A
	Date of last committee meeting	4/19/21		
	Written medication management policies have been approved by the committee?	Yes	No	N/A

Prepackaging of Drugs:

Citation	Question			
NAC 639.476	Does the pharmacy prepackage drugs?	Yes	No	N/A
	Does the package label include the following:			
	The generic or trade name of the drug, its strength, and the dosage form?	Yes	No	N/A
	The facility lot number?	Yes	No	N/A
	The quantity of the drug if the unit dose does not equal the unit of use?	Yes	No	N/A
	How is the facility expiration date determined?	Based on UD rating of blisters 1yr or exp date, what is earliest		
	Do records for prepacked drugs include the following:			
	The generic or trade name of the drug, its strength, and the Dosage form?	Yes	No	N/A
	The facility lot number?	Yes	No	N/A
	Name of manufacturer?	Yes	No	N/A
	Manufacturer's lot number?	Yes	No	N/A
	Manufacturer's original expiration date of drug?	Yes	No	N/A
	Quantity per package if more than one tablet or capsule in package?	Yes	No	N/A
	The number of packages?	Yes	No	N/A
	Date drug was repackaged and assigned facility expiration date?	Yes	No	N/A
	Initials of responsible pharmacist?	Yes	No	N/A
	How long are the records maintained?	- 10+ yrs electronically accessible - 7yrs if paper		

Sample log attached

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Policies and Procedures for Distribution of Drugs:

Citation	Question			
NAC 639.477	Has the institution developed and carried out written policies and procedures regarding the distribution of drugs?	Yes	No	N/A
	Is the pharmacy open 24 hours per day?	Yes	No	N/A
	If no – has a specific policy been developed for handling drug orders when pharmacist is off duty?	Yes	No	N/A
	Does the policy include the following:			
	Access to pharmacy?	Yes	No	N/A
	Access to drug room?	Yes	No	N/A
	Access to night medication cart?	Yes	No	N/A
	Access to operating room floor stock?	Yes	No	N/A
	Is there a system to assign responsibility for the control and distribution of drugs?	Yes	No	N/A

Limitations of Distribution of Drugs:

Specific "security groups" assigned to Floor RNs for medication access.

Citation	Question			
NAC 639.478	Are drugs distributed only upon order of a practitioner or his/her agent?	Yes	No	N/A

Withdrawal of Drugs When Part-Time or Consultant Pharmacist is Absent:

Citation	Question			
NAC 639.480	Are quantities limited to immediate medical needs?	Yes	No	N/A
	Do designated licensed nurse/practitioner remove the product?	Yes	No	N/A
	Is practitioner's order forwarded to pharmacy?	Yes	No	N/A
	Does the Pharmacist reconcile balance within 7 days?	Yes	No	N/A
	Does the record contains the name of patient, name, strength, and quantity of drug, directions for use, and the date of issue?	Yes	No	N/A

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Maintenance and Availability of Records:

Citation	Question			
NAC 639.482	Are the following records maintained properly and for a period of at least 2 years:			
	Properly completed DEA-222 or E-222 forms?	Yes	No	N/A
	Supplier's invoices of both controlled substances and dangerous drugs?	Yes	No	N/A
	Supplier's credit memos for controlled substances and dangerous drugs?	Yes	No	N/A
	Any reports of theft or loss of controlled substances?	Yes	No	N/A
	Records of destruction or surrender of controlled substances or dangerous drugs?	Yes	No	N/A
	Records of controlled substance inventory including but not limited to the biennial and change of managing pharmacist inventories?	Yes	No	N/A

Maintenance of Records for Controlled Substances:

Citation	Question			
NAC 639.485	Does your facility maintain an accurate and up to date perpetual inventory of schedule II controlled substances?	Yes	No	N/A
	Is the perpetual inventory electronic or handwritten?	Electronic		

Maintenance of Records for Controlled Substances Administered from Floor Stock:

Citation	Question			
NAC 639.486	Does the pharmacy maintain records of controlled substances from floor stock?	Yes	No	N/A
	Recorded separate from patient record?	Yes	No	N/A
	Records maintained electronic or handwritten?	Electronic		
	Does the record contain the following:			
	Name of patient?	Yes	No	N/A
	Name/dosage form, strength of controlled substance?	Yes	No	N/A
	Date/time administered?	Yes	No	N/A
	Quantity administered?	Yes	No	N/A

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Maintenance of Records for Controlled Substances Administered from Floor Stock:

Citation	Question			
	Signature of person administering?	Yes	No	N/A
	Controlled substances returned to pharmacy?	Yes	No	N/A
	Record of waste/co-signed by another person?	Yes	No	N/A

Maintenance of Additional Records:

Citation	Question			
NAC 639.487	Does the facility participate in the Controlled Substance Ordering System (CSOS)?	Yes	No	N/A
	What is the date of the most recent biennial inventory?	5/3/21		
	Has there been any loss of controlled substances since last inspection?	Yes	No	N/A
	If yes, was a report of theft/loss of controlled substances completed (DEA-106 form)?	Yes	No	N/A
	Was the theft/loss reported to the following:			
	Drug Enforcement Agency?	Yes	No	N/A
	Nevada State Board of Pharmacy?	Yes	No	N/A
	Nevada Department of Public Safety?	Yes	No	N/A
	Were all losses of controlled substances reported to the NVBOP and Nevada Department of Public Safety within 10 days of discovery?	Yes	No	N/A

Maintenance of Records for Distribution of Controlled Substances to Another Pharmacy or Practitioner:

Only with sister facilities

Citation	Question			
NAC 639.488	Does your pharmacy distribute controlled substances to other pharmacies or practitioners?	Yes	No	N/A
	If yes, does your pharmacy comply with the record keeping requirements of NAC 639.488?	Yes	No	N/A

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Separation of Certain Records:

Citation	Question			
NAC 639.489	Are schedule II invoices filed separately?	Yes	No	N/A
	Are scheduleIII-V invoices filed separately?	Yes	No	N/A

Managing Pharmacist:

Citation	Question			
NAC 639.465	Are you in a hospital licensed for 100 or more beds?	Yes	No	N/A
	Are you a correctional institution housing 1500 or more inmates?	Yes	No	N/A

Note: If you answered yes to either question above your pharmacy is required to have a full-time managing pharmacist.

Provision of Services by Pharmacies Within Certain Hospitals and Correctional Institutions:

Citation	Question			
NAC 639.4915	Does your pharmacy operate 24 hours a day, 7 days a week?	Yes	No	N/A
	Does your pharmacy use the services of an off-site pharmaceutical services provider as defined in NAC 639.4913?	Yes	No	N/A

If yes, provide the name and license number of the off-site pharmaceutical services provider:

_____

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Provision of Remote Services by Pharmacist Employed by Off-Site Pharmaceutical Service Provider:

Citation	Question			
NAC 639.4916	Do they only use Nevada licensed pharmacists for chart order processing at your facility?	Yes	No	N/A
	Do the remote chart order pharmacists perform any training in person at your pharmacy?	Yes	No	N/A
NAC 639.5822	Are the remote chart order pharmacists trained on your facilities policies and procedures?	Yes	No	N/A
	Describe the process by which remote chart order pharmacists are advised on changes to your policies and procedures:			

_____

Policies and Procedures of Off-Site Pharmaceutical Service Providers:

Citation	Question			
NAC 639.4917	Have you or the pharmacy manager reviewed the policies and procedures of the off-site pharmaceutical service provider?	Yes	No	N/A
	Does the off-site pharmaceutical service provider have an ongoing quality improvement program designed to objectively and systematically monitor and evaluate the quality and appropriateness of patient care, improve patient care, and resolve problems identified by the program?	Yes	No	N/A
	If yes, do they collaborate with pharmacy staff to perform the required annual review of that program?	Yes	No	N/A

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Remarks/Suggestions/Comments/Follow-up Information:

Inspector Use Only

- All licenses verified.
- All Tech CE's reviewed, all PTCB.
- No Technician Training.
- See attached Personnel List.
- Biennial Inventory dated 5/03/21 verified.
- CSOS (E-222) order forms reviewed, all complete
- CII and CIII-CV invoices reviewed, all complete
- Pyxis used for all units point of service dispensing.
- Pyxis used for after hours dispensing.
- Floor RN's have access to specific "Security Groups".
- Clean and well organized facility.
- Only an RPh has access to pharmacy after hours.
- Sample Re-Packaging Log provided for review, see attached.
- Well prepared for inspection.
- Good inspection.
- See additional remarks on pp. 17+18 of sterile compounding addendum.
- Thank You,

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If you are required to provide any documentation to the inspector via fax or e-mail please attach a copy of the documents to this inspection form for future review on inspection.

Please fax required documents to 1-702-486-7903 for Las Vegas inspectors

Please fax required documents to 1-775-850-1444 for Reno inspectors

Your location has been inspected by an agent of the Nevada Board of Pharmacy. Any noted unsatisfactory conditions that require action are listed above and they must be corrected within the time frames stated to ensure compliance with laws and regulations governing your business.

I acknowledge that any noted unsatisfactory conditions have been explained to me and that I have received a copy of this inspection report.

Pharmacy: Kindred Hospital Las Vegas - Flamingo

Pharmacist signature: #18350

Pharmacist printed name: Joshua Dalton

Date: 11/01/2021

NVBOP Inspector signature:

NVBOP Inspector printed name: L. Cuevas

Date: 11/01/2021

Unit Dose

Lot #:718151 70 Expiration2022/09/30
Ferrous Sulfate(Ferrous Sulfate) 300MG/6.8ml / 6.8 ml LIQ
99999-0001-27@911 92203052@911 blanka01 Printed 2021/10/01
engc02 Validated 2021/10/01
-- Rejected
2826a Mfg. Expiration 2022/12/31

Lot #:718167 30 Expiration2022/09/30
Lansoprazole(Lansoprazole) 30mg/10ml / 10 ml SUS
99999-0001-38@911 92203063@911 blanka01 Printed 2021/10/01
reenter -- Validated
engc02 Rejected 2021/10/01
21023b Mfg. Expiration 2022/12/31

Lot #:718168 40 Expiration2021/10/18
Vancomycin Oral Solution(Vancomycin Oral Solution) 125mg / 5 mL SOL
99999-0000-51@911 92203001@911 blanka01 Printed 2021/10/01
melerc Validated 2021/10/01
-- Rejected
khfv081921 Mfg. Expiration 2021/10/18

Lot #:718170 10 Expiration2021/10/18
Vancomycin Oral Solution(Vancomycin Oral Solution) 125mg / 5 mL SOL
99999-0000-51@911 92203001@911 blanka01 Printed 2021/10/01
melerc Validated 2021/10/01
-- Rejected
khfv081921 Mfg. Expiration 2021/10/18

Lot #:718176 30 Expiration2021/10/31
Lansoprazole(Lansoprazole) 30mg/10ml / 10 ml SUS
99999-0001-38@911 92203063@911 blanka01 Printed 2021/10/01
engc02 Validated 2021/10/01
-- Rejected
21023 Mfg. Expiration 2022/12/31

Lot #:718202 20 Expiration2022/06/30
AMOXICILLIN/CLAVULANATE(Amox/Clavula 500MG-125MG) 500 MG-125 MG / 1 Tablet TAB
65862-0502-20 92211003 blanka01 Printed 2021/10/01
melerc Validated 2021/10/01
-- Rejected
Aurobindo Pharma USA, Inc. sl5020033-a Mfg. Expiration 2022/06/30

Lot #:718203 30 Expiration2022/07/30
LEFLUNOMIDE(Leflunomide) 20 MG / 1 Tablet TAB
60505-2503-01 92214017 blanka01 Printed 2021/10/01
melerc Validated 2021/10/01
-- Rejected
Apotex Corp. rt5477 Mfg. Expiration 2022/07/30

Lot #:718204 90 Expiration2022/04/30
PRAMIPEXOLE DIHYDROCHLORIDE(Pramipexole Dihydrochloride) 0.25 MG / 1 Tablet TAB
13668-0092-90 92212620 blanka01 Printed 2021/10/01
melerc Validated 2021/10/01
-- Rejected
Torrent Pharma, Inc. 4de3g012 Mfg. Expiration 2022/04/30

Lot #:718205 100 Expiration2022/09/30

@HospitalRef: 911 Start: 2021/10/01 00:00:00 End: 2021/11/02 23:59:59 Status: All Find By: Product Find Item:

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To: Pharmacy Manager
FROM: Nevada State Board of Pharmacy Inspector
SUBJECT: Self-Assessment Inspection Process

The Board of Pharmacy's established self-assessment inspection process provides management the opportunity to review the standards by which the board inspects your operation. The process recognizes you as the responsible person to implement and review policies and procedures necessary to provide a quality standard of pharmaceutical services. An inspection evaluation form must be obtained from the NVBOP website to self-assess compliance with Nevada pharmacy law. An inspector will review the form with you and inspect your facility during the month listed on your inspection notice. Please have the self-assessment form completed and available for review by the first day of the month listed on your inspection notice.

An inspector will conduct a review of your operation. Observations, along with your findings, will assure understanding and compliance with Nevada law.

Please attach your inspection notice that you received in the mail to your completed self-assessment inspection form.

To minimize the disruption to your facility during the inspection process please have the following documents available:

Completed inspection form along with prior year inspection form ✓✓

List of compounding personnel approved to compound sterile products ✓

List of compounding personnel and the risk level they are qualified to compound ✓

Most recent certification report for ISO classified areas. Documentation of corrective action taken by facility for any failures documented on certification report

Prior 12 months of glove finger-tip testing results. Documentation of corrective action taken by facility for any failures ✓

Prior 12 months of media fill testing results. Documentation of corrective action taken by facility for any failures ✓

Prior 12 months of competency documentation for compounding personnel Available in Education ✓

Sterility/potency data for any products with a BUD in excess of USP-797 guidelines 2021 switching to online

Examples of compounding records ✓ Batch logs samples reviewed.

SOP's relevant to the sterile compounding process ✓

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General Information:

Citation	Question			
NAC 639.757	Compounded products are only prepared to fill a patient specific prescription, a chart order for immediate use by the patient, or for a practitioner who will administer the product to a patient?	Yes	No	N/A
NAC 639.67015	The pharmacy has a written standard operating procedure manual with detailed instructions that describes how, when, and by whom all relevant Nevada Revised Statutes and Administrative Codes are to be met relating to the sterile compounding process?	Yes	No	N/A

Personnel Training and Evaluation Documentation:

Citation	Question			
	Documentation is on file for each person who compounds sterile products that the person is competent and proficient to correctly perform all tasks related to sterile compounding and has received initial and ongoing training to establish and maintain their competency?	Yes	No	N/A
NAC 639.67013	The following records for employees on hire or newly assigned to compound drugs products at a higher risk level are completed on an initial and ongoing basis:			
	Perform aseptic hand cleansing?	Yes	No	N/A
	Select and appropriately don protective garb?	Yes	No	N/A
	Competency in calculations, identifying, weighing, and measuring ingredients?	Yes	No	N/A
	Procedures for containment, cleaning, and disposal with regard to breaks and spills?	Yes	No	N/A
	Appropriate documentation of training of any non-pharmacy personnel cleaning and/or disinfecting or entering ISO areas?	Yes	No	N/A
NAC 639.67077 NAC 639.67079	Additional training records for personnel compounding hazardous drugs including but not limited to the following:			
	Protection of personnel and compounding environment from contamination by hazardous drugs?	Yes	No	N/A
	Treatment of employees of the pharmacy with regard to contact and inhalation exposure?	Yes	No	N/A
	Negative pressure techniques for BSC, CAI, and CACI?	Yes	No	N/A

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Personnel Training and Evaluation Documentation:

Citation	Question			
	Safe aseptic manipulation techniques?	Yes	No	N/A
	Correct use of vial transfer devices?	Yes	No	N/A
	Containment, cleanup, and disposal procedures?	Yes	No	N/A
	Additional radiopharmaceutical training if applicable:			
	Compounding, handling, cleaning, and special techniques?	Yes	No	N/A
	Certification of and display of pharmacist's certificate in Nuclear pharmacy?	Yes	No	N/A
NAC 639.6649 NAC 639.67053	*Media Fill Testing*			
	Appropriate to risk level?	Yes	No	N/A
	Minimum of every 12 months for low or medium risk compounding or every 6 months for high risk compounding?	Yes	No	N/A
	Documentation of failure and re-testing is maintained?	Yes	No	N/A
NAC 639.6633 NAC 639.67053	*Glove Finger-tip Testing*			
	Minimum of every 12 months for low or medium risk compounding or every 6 months for high risk compounding?	Yes	No	N/A
	Sampled immediately after gowning/garbing for initial testing?	Yes	No	N/A
	Employees must successfully pass 3 tests with zero cfu's for initial testing?	Yes	No	N/A
	Employees must successfully pass 1 test with less than 3 cfu's for annual/semi-annual training?	Yes	No	N/A
	Documentation of failure and re-testing is maintained?	Yes	No	N/A

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Environmental and Equipment Documentation:

Citation	Question			
USP 797	Room pressurization test results are completed every 6 months?	Yes	No	N/A
USP 797	Positive pressure areas maintain a pressure between 0.02 – 0.05 in water column pressure between areas?	Yes	No	N/A
USP 797	Negative pressure areas maintain a pressure greater than – 0.01 in water column pressure between areas?	Yes	No	N/A
USP 797	Pressure gauges are installed to monitor pressure differential between the buffer area and ante area and the general environment outside the compounding area?	Yes	No	N/A
USP 797	Daily logs are maintained either electronically or hand-written to document room pressurization results?	Yes	No	N/A
USP 797	Pharmacy has documentation for corrective action taken for any deviation from room pressurization limits listed above?	Yes	No	N/A
USP 797	ISO-7 classified areas have a minimum of 30 ACPH with at least 15 from outside air sources?	Yes	No	N/A
USP 797	ISO-8 classified areas should have a minimum of 20 ACPH?	Yes	No	N/A
USP 797	If a CACI is used in a non-HEPA filtered room the room is certified to maintain a minimum of 12 ACPH?	Yes	No	N/A
USP 797	Smoke studies are performed at least every 6 months and the results are reviewed by the PIC?	Yes	No	N/A
USP 797	Viable air sampling by active impaction using a volumetric air sampling device is performed every 6 months?	Yes	No	N/A
USP 797	Pharmacy has documentation for corrective action taken for any actionable items reported on their certification report for air viable sampling?	Yes	No	N/A
USP 797	Viable surface sampling is performed every 6 months?	Yes	No	N/A
USP 797	Pharmacy has documentation for corrective action taken for any actionable items reported on their certification report for surface viable sampling?	Yes	No	N/A
USP 797	Non-viable particle sampling is performed every 6 months?	Yes	No	N/A
USP 797	Pharmacy has documentation for corrective action taken for any actionable items reported on their certification report for non-viable air sampling?	Yes	No	N/A

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Environmental and Equipment Documentation:

Citation	Question
	If an ISO-5 area fails testing then all product compounded in the area will be considered immediate use compounding only and assigned a 1 hour BUD
	If an ISO-7 area fails testing then all product compounded in the area will have a maximum BUD of 12 hours.

Product Record Keeping Documentation: See remarks

Citation	Question			
NAC 639.6705	Buffer room temperature log maintained?	(Yes)	No	N/A
NAC 639.525 NAC 639.527	Refrigerator and freezer temperature log maintained?	(Yes)	No	N/A
NAC 639.6705	Pharmacy maintains a cleaning log that documents the areas cleaned, the person performing the cleaning, and frequency of the cleaning, and the products used for cleaning in all ISO classified areas?	(Yes)	No	N/A
NAC 639.6637	A pharmacy performing high risk sterile compounding maintains a sterilization log to document results of bubble point testing, autoclave, dry oven, and biological indicator?	Yes	No	(N/A)
NAC 639.6637	Any sterilization failures are documented and corrective action taken regarding the failures are also documented?	Yes	No	(N/A)
NAC 639.67019	All compounding records are maintained for 2 years?	(Yes)	No	N/A

Exemption to records requirements. The record of all sterile compounded drug products compounded by a pharmacy (other than an institutional pharmacy) and for all sterile products for parenteral nutrition and sterile anti-neoplastic drug products compounded by an institutional pharmacy must be maintained for 6 months.

All compounding/batch records contain the following:

All necessary compounding instructions?	(Yes)	No	N/A
A complete list of sterilization parameters if necessary?	Yes	No	(N/A)
The equipment used in the compounding/sterilization process?	Yes	No	(N/A)
Reconciliation and yield of the batch?	Yes	No	(N/A)
All equipment such as beakers and glassware are clearly marked with the product name and lot number during the compounding process?	Yes	No	(N/A)
Record of sterilization of components used including but not limited to rubber caps, vials, and products?	Yes	No	(N/A)
Identity of compounding personnel and the pharmacist approving the batch?	(Yes)	No	N/A

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Product Record Keeping Documentation:

Citation	Question			
	Documentation of all testing, including but not limited to sterility, endotoxin, and potency is attached to the compounding record or is cross referenced to the record of testing results?	Yes	No	N/A
	Are beyond use dates in excess of USP-797 utilized?	Yes	No	N/A
	Is documentation available (sterility, potency, endotoxin) to support BUD assigned by pharmacy?	Yes	No	N/A
NAC 639.67015	Records for tracking, recalling, and destroying drug products compounded by the pharmacy, including the pharmacy's ability to ensure that all drug products which could have been compounded with a particular component be located, recalled, and destroyed?	Yes	No	N/A

Equipment Record Keeping Documentation:

Citation	Question			
NAC 639.6701	Records are available for review for all equipment used in compounding. The records include but are not limited to equipment setup, calibration, filter changes, equipment failures and repairs, and periodic testing required, and cleaning of equipment?	Yes	No	N/A
	Policies and procedures are available for the equipment used by the pharmacy to compound drug products?	Yes	No	N/A
	Records of all equipment calibrations, routine maintenance, and periodic testing is kept for the life of the equipment?	Yes	No	N/A
	There is a log kept for the cleaning, calibration, and maintenance of all automated compounding devices?	Yes	No	N/A

Sterilization:

Citation	Question			
NAC 639.67069	Is an autoclave used for sterilization?	Yes	No	N/A
	Is a biological indicator or other testing device utilized to validate the effectiveness of the autoclave?	Yes	No	N/A
	Are the results of the biological indicator test documented?	Yes	No	N/A

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Sterilization:

Citation	Question			
	Is each drug product exposed to steam at 121 degrees Celsius under a pressure of 15 pounds per square inch for the duration of the sterilization process?	Yes	No	N/A
	Is a computer printout of the autoclave cycle attached to the compounding worksheet?	Yes	No	N/A
	Before starting the sterilization process, is each product including plastic, glass, and metal devices wrapped in low particle shedding paper or fabric or sealed in envelopes that prevent microbial penetration after the sterilization of the high risk compounded drug product is completed?	Yes	No	N/A
	Pharmacy personnel are verifying the mass of the container that will be sterilized using steam in an autoclave to ensure that the container will be sterile after the period of exposure in the autoclave?	Yes	No	N/A
	Pharmacy personnel ensure that the solutions that will be used to fill the vials which will be steam sterilized are passed through a filter having a porosity of not more than 1.2 microns to remove particulate matter immediately before filling those vials?	Yes	No	N/A
	Is a dry oven used for sterilization?	Yes	No	N/A
	Is a biological indicator or other testing device utilized to validate the effectiveness of the dry oven?	Yes	No	N/A
	The pharmacy personnel ensure that the heated air is filtered and evenly distributed by a blower throughout the chamber or oven used for the sterilization process?	Yes	No	N/A
	The pharmacy personnel ensure the chamber or oven for the sterilization process is equipped with accurate temperature controls and a timer?	Yes	No	N/A
	The pharmacy personnel ensure that the pharmacy only use dry heat as a method of sterilization for a high risk sterile compounded drug product if the final product would be damaged by moisture or is impermeable to moisture?	Yes	No	N/A
	Does the pharmacy utilize sterile filtration as a method to sterilize high risk products?	Yes	No	N/A
	The pharmacy personnel are trained on the proper procedure for bubble point testing?	Yes	No	N/A

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Sterilization:

Citation	Question			
	The results of the actual bubble point tests are documented on the compounding worksheet?	Yes	No	N/A
	If a bubble point test failure occurs these results are documented and the disposition of the product is also documented?	Yes	No	N/A
	The specific type of filter used and its associated bubble point threshold is listed on each compounding worksheet and available to the person completing the bubble point test?	Yes	No	N/A
	Pharmacy personnel ensure that the filters used have sufficient capacity to permit the sterilization process to be completed rapidly and without compromising the sterility of the filtration process?	Yes	No	N/A
	Pharmacy personnel subject the filtration to the manufacturer's recommended integrity testing, including without limitation, the bubble point test, after the filtration of the high risk sterile compounded drug product is completed?	Yes	No	N/A

CSP Microbial Contamination Risk Levels:

Citation	Question			
NAC 639.67061 NAC 639.67063	*Low Risk Level CSP's*			
	Does your pharmacy compound low risk level sterile products?	Yes	No	N/A
	Compounding involves only transfer, measuring, and mixing manipulations using not more than 3 commercially manufactured sterile products or other entries of a sterile drug product into one container, including, without limitation, a bag or vial, to make the final compounded drug product?	Yes	No	N/A
	Manipulations are limited to aseptically opening ampoules, penetrating disinfected stoppers on vials with sterile needles and syringes and transferring sterile liquids in sterile syringes to sterile administration devices, package containers of other sterile products, and containers for storage and dispensing?	Yes	No	N/A
	In the absence of sterility or potency testing, storage is not more than 48 hours at room temperature, 14 days refrigerated, or 45 days frozen?	Yes	No	N/A

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CSP Microbial Contamination Risk Levels:

Citation	Question			
NAC 639.67065	*Medium Risk Level CSP's*			
	Does your pharmacy compound medium risk level products?	Yes	No	N/A
	The final CSP is treated as medium risk if the CSP does not contain broad spectrum bacteriostatic substances and will be administered over a period which exceeds 24 hours?	Yes	No	N/A
	Aseptic manipulation within an ISO Class 5 environment of unusually long duration or complex aseptic manipulation, with more than 3 sterile products or other entries into one container?	Yes	No	N/A
	In the absence of sterility or potency testing, storage is not more than 30 hours at room temperature, 9 days refrigerated, or 45 days frozen?	Yes	No	N/A
NAC 639.67067 NAC 639.67069 NAC 639.67071	*High Risk Level CSP's*			
	Does your pharmacy compound high risk level products?	Yes	No	N/A
	Sterilization methods are verified to achieve sterility for the quantity and types of containers?	Yes	No	N/A
	Sterilization methods are chosen based on appropriate method for the pharmaceutical product being sterilized?	Yes	No	N/A
	In the absence of sterility or potency, storage is not more than 24 hours at room temperature, 3 days refrigerated, and 45 days frozen?	Yes	No	N/A
	High risk sterile compounded drugs for injection into the vascular system or central nervous system or high risk sterile compounded drugs for inhalation or ophthalmic use must perform sterility tests for the following scenarios:			
	CSP's if they are prepared in batches > 25 individual single dose packages			
	Compounded in multiple dose vials for administration to multiple patients			
	Will be exposed for a period of more than 12 hours refrigerated or 6 hours at room temperature prior to sterilization			
	Is each high risk compounded product checked for particulates against separated lighted black and white background?	Yes	No	N/A

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CSP Microbial Contamination Risk Levels:

Citation	Question			
NAC 639.67073 NAC 639.67075	*Immediate Use CSP's* Compounded by Nursing on unit >hours. Does your pharmacy compound immediate use products?	Yes	No	N/A
	If administration has not begun within 1 hour of being compounded, CSP is discarded unless a period longer than 1 hour is required for compounding?	Yes	No	N/A
	Unless the person who prepares the CSP immediately witnesses or completely administers it, the CSP is labeled with patient identifier, names and amounts of all ingredients, initials of the compounder, and the exact 1 hour BUD and time is written on the label?	Yes	No	N/A
	Administration begins not later than 1 hour following the start of the preparation of the CSP and the compounded drug product is fully administered as soon as practical but not longer than 24 hours after the administration of the drug product began or the CSP is disposed of promptly and safely?	Yes	No	N/A
	No more than three sterile non-hazardous commercial drug products are used, excluding infusion solutions or diluents?	Yes	No	N/A

Single Dose and Multiple Dose Containers:

Citation	Question			
NAC 639.67057	Single dose containers entered in a worse than ISO Class 5 air quality and stored in worse than ISO Class 7 are used within 1 hour of entry?	Yes	No	N/A
	Single dose containers entered in ISO Class 5 or cleaner air and are stored in ISO 7 or cleaner air are used within 6 hours of entry?	Yes	No	N/A
	Single dose containers entered in ISO Class 5 or cleaner air and remains in ISO 5 air quality are used within 24 hours?	Yes	No	N/A
	Opened single dose ampoules are not stored?	Yes	No	N/A
	If the entire seal has been removed from a multi-use vial the contents are not stored?	Yes	No	N/A

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Single Dose and Multiple Dose Containers:

Citation	Question			
	Closure sealed multiple dose containers are used within 28 days after initial opening or entry?	Yes	No	N/A
	Closure sealed multiple dose containers are dated with date of opening or entry and date is clearly identified?	Yes	No	N/A

Hazardous Drugs as CSP's:

Citation	Question			
NAC 639.67077 NAC 639.67079	Hazardous drugs are stored separately from other inventory?	Yes	No	N/A
	Hazardous drugs are handled with caution at all times using appropriate chemotherapy gloves during receiving, distribution, stocking, inventorying, preparation for administration, and disposal?	Yes	No	N/A
	Hazardous drugs are prepared for administration only under conditions that protect the healthcare workers and other personnel in the preparation and storage areas?	Yes	No	N/A
	Disposal of hazardous waste complies with all applicable federal, state, and local regulations?	Yes	No	N/A
	CSP is prepared in a BSC or CACI that meets or exceeds standards?	Yes	No	N/A
	BSC or CACI is vented outside the building if one of more components of the compounded hazardous drug is an anti-neoplastic drug?	Yes	No	N/A
	Access is limited to areas where hazardous drugs are stored and prepared?	Yes	No	N/A
	Personnel who compound hazardous drugs are trained in storage, handling, compounding safety procedures, and disposal of drugs prior to preparing or handling hazardous CSP's?	Yes	No	N/A
	The pharmacy utilizes a closed system transfer device for hazardous CSP's?	Yes	No	N/A

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Radiopharmaceuticals:

Citation	Qnestion			
NAC 639.67063 NAC 639.5802- NAC 639.584	Radiopharmaceuticals are compounded using appropriately shielded vials and syringes in a properly functioning and certified vertical laminar airflow hood or Class II type B2 BSC that is located in an environment with an air quality of ISO Class 8 or higher?	Yes	No	N/A
	Only shielded vials, syringes, and other devices and containers specifically manufactured for use with radiopharmaceutical components are used in the compounding process?	Yes	No	N/A
	Any special equipment or device that is used to compound radiopharmaceutical products, including, without limitation, a Molybdenum-Technetium-99m generator system are stored and operated under conditions recommended by manufacturers and applicable state and federal regulations; such generator systems are operated in an ISO Class 8 or cleaner air environment?	Yes	No	N/A
	Low Risk – The final compounded drug product contains a volume of 15ml or less of a radiopharmaceutical and has an expiration time of 18 hours or less per dosage unit, including, without limitation, a dosage unit of a radiopharmaceutical prepared from an eluate by using a Molybdenum-Technetium-99m generator; or the final compounded drug product contains commercially manufactured cyclotron radiopharmaceuticals which contain preservatives and which have expiration times of 72 hours or less.			
NAC 639.5822	A nuclear pharmacy must have adequate space and equipment commensurate with the scope of services it provides and must meet the minimum space requirements established for all pharmacies in the state.			
	The pharmacy must have a radionuclide dose calibrator	Yes	No	N/A
	The pharmacy must have a refrigerator	Yes	No	N/A
	The pharmacy must have an area for preparation and dispensation of radiopharmaceuticals	Yes	No	N/A
	The pharmacy must have an area for shipment and receipt of radioactive materials	Yes	No	N/A
	The pharmacy must have an area for storage of radioactive material:	Yes	No	N/A
	The pharmacy must have an area for decay of radioactive Waste	Yes	No	N/A

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Radiopharmaceuticals:

Citation	Question			
	The pharmacy must have a single or multiple channel well scintillation counter containing the isotopes sodium iodide, thallium, germanium, and lithium	Yes	No	N/A
	The pharmacy must have a radiochemical fume hood and filter system with suitable equipment for sampling air	Yes	No	N/A
	The pharmacy must have an area survey meter	Yes	No	N/A
	The pharmacy must have at least two Geiger Mueller survey meters, including one high-range mete:	Yes	No	N/A
	The pharmacy must have a microscope and hemocytometer	Yes	No	N/A
	The pharmacy must have a laminar flow hood and appropriate supplies to ensure sterile practices for parenteral solutions	Yes	No	N/A
	The pharmacy must utilize sterile gloves to perform all sterile compounding	Yes	No	N/A
	The pharmacy must have radiation shields for syringes and vials	Yes	No	N/A
	The pharmacy must have a lead-shielded drawing station	Yes	No	N/A
	The pharmacy must have decontamination supplies	Yes	No	N/A
	The pharmacy must have lead transport shields for transport of vials	Yes	No	N/A
	The pharmacy must utilize USA Type A, 7A transport containers approved by the DOP and other labels and supplies for shipping radioactive materials	Yes	No	N/A

Facility Design and Environmental Controls:

Citation	Question
USP 797 NAC 639.6705	Maintain records of any equipment or other mechanical non-compliance, and a record of corrections or retesting done. Records of mechanical failure show the time frame the system was non-compliant and the methodology or backup processes the facility used to maintain compliance.

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Facility Design and Environmental Controls:

Citation	Question			
USP 797 NAC 639.6705	Compounding facility provides an appropriate temperature and well-lighted working environment?	Yes	No	N/A
	Policies and procedures for PEC area are written and followed; determined by the scope and risk levels of aseptic compounding activities utilized during the preparation of CSP's?	Yes	No	N/A
	Only the equipment, furniture, supplies, and other material required for the compounding activities are bought into the area and they are non-permeable, non-shedding, cleanable, and resistant to damage by disinfectants; before such items are brought into the area, they are cleaned and disinfected?	Yes	No	N/A
	The surfaces of ceilings, walls, floors, fixtures, shelving, counters, and cabinets in the buffer area are smooth, impervious, free from cracks and crevices and non-shedding; the surfaces are resistant to damage by disinfectant agents?	Yes	No	N/A
	Junctures of ceilings to walls are coved or caulked?	Yes	No	N/A
	If ceilings consist of inlaid panels, the panels are impregnated with a polymer to render them impervious and hydrophobic; they are caulked Around each perimeter?	Yes	No	N/A
	The exterior lens surface of the ceiling lighting fixtures are smooth, mounted flush and sealed; any other penetrations through the ceiling or walls are sealed?	Yes	No	N/A
	The buffer area does not contain sources of water (sinks) or floor drains?	Yes	No	N/A
	Work surfaces are constructed of smooth, impervious materials?	Yes	No	N/A
	Carts are stainless steel wire, non-porous plastic, or sheet metal with cleanable surfaces?	Yes	No	N/A
	Storage shelving, counters, and cabinets are smooth, impervious, free from cracks and crevices, non-shedding, cleanable and disinfectable?	Yes	No	N/A
	If there is particle generating equipment such as a computer, printer, or refrigerator in the buffer room or ante area, the equipment is located by an air return so air flows over and out of the room?	Yes	No	N/A
	PEC's are located within a restricted access ISO Class 7 buffer area unless an exception is met?	Yes	No	N/A

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Facility Design and Environmental Controls:

Citation	Question			
	Designated areas are maintained in a clean condition and have cleanable surfaces, including walls, ceiling, and floors?	Yes	No	N/A
	If not run continuously, the recovery time to achieve ISO Class 5 air quality of PEC's used for sterile compounding is documented, pharmacy personnel are aware of the recovery time, and internal procedures are developed to ensure the ISO Class 5 environment is reached and maintained?	Yes	No	N/A
NAC 639.742 NAC 639.475 NAC 639.672 NAC 639.690	Sufficient storage space is well separated from the area of the laminar flow hood for storage of bulk materials and equipment?	Yes	No	N/A
	There is a sink with hot and cold running water in the ante room?	Yes	No	N/A
	Refrigerator and freezer are of sufficient capacity to store all materials requiring refrigeration or freezer storage?	Yes	No	N/A
	Reference material are available based on the risk level of compounding performed at the pharmacy?	Yes	No	N/A
NAC 639.472 NAC 639.475 NAC 639.672 NAC 639.690	No food or drink is allowed in the ante or buffer room?	Yes	No	N/A
NAC 639.6705- NAC 639.67077	All cleaning materials are non-shedding and dedicated to use in the buffer or clean area, ante area, and segregated areas and are not removed from these areas except for disposal?	Yes	No	N/A
	No shipping cartons are taken into the buffer area, clean area, or segregated compounding areas?	Yes	No	N/A
	All jewelry and piercings are removed prior to entering into the compounding area?	Yes	No	N/A
	People with open wounds, rashes, or respiratory infections are not allowed in the compounding area?	Yes	No	N/A
	Personal outer garments are not allowed in the compounding area?	Yes	No	N/A
	Garbing procedures/SOP including shoe covers, head and face masks, beard covers, hand cleaning, gowning, and sterile gloves are followed?	Yes	No	N/A

See attached

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Facility Design and Environmental Controls:

Citation	Question			
NAC 639.67017	If compounding a product for parenteral nutrition, maximum limits are established and are entered for each additive into the computer or an audible alarm or other mechanism alerts the pharmacist that the maximum dose has been exceeded. The automatic compounding device will cease compounding the drug product for parenteral nutrition if the maximum limit for an additive will be exceeded?	Yes	No	N/A
NAC 639.67015	All CSP's are visually inspected for being intact with no abnormal particulate matter, and prescriptions and written compounding procedures are reviewed to verify accuracy of correct ingredients and amounts, aseptic mixing, high risk sterilization, packaging, labeling, and expected physical appearance before they are dispensed or administered?	Yes	No	N/A
	A check system is in place that meets state regulations that include label accuracy and accuracy of the addition of all ingredients used?	Yes	No	N/A
	The pharmacy has written procedures for proper packaging, and transportation conditions to maintain sterility, quality, and purity and strength of CSP's?	Yes	No	N/A
	Chemotoxic and other hazardous CSP' have safeguards to maintain the integrity of the CSP and minimize the exposure potential of these products to the environment and personnel?	Yes	No	N/A
	Delivery and patient care setting personnel are properly trained to deliver the CSP to the appropriate storage location?	Yes	No	N/A
	Outdated and unused CSP's are returned to the compounding facility for disposition as appropriate?	Yes	No	N/A

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Remarks/Suggestions/Comments/Follow-up Information:

Inspector Use Only

- Most current CEM clean room certification report dated 09/30/2021 provided for review.
- All testing results are within USP-797 guidelines. All results below action level.
- List of compounding personnel with risk level attached.
- Documentation of Glove fingertip testing and Media fill test results provided for review. See attached
- GFT sampling completed x3 on annual basis.
- Sample batch record documentation log attached.
- No extended BUD's used at facility for any CSPNs excess of USP-797
- Approximately 75-80% of all CSP involves assembly.
- Facility does not compound any Hazardous Sterile products.
- ISO classified areas cleaning log reviewed.
- Clean room pressures documentation reviewed
- Facility uses Peridox for daily cleanings.
- Sterile compounding USP-797 modules are completed on yearly basis for competency.

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- Only Low and Medium risk products compounded by pharmacy.
- Well prepared and organized for inspection.

Thank You,

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If you are required to provide any documentation to the inspector via fax or e-mail please attach a copy of the documents to this inspection form for future review on inspection.

Please fax required documents to 1-702-486-7903 for Las Vegas inspectors

Please fax required documents to 1-775-850-1444 for Reno inspectors

Your location has been inspected by an agent of the Nevada Board of Pharmacy. Any noted unsatisfactory conditions that require action are listed above and they must be corrected within the time frames stated to ensure compliance with laws and regulations governing your business.

I acknowledge that any noted unsatisfactory conditions have been explained to me and that I have received a copy of this inspection report.

Pharmacy: Kindred Hospital Las Vegas - Flamingo

Pharmacist signature: #18350

Pharmacist printed name: Joshua Dalton

Date: 11/01/2021

NVBOP Inspector signature:

NVBOP Inspector printed name: L. Correas

Date: 11/01/2021

*Incubation time Key: GroMed=14days EnviroTest=48 hours
**Test Type Key: GroMed Test=PATT (broth bag); EnviroTest=Fingertip X3 each hand
***Pass/Fail Key: GroMed [Fail-Cloudy] EnviroTest [Fail=>3 Total CFU count]
2021

Test Date & Time	Employee Name	Facility	Test Type**	Test Lot# / Exp Date	Incubation Temp* (Celsius)	RH CFU count	LH CFU count	Total CFU count	Bag Clarity	Pass/Fail***	Observer (RPh or Tech)	Auditor Date and Time (RPh only)	Level
6/8/21 @1000	Teekay Bryant	F	Gromed	24620G Exp 7/15/23	34	N/A	N/A	N/A	CLEAR	PASS	Janell Plourde	T. Stambek 6/22 @ 1005	Medium
6/8/21 @1000	Teekay Bryant	F	Envirotest	1899985 Exp 1/16/22	34	1,0,0	0,0,0	1	N/A	PASS	Janell Plourde	Carol Eng 6/10 @ 1030	Medium
6/24/21 @1355	Joshua Dalton	F	Gromed	24620G Exp 7/15/23	36	N/A	N/A	N/A	CLEAR	PASS	Colby Meier	Colby Meier 7/8 @830	Medium
6/24/21 @1355	Joshua Dalton	F	Envirotest	1899985 Exp 1/16/22	36	0,0,0	0,0,0	0	N/A	PASS	Colby Meier	Carol Eng 6/24 @1300	Medium
6/26/21 @1300	Carol Eng	F	Gromed	24620G Exp 7/1/23	35	N/A	N/A	N/A	CLEAR	PASS	Keisha A.	D. Quinn 7/10 @ 1200	Medium
6/26/21 @1300	Carol Eng	F	Envirotest	1899985 Exp 1/16/22	35	0,0,0	0,0,0	0	N/A	PASS	Keisha A.	J. Dalton 6/28 @1300	Medium
6/3/21 @1400	Keisha Arbelaez	F	Gromed	24620G Exp 2/1/23	36	N/A	N/A	N/A	CLEAR	PASS	Raven Rojas	Colby Meier 6/17 @ 900	Medium
6/3/21 @1400	Keisha Arbelaez	F	Envirotest	1899985 Exp 1/16/22	36	0,0,0	0,0,0	0	N/A	PASS	Raven Rojas	T. Stambek 6/5@ 1430	Medium
6/24/21 @1600	Colby Meier	F	Gromed	24620G Exp 7/15/23	34	N/A	N/A	N/A	CLEAR	PASS	E. Thompson	Carol Eng 7/8 @830	Medium
6/24/21 @1600	Colby Meier	F	Envirotest	2104001 Exp 2/1/23	34	0,0,0	0,0,0	0	N/A	PASS	E. Thompson	Carol Eng 6/26 @1300	Medium

*Staff member will be re-educated if 2 failures

*Incubation time Key: GroMed=14days EnviroTest=48 hours
**Test Type Key: GroMed Test=PATT (broth bag); EnviroTest=Fingertip X3 each hand
***Pass/Fail Key: GroMed [Fail-Cloudy] EnviroTest [Fail=>3 Total CFU count]
2021

6/24/21 @1530	Janell Plourde	F	Gromed	24620G Exp 7/15/23	34	N/A	N/A	N/A	CLEAR	PASS	E Thompson	Colby Meier 7/8 @830	Medium
6/24/21 @1530	Janell Plourde	F	Envirotest	1899985 Exp 1/16/22	34	0,0,0	0,0,0	0	N/A	PASS	E Thompson	Carol Eng 6/26 @1300	Medium
6/30/21 @1700	Derek Quinn	F	Gromed	24620G Exp 7/15/23	35	N/A	N/A	N/A	CLEAR	PASS	Raven Rojas	Colby Meier 7/14 @1200	Medium
6/30/21 @1700	Derek Quinn	F	Envirotest	1901028 Exp 3/17/22	35	0,0,0	0,0,0	0	N/A	PASS	Raven Rojas	Colby Meier 7/2 @1300	Medium
6/3/21 @1400	Raven Rojas	F	Gromed	24620G Exp 2/1/23	36	N/A	N/A	N/A	CLEAR	PASS	Keisha A	Colby Meier 6/17@ 900	Medium
6/3/21 @1400	Raven Rojas	F	Envirotest	1899985 Exp 1/16/22	36	0,0,0	0,0,0	0	N/A	PASS	Keisha A	Tom Stambek 6/5@ 1430	Medium
6/27/21 @1100	Thomas Stambek	F	Gromed	24620G Exp 7/15/23	32	N/A	N/A	N/A	CLEAR	PASS	Keisha A	D Quinn 7/10 @ 1200	Medium
6/27/21 @1100	Thomas Stambek	F	Envirotest	1899985 Exp 1/16/22	32	0,0,0	0,0,0	0	N/A	PASS	Keisha A	J. Dalton 6/29@ 1030	Medium
6/24/21 @1530	Eric Thompson	F	Gromed	24620G Exp 7/15/23	34	N/A	N/A	N/A	CLEAR	PASS	Janell Plourde	Colby Meier 7/8 @830	Medium
6/24/21 @1530	Eric Thompson	F	Envirotest	1899985 Exp 1/16/22	34	0,0,0	0,0,0	0	N/A	PASS	Janell Plourde	Carol Eng 6/26 @1300	Medium

*Staff member will be re-educated if 2 failures

*Incubation time Key: GroMed=14days EnviroTest=48 hours
**Test Type Key: GroMed Test=PATT (broth bag); EnviroTest=Fingertip X3 each hand
***Pass/Fail Key: GroMed [Fail-Cloudy] EnviroTest [Fail=>3 Total CFU count]
2021

6/6/21 @ 8am	Vy Le	F	Envirotest	1899985 Exp 01/16/2022	36	0,0,0	0,0,0	0	N/A	PASS	Janell Plourde	Josh Dalton 6/8 @730	Medium
5/23/21 @ 2pm	Vy Le	F	Gromed	1924601 Exp 9/1/21	34	N/A	N/A	N/A	CLEAR	PASS	Tom Stambek	T. Stambek 6/6@ 1430	Medium
7/9/21 @1100am	Macrie Alforo	F	Gromed	24620G Exp 7/15/23	36	N/A	N/A	N/A	CLEAR	PASS	Janell Plourde	D. Quinn 7/25 @1200	Medium
7/9/21 @1100am	Macrie Alforo	F	Envirotest	1901028 Exp 3/17/22	35	0,0,0	0,0,0	0	N/A	PASS	Janell Plourde	D. Quinn 7/11 @ 1200	Medium
7/11/21 @11am	Renate Cavalcanti	F	Gromed	2104001 Exp 2/1/23	32	N/A	N/A	N/A	CLEAR	PASS	Keisha A	D. Quinn 7/25 @1200	Medium
7/11/21 @11am	Renate Cavalcanti	F	Envirotest	190128 Exp 3/17/22	32	0,0,0	0,0,0	0	N/A	PASS	Keisha A	C. Meier 7/13 @730a	Medium
8/22/21 @700am	Temeka Campbell	F	Gromed	24620G Exp 7/15/23	34	N/A	N/A	N/A	CLEAR	PASS	Raven Rojas	D. Quinn 9/8 @1000	Medium
8/22/21 @700am	Temeka Campbell	F	Envirotest	1901028 Exp 3/17/22	34	0,0,0	0,0,0	0	N/A	PASS	Raven Rojas	C. Meier 8/25 @ 745a	Medium
8/5/21 @1500	Michael Norris	F	Gromed	24620G Exp 7/15/23	32	N/A	N/A	N/A	CLEAR	PASS	E Thompson	Carol Eng 8/19 @ 1200	Medium
8/5/21 @1500	Michael Norris	F	Envirotest	1901441 Exp 4/10/22	32	0,0,0	0,0,0	0	N/A	PASS	E Thompson	D. Quinn 8/7 @1400	Medium
8/17/21 @1400	Camille Hechanova	F	Gromed	24620G Exp 7/15/23	34	N/A	N/A	N/A	CLEAR	PASS	J. Plourde	C. Meier 8/31 @1200	Medium

*Staff member will be re-educated if 2 failures

*Incubation time Key: GroMed=14days EnviroTest=48 hours
**Test Type Key: GroMed Test=PATT (broth bag); EnviroTest=Fingertip X3 each hand
***Pass/Fail Key: GroMed [Fail-Cloudy] EnviroTest [Fail=>3 Total CFU count]
2021

8/17/21 @1400	Camille Hechanova	F	Envirotest	190144I Exp 4/10/22	34	0,1,0	0,0,0	0	N/A	PASS	U Plourde	Carol Eng 8/19 @ 1200	Medium

*Staff member will be re-educated if 2 failures

*Incubation time Key: GroMed=14days EnviroTest=48 hours
**Test Type Key: GroMed Test=PATT (broth bag); EnviroTest=Fingertip X3 each hand
***Pass/Fail Key: GroMed [Fail-Cloudy] EnviroTest [Fail=>3 Total CFU count]
2021

Test Date & Time	Employee Name	Facility	Test Type**	Test Lot# / Exp Date	Incubation Temp* (Celsius)	RH CFU count	LH CFU count	Total CFU count	Bag Clarity	Pass/Fail* **	Observer (RPh or Tech)	Auditor (RPh only)
1/28/21 @900	Johnny Tago	F	Envirotest	1894514 2/13/21	34	0,0,0	0,0,0	0	NA	PASS	SB	JD 1/30/21 @1000
1/28/21 @901	Johnny Tago	F	Gromed	03720G 12/3/22	34	NA	NA	NA	CLEAR	PASS	SB	JD 2/11/21 @730
3/21/21 @1000	Denise Hernandez	F	Envirotest	1898951 11/19/2021	33	0,0,0	0,0,0	0	NA	PASS	SB	JD 3/23/21 @745
3/21/21 @1000	Denise Hernandez	F	Gromed	03720G 12/3/22	33	NA	NA	NA	CLEAR	PASS	SB	DQ 4/8/21 @325
4/9/2021 @1100	Audrey Cho	F	Envirotest	1898951 11/19/21	33	0,0,0	0,0,0	0	NA	PASS	SB	CM @ 4/11/21 1130
4/9/2021 @1101	Audrey Cho.	F	Gromed	064206 1/8/23	33	NA	NA	NA	CLEAR	PASS	SB	CM 4/23/21 @800
7/24/21 @1100	Ayla Blanks	F	Envirotest	1901441 4/10/22	33	0,0,0	0,0,0	0	NA	PASS	KE	D Quinn 7/26/21 @1200p
7/24/21 @1100	Ayla Blanks	F	Gromed	05621M 2/1/23	33	NA	NA	NA	CLEAR	PASS	KE	D Quinn 8/7 @1200

*Staff member will be re-educated if 2 failures

*Incubation time Key: GroMed=14days EnviroTest=48 hours
**Test Type Key: GroMed Test=PATT (broth bag); EnviroTest=Fingertip X3 each hand
***Pass/Fail Key: GroMed [Fail-Cloudy] EnviroTest [Fail=>3 Total CFU count]
2021

Level
Medium
Medium
Medium
Medium
Medium
Medium
Medium
Medium

*Staff member will be re-educated if 2 failures

VANCOMYCIN 100MG/mL

Reconstitue each 5 GM vial with 45mL sterile water to give final volume of 50mL and concetration of 100mg/mL.
Reconstitue each 10 GM vial with 95mL sterile water to give final volume of 100mL and concetration of 100mg/mL.

DATE	MFG	MFG	MFG	KINDRED	KINDRED	750			1250			1500			1750			2000			TECH/RPH
		LOT	EXP	LOT	EXP	QTY	GM	mL	QTY	GM	mL	QTY	GM	mL	QTY	GM	mL	QTY	GM	mL	INITIALS

Anticoagulant 4% 3mL Syringes **14 day RF/48 hours RT**

DATE	MFG	MFG LOT	MFG EXP	KINDRED LOT	KINDRED EXP	QTY	TECH INITIALS	RPH INITIALS

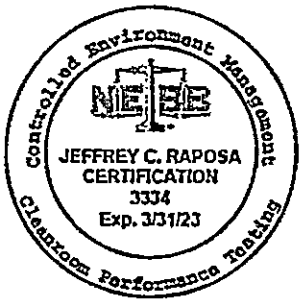
CONTROLLED ENVIRONMENT MANAGEMENT, LLC

Kindred Hospital – Flamingo Campus

Semi-Annual Pharmacy Cleanroom Suite and Hood Testing Tour

CEM Project: KHL210930

September – 2021





Jeff Raposa – NEBB CpT Professional

Chris Calendo – CNBT Certified Technician

Andrea Oseguera – Quality Assurance Specialist

CONTROLLED ENVIRONMENT MANAGEMENT

Cleanroom Certification – Kindred Hospital Las Vegas - Flamingo Campus

CEM PROJECT KHL210930 - TABLE OF CONTENTS

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1. **Title:**

   Testing Tour of Kindred Hospital Pharmacy Cleanroom Suite, Controlled Environment Management Project KHL210930

2. **Site Address:**

   Kindred Hospital – Flamingo Campus
   2250 E Flamingo Road
   Las Vegas, NV 89119
   (702) 936-6376 phone

3. **Contacts:**

   Teekay Bryant, CPhT
   Technician Supervisor – LV Market
   Kindred Hospital
   2250 E Flamingo Road
   Las Vegas, NV 89119
   (702) 936-6376 phone

   Jeff Raposa
   Controlled Environment Management (CEM)
   2487 S. Gilbert Road, Suite 106-610
   Gilbert, AZ 85295
   (480) 836-4144 phone

4. **Purpose:**

   On September 30th, 2021, Controlled Environment Management (CEM) was contracted to perform the semi-annual testing and certification tour of the Pharmacy Cleanroom Suite, located at Kindred Hospital Flamingo Campus in Las Vegas, Nevada.

   The testing was executed to ensure the Cleanrooms and Hoods located within the Pharmacy Cleanroom Suite successfully met their respective acceptance criteria at the time of testing.

All testing was executed in accordance with the following test standards and or guidelines:

- IEST-002 (Laminar Airflow Devices)
- IEST006.3 (Cleanroom Facilities)
- ISO 14644 (Cleanroom and Controlled Environments)
- USP-797 (U.S. Pharmacopeia – Sterile Compounding)
- CETA: CAG-003-2006v13 (Sterile Compounding Facilities)
- Manufacturer Specifications (Pharmacy Hoods)

5. Summary of Testing – Scope of Work:

This section summarizes the scope of work and individual test results. A summary of the overall test results may be found in section 6.

Each Cleanroom was subjected to the following tests:

- Total Supply Airflow, Room Pressure and Air-Exchange Rates
- Particle Counting per ISO 14644 Class 7 at ≥ 0.5µm (Compounding Room)
- Particle Counting per ISO 14644 Class 8 at ≥ 0.5µm (Ante Room)
- In-Place Leak Testing of Supply HEPA Filter Bank
- Secondary Environmental Testing for Temperature and % Relative Humidity
- Viable Air Sampling for Bacteria and Fungi
- Viable Surface Sampling for Bacteria and Fungi

Each Laminar Flow Hood was subjected to the following tests:

- Air Velocity Profile and Calculated Total Airflow
- Particle Counting per ISO 14644 Class 5 at ≥ 0.5µm
- In-Place Leak Testing of the HEPA Filter
- Airflow Visualization Profile (Glycol)
- Viable Air Sampling for Bacteria and Fungi
- Viable Surface Sampling for Bacteria and Fungi

5.1. Testing of Cleanrooms

Below is a list of the individual Cleanrooms tested.

Compounding Room (ISO Class 7)
Ante Room (ISO Class 8)

5.1.1. Airflow Measurements - Room Air Exchange Rates

Using a calibrated flowhood, the supply airflow in cubic feet per minute (cfm) was directly measured for each Terminal HEPA Filter.

All testing was executed in accordance with IES Standard RP-006.3. Based on the individual air volumes, CEM calculated the room air exchange rate (RAR) for the area using the following equation:

RAR = Total Airflow (CFM) x 60 / Room Volume

The air exchange rate for the cleanrooms is listed below.

Compounding Room = 15.8 RAR/Hr
Compounding Room (including airflow from LFHs) = 30.8 RAR/Hr
Ante Room = 33.7 RAR/Hr

The results of the testing indicated both areas exceeded ≥ 30 air changes per hour. Please see section 6 for individual test results.

5.1.2. Room Pressurization Test

Using a calibrated digital manometer, CEM measured the pressure differential under the doorways for each of the Cleanroom tested.

The results of the testing indicated all of the Cleanrooms were pressurized in the correct direction and met the CETA specifications of ≥ 0.02" wc to the outer work area. Please see section 6 for individual test results.

5.1.3. Particle Counting and Environmental Testing

Using a calibrated particle counter, each Cleanroom was particle counted in accordance with ISO Standard 14644. At the time of the testing, each area was in a simulated "Dynamic" mode. Listed below are the individual air cleanliness classifications for each room.

Compounding Room: ISO Class 7
Ante Room: ISO Class 8

For each room, the required number of sampling locations was plotted in each area. At each location, CEM measured one count of particles. Each sample consisted of 50.0 liters and all particles ≥ 0.5µm were tabulated.

The results indicated that each Cleanroom met its acceptance criteria in accordance with ISO 14644 Class specifications. Please see section 6 for individual test results.

5.1.4. In-Place Leak Testing of In-Line HEPA Filter

A total of one (1) supply HEPA filter bank located in the Pharmacy Suite was integrity tested for leakage. CEM introduced a PAO challenge aerosol of ≥ 10 µg/L into the upstream side of the HEPA filter. The filter was gross scanned for leakage with a calibrated Photometer.

All testing was executed in accordance with IES Standard 006.3 and ANSI N510. Please see section 6 for individual test results.

5.1.5. Secondary Testing

For informational purposes only, CEM measured the temperature and relative humidity levels in the center of each Cleanroom.

All testing was executed in accordance with IES Standard 006.3. Please see section 6 for individual test results.

5.1.6. Viable Air Sampling

At a total of two (2) locations, CEM performed viable air testing for bacteria and fungi. The locations for the viable air samples are listed below:

Compounding Room: Center of Room
Ante Room: Counter Near Sink

At each location, CEM used an air sampler to impact air unto an agar plate. Two (2) samples were measured at each location, using different media. One media was used to test for bacteria, the other for fungi.

All samples were forwarded to an independent accredited laboratory for incubation and enumeration. Please see Section 6 for a breakdown of the test results. The Lab Report has been provided as an addendum to this test report.

5.1.7. Viable Surface Sampling

At a total of two (2) locations, CEM performed viable surface sampling for bacteria and fungi. The locations for the viable surface samples are listed below:

Compounding Room: Inside of Entrance Door
Ante Room: Inside of Entrance Door

At each location, CEM used a contact agar plate to sample the surface. Two (2) samples were measured at each location, using different media. One media was used to test for bacteria, the other for fungi.

All samples were forwarded to an independent accredited laboratory for incubation and enumeration. Please see Section 6 for a breakdown of the test results. The Lab Report has been provided as an addendum to this test report.

5.2. Testing of Laminar Flow Hoods

Below is the list of Laminar Flow Hoods (LFHs) tested.

Nuaire Model NU-301-436, Serial 75014
Nuaire Model NU-201-630, Serial 79238080502

The following tests were performed for the Laminar Flow Hoods:

- Air Velocity Profile / Calculated Total Airflow
- In-Place Leak Testing of HEPA filter
- Non-Viable Particle Counting to ISO 14644, Class 5 at ≥ 0.5µm
- Airflow Visualization Profile (Glycol)
- Viable Air Sampling in Center of Work Area for Bacteria and Fungi
- Viable Surface Sampling in Center of Work Area for Bacteria and Fungi

All testing was executed in accordance with IES Standard 002, ISO 14644, CETA and Manufacturer specifications.

The results indicated that the Laminar Flow Hoods successfully met their acceptance criteria. Please see section 6 for individual test results.

6. Individual Test Results Data:

This section represents the individual test results from the data collected in the field during the testing tour.

Page 8: Airflow Readings, Air-Exchange Rates, and Room Pressures
Page 9: Particle Counting Test Results
Pages 10-11: Viable Air and Surface Test Results
Pages 12-17: Laminar Flow Hood Test Reports
Page 18: HEPA Filter Bank Report

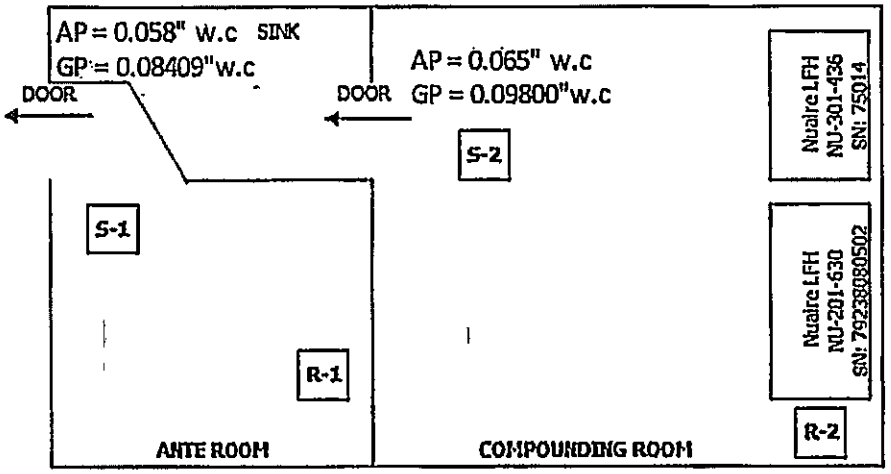
CONTROLLED ENVIRONMENT MANAGEMENT

Kindred Hospital - Flamingo
Pharmacy Cleanroom Suite
2250 E Flamingo Road
Las Vegas, NV 89119

Airflow, ACPH and Pressure Test Report

Project ID:	KHL210930
Technician(s):	Chris Calendo
Date(s):	09/30/21

Area Map: Not to Scale



Legend

S = Supply Air Register R = Return Air Grille
AP = Actual Pressure
GP = Gauge Pressure

Test Comments

(1) PEC recirculated airflow allowed for cleanroom up to 15 air changes per hour per USP 797.
(2) Supply airflow for Pharmacy is filtered through an In-Line HEPA filter located above the ceiling.
(3) Room pressures meet USP 797 criteria of ≥ 0.02" wc.

Cleanroom ID:	Ante	Compounding	NA	NA
Room Area:	92.8 Ft²	132.5 Ft²		
Ceiling Height:	8.5 Feet	8.5 Feet		
Room Volume:	788.4 Ft³	1126.3 Ft³		

Supply ID	Airflow Test Data (Readings measured in CFM)			
S-1	443	-	-	-
S-2	-	297	-	-
-	-	-	-	-
-	-	-	-	-
-	-	-	-	-
-	-	-	-	-
-	-	-	-	-
-	-	-	-	-
-	-	-	-	-
-	-	-	-	-
-	-	-	-	-
-	-	-	-	-
-	-	-	-	-
-	-	-	-	-
-	-	-	-	-
-	-	-	-	-
-	-	-	-	-
-	-	-	-	-
Total Supply Air:	443 cfm	297 cfm		
Supply ACPH:	33.7	15.8	NA	NA
PEC Adder (1):	0.0	15.0	NA	NA
Final ACPH	**33.7**	**30.8**	**NA**	**NA**
Test Criteria	≥ 20	≥ 30	NA	NA
Meets Criteria	**Yes**	**Yes**	**NA**	**NA**

Test Instrument(s)

Manufacturer:	Shortridge	Manufacturer:	TSI
Model:	ADM-860C	Model:	966
Serial:	M04210	Serial:	P20270025

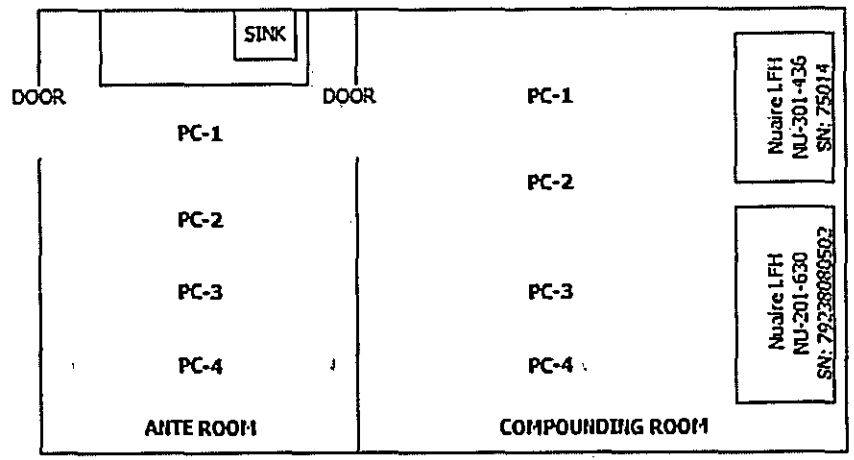
CONTROLLED ENVIRONMENT MANAGEMENT

Kindred Hospital - Flamingo
Pharmacy Cleanroom Suite
2250 E Flamingo Road
Las Vegas, NV 89119

Non-Viable Particle Counting Test Report

Project ID: KHL210930
Technician(s): Chris Calendo
Date(s): 09/30/21

Area Map: Not to Scale



Legend
PC = Particle Count Location

Test Comments
(1) Temperature and relative humidity readings measured in center of each cleanroom.
(2) All testing provided under simulated dynamic conditions.

Cleanroom ID:	Ante	Compounding	NA	NA
ISO Class:	ISO 8	ISO 7		
Room Area:	92.8 Ft²	132.5 Ft²		
Temperature:	62.4 °F	69.0 °F		
Rel. Humidity:	23.0 %	18.8 %		

Non-Viable Particle Count Test Data
Particle Counts tested at ≥ 0.5µm per ISO 14644

PC Sample Location	*Final Meter³ Count Corrected per Sample Volume			
PC-1	988	83	-	-
PC-2	1353	284	-	-
PC-3	2301	388	-	-
PC-4	1642	476	-	-
-	-	-	-	-
-	-	-	-	-
-	-	-	-	-
-	-	-	-	-
-	-	-	-	-
-	-	-	-	-
-	-	-	-	-
-	-	-	-	-
Average per Ft³	889	174	NA	NA
*Average per Meter³	**31401**	**6151**	NA	NA
Particle Limit ISO 14644	≤3520000	≤ 352000	NA	NA
Meets Criteria	**Yes**	**Yes**	NA	NA

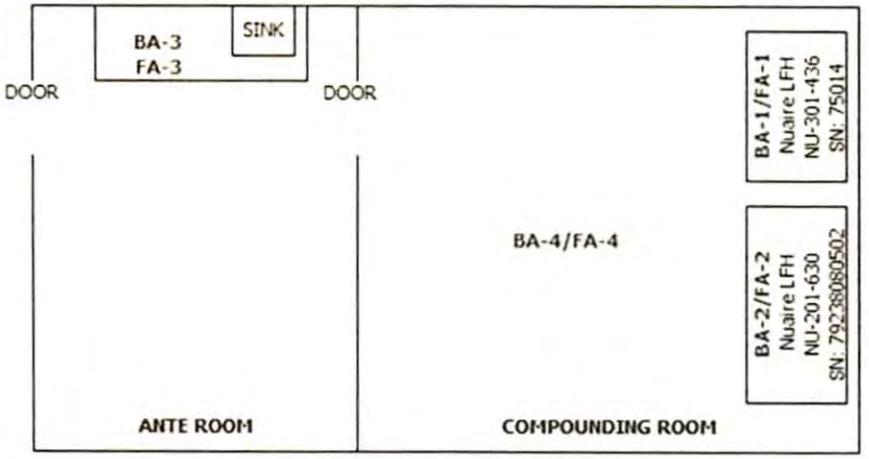
Test Conditions		Test Instrument	
Sampling Mode:	Dynamic	Manufacturer:	Hach
*Sample Volume:	50.0 Liters	Model:	3423
Sample Time:	1.0 Minute	Serial:	60101113

CONTROLLED ENVIRONMENT MANAGEMENT

Kindred Hospital - Flamingo
Pharmacy Cleanroom Suite
2250 E Flamingo Road
Las Vegas, NV 89119

Viable Air Sampling Summary Report
Project ID: KHL210930
Technician(s): Chris Calendo
Date(s): 09/30/21

Area Map: Not to Scale



Legend

BA = Viable Bacteria Air Sample Location
FA = Viable Fungal Air Sample Location

Test Comments

(1) Please reference the final Lab Report for further details of sampling test results.
(2) Viable air sampling performed during simulated dynamic conditions.
(3) CFUs Identified to Genus Level per USP-797. See supplemental lab reports.

Viable Air Sampling Test Results **(P=Pass, F=Fail)**

Sample ID	Sample Description	Media Type	Sample Date	Sample Volume	CFU Count	Action Limit	Final Result
BA-1	LFH-75014	TSA	09/30/21	1000 L	ND (< 1)	>1	**P (3)**
FA-1	LFH-75014	MEA	09/30/21	1000 L	ND (< 1)	>0	**P**
BA-2	LFH-80502	TSA	09/30/21	1000 L	1	>1	**P (3)**
FA-2	LFH-80502	MEA	09/30/21	1000 L	ND (< 1)	>0	**P**
BA-3	ANTE	TSA	09/30/21	500 L	ND (< 1)	>100	**P**
FA-3	ANTE	MEA	09/30/21	500 L	ND (< 1)	>0	**P**
BA-4	COMPOUNDING	TSA	09/30/21	500 L	ND (< 1)	>10	**P**
FA-4	COMPOUNDING	MEA	09/30/21	500 L	ND (< 1)	>0	**P**
NA	CONTROL	TSA	09/30/21	NA	ND	NA	**NA**
NA	CONTROL	MEA	09/30/21	NA	Nd	NA	**NA**

Test Instrument(s)

Make: AP Buck	Make: AP Buck	Make: AP Buck	Make: AP Buck
Model: B30120	Model: B30120	Model: B30120	Model: B30120
Serial: C102318	Serial: C102319	Serial: C102402	Serial: C102365

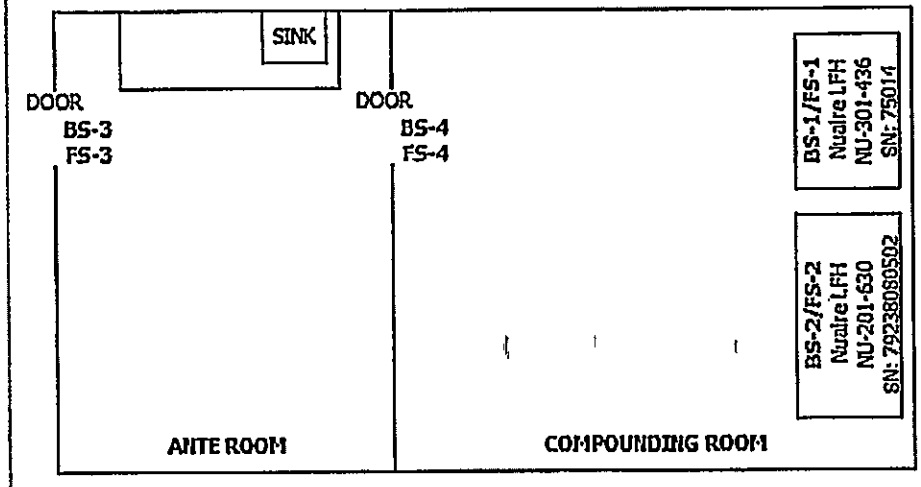
CONTROLLED ENVIRONMENT MANAGEMENT

Kindred Hospital - Flamingo
Pharmacy Cleanroom Suite
2250 E Flamingo Road
Las Vegas, NV 89119

Viable Surface Sampling Summary Report

Project ID:	KHL210930
Technician(s):	Chris Calendo
Date(s):	09/30/21

Area Map: Not to Scale



Legend

BS = Viable Bacteria Surface Sample Location

FS = Viable Fungal Surface Sample Location

Test Comments

(1) Please reference the Lab Report for further details of sampling test results.
(2) CFUs Identified to Genus Level per USP-797. See supplemental lab reports.

Viable Surface Sampling Test Results (P=Pass, F=Fail)

Sample ID	Sample Description	Media Type	Sample Date	Sample Media	CFU Count	Action Limit	Final Result
BS-1	LFH-75014	TSA	09/30/21	CP	ND	>3	P
FS-1	LFH-75014	MEA	09/30/21	CP	ND	>0	P
BS-2	LFH-80502	TSA	09/30/21	CP	ND	>3	P
FS-2	LFH-80502	MEA	09/30/21	CP	ND	>0	P
BS-3	ANTE	TSA	09/30/21	CP	ND	>100	P
FS-3	ANTE	MEA	09/30/21	CP	ND	>0	P
BS-4	COMPOUNDING	TSA	09/30/21	CP	ND	>5	P
FS-4	COMPOUNDING	MEA	09/30/21	CP	ND	>0	P
NA	Control	TSA	09/30/21	CP	ND	NA	NA
NA	Control	MEA	09/30/21	CP	ND	NA	NA

CONTROLLED ENVIRONMENT MANAGEMENT

LAMINAR FLOW HOOD TEST REPORT

Customer	Kindred Hospital (Flamingo Campus)			Report No.	KHL210930-01 Page 1 of 3
Address	2250 E Flamingo Rd			Manufacturer	Nuaire
City, State	Las Vegas, NV	Zip	89119	Model	NU-301-436
Main Contact	Teekay Bryant	Phone	(702) 936-6376	Serial No.	75014
Alt. Contact	Vicki Stogner	Phone	(954) 789-2903	Building	Main
Department	Pharmacy			Location	Compounding Room

UNIT TEST RESULTS

- [X] Certified
- [ ] Not Certified
- [ ] Service Only
- [X] See Comments

UNIT TESTED TO STANDARD

- [X] IES-RP-CC002
- [X] Manufacturer's Specifications
- [X] Other ISO-14644 Class 5

TESTS COMPLETED (See Pages 2-3 For Test Data)

[X]	Air Flow Velocity Profile	[X] Pass	[ ] Fail
[X]	HEPA/ULPA Filter Leak Test	[X] Pass	[ ] Fail
[X]	Fluorescent Lighting (Function Test)	[X] Pass	[ ] Fail
[ ]	Noise Level	[ ] Pass	[ ] Fail
[ ]	Induction Leak Test	[ ] Pass	[ ] Fail
[ ]	Vibration	[ ] Pass	[ ] Fail
[ ]	Electrical - Polarity	[ ] Pass	[ ] Fail
[ ]	Motor Design Capacity	[ ] Pass	[ ] Fail
[X]	Particle Count	[X] Pass	[ ] Fail
[ ]	Other Test(s) _____	[ ] Pass	[ ] Fail

SERVICE COMPLETED

- [ ] Repaired HEPA Filter Leakage
- [ ] Adjusted Airflow/Air Velocities
- [ ] Installed New HEPA Filter(s)
- [ ] Installed New Pre-Filter(s)
- [ ] Installed New Blower Motor
- [ ] Installed New Electrical Component
- [ ] Installed New Fluorescent Bulb(s)
- [ ] Installed New Ultraviolet Bulb
- [ ] Adjusted Pressure Gauge
- [ ] Other Service _____

EQUIPMENT USED

Equipment	Manufacturer	Model No.	Serial No.
Photometer	TEC Services	PH-3	3207
Aerosol Generator	TEC Services	AG-E3	3202
Anemometer	TSI	966	P20270025
Particle Counter	Hach	3423	060101113

COPIES OF CALIBRATION CERTIFICATES AVAILABLE UPON REQUEST

COMMENTS:

(1) Unit contains 1-qty (24"x30"x1") pre-filter. Pre-filter is clean.

(2) Airflow visualization profile reflects laminar flow moving over work area. No turbulence detected.

SERVICED BY: Chris Calendo **DATE:** 09/30/21 **RETEST DATE:** Mar-22

CONTROLLED ENVIRONMENT MANAGEMENT

LAMINAR FLOW HOOD TEST REPORT

Customer Kindred Hospital (Flamingo) Report No. KLH210930-01 P2/3 Technician CC Date 09/30/21

AIR FLOW VELOCITY PROFILE

Air Velocity Measurements

						97	91	92	97	
						94	82	83	95	
						95	90	83	87	

Average Air Velocity	91 fpm	Low Reading	82 fpm
Air Density Correction	1.10	High Reading	97 fpm
Corrected Average	100 fpm	Meets ±20% Rule	Yes

Comments (1) Air density correction factor applied to average velocity.

Length	46.50 "	Total Air Volume	1093 cfm
Width	34.00 "	Pressure Reading	0.46" wc
Area	10.98 ft²	Final Test Result	Pass

HEPA/ULPA FILTER LEAK TEST

HEPA Filter

Aerosol Type	PAO	Total Patch Size	NA
Concentration	19 µg/L	Total Patch %	NA
Leakage Detected	< 0.01%	Acceptance Criteria	≤ 3%
Acceptance Criteria	≤ 0.01%	Final Test Result	Pass

Comments (1) No leaks detected in HEPA filter.

SECONDARY TESTS

Fluorescent Lighting

Light Readings						

Average Reading (≥ 75)	NA
Readings ≥ 70% of Avg.	NA
Final Test Result	NA

Electrical Tests

Electrical Leakage	NA
Ground Resistance	NA
Polarity Test	NA
Ground Fault Interrupter	NA
Final Test Result	NA

Induction Leak / Backstreaming Test

Construction Joints	NA
Periphery of Openings	NA
Aerosol Introduced	NA
Final Test Result	NA

COMMENTS / FIELD NOTES NA

CONTROLLED ENVIRONMENT MANAGEMENT

PARTICLE COUNTING - ENVIRONMENTAL TESTING DATA COLLECTION FORM

Customer	Kindred Hospital (Flamingo Campus)			Report No.	KHL210930-01 Page 3 of 3
Address	2250 E Flamingo Rd			Manufacturer	Nuaire
City, State	Las Vegas, NV	Zip	89119	Model	NU-301-436
Main Contact	Teekay Bryant	Phone	(702) 936-6376	Serial No.	75014
Alt. Contact	Vicki Stogner	Phone	(954) 789-2903	Building	Main
Department	Pharmacy			Location	Compounding Room

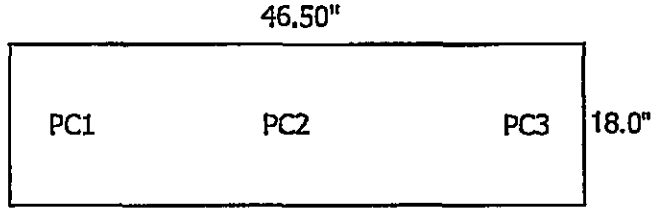
UNIT TEST RESULTS

- [X] Certified
- [ ] Not Certified
- [ ] Service Only
- [X] See Comments

UNIT TESTED TO STANDARD

- [X] ISO-14644
- [ ] Fed. Std. 209E
- [ ] IES-RP-0062
- [ ] Other _____

AREA DIAGRAM (NOT-TO-SCALE)



PC = Particle Count Location

[ ] See Attached Diagram

ISO 14644 STATISTICAL CALCULATIONS

	Standard	Metric
Mean of Averages	0.00	0.00
Class Limit	≤ 100	≤ 3520
Meets Criteria	Class 5	Class 5
Particle Size	≥ 0.5µm	≥ 0.5µm

EQUIPMENT USED

Equipment	Manufacturer	Model No.	Serial No.
Particle Counter	Hach	3423	060D1113

COPIES OF CALIBRATION CERTIFICATES AVAILABLE UPON REQUEST

PARTICLE COUNT AND ENVIRONMENTAL TEST DATA

PC Location	Sample 1	Sample 2	Average	Lighting (Fc)	%rH
PC-1	0	NA	0	NA	NA
PC-2	0	NA	0	NA	NA
PC-3	0	NA	0	NA	NA

TESTING CONDITIONS

Area	5.81 ft² (0.54m²)
Area Mode	Dynamic
Sample Size	50.0 Liters
Sample Rate	50.0 L/Min
Sample Time	1.0 Minute

COMMENTS:

(1) Viable air and surface sampling for bacteria and fungi provided in work area of hood.

(2) See supplemental laboratory reports for test results.

SERVICED BY: Chris Calendo DATE: 09/30/21 RETEST DATE: Mar-22

CONTROLLED ENVIRONMENT MANAGEMENT

LAMINAR FLOW HOOD TEST REPORT

Customer	Kindred Hospital (Flamingo Campus)			Report No.	KHL210930-02 Page 1 of 3
Address	2250 E Flamingo Rd			Manufacturer	Nuaire
City, State	Las Vegas, NV	Zip	89119	Model	NU-201-630
Main Contact	Teekay Bryant	Phone	(702) 936-6376	Serial No.	79238080502
Alt. Contact	Vicki Stogner	Phone	(954) 789-2903	Building	Main
Department	Pharmacy			Location	Compounding Room

UNIT TEST RESULTS

- [X] Certified
- [ ] Not Certified
- [ ] Service Only
- [X] See Comments

UNIT TESTED TO STANDARD

- [X] IES-RP-CC002
- [X] Manufacturer's Specifications
- [X] Other ISO-14644, Class 5

TESTS COMPLETED (See Pages 2-3 For Test Data)

[X] Air Flow Velocity Profile	[X] Pass	[ ] Fail
[X] HEPA/ULPA Filter Leak Test	[X] Pass	[ ] Fail
[X] Fluorescent Lighting (Function Test)	[X] Pass	[ ] Fail
[ ] Noise Level	[ ] Pass	[ ] Fail
[ ] Induction Leak Test	[ ] Pass	[ ] Fail
[ ] Vibration	[ ] Pass	[ ] Fail
[ ] Electrical - Polarity	[ ] Pass	[ ] Fail
[ ] Motor Design Capacity	[ ] Pass	[ ] Fail
[X] Airflow Visualization Profile	[X] Pass	[ ] Fail
[X] Particle Count	[X] Pass	[ ] Fail

SERVICE COMPLETED

- [ ] Repaired HEPA Filter Leakage
- [ ] Adjusted Airflow/Air Velocities
- [ ] Installed New HEPA Filter(s)
- [ ] Installed New Pre-Filter(s)
- [ ] Installed New Blower Motor
- [ ] Installed New Electrical Component
- [ ] Installed New Fluorescent Bulb(s)
- [ ] Installed New Ultraviolet Bulb
- [ ] Adjusted Pressure Gauge
- [ ] Other Service

EQUIPMENT USED

Equipment	Manufacturer	Model No.	Serial No.
Photometer	TEC Services	PH-3	3207
Aerosol Generator	TEC Services	AG-E3	3202
Anemometer	TSI	966	P20270025
Particle Counter	Hach	3423	06010113

COPIES OF CALIBRATION CERTIFICATES AVAILABLE UPON REQUEST

COMMENTS:

(1) Unit contains 3-qty (16"x20"x1") pre-filters. Pre-filters are clean.

(2) Airflow visualization profile reflects laminar flow moving over work area. No turbulence detected.

SERVICED BY: Chris Calendo **DATE:** 09/30/21 **RETEST DATE:** Mar-22

CONTROLLED ENVIRONMENT MANAGEMENT

LAMINAR FLOW HOOD TEST REPORT

Customer: Kindred Hospital (Flamingo) Report No.: KHL210930-02 P2/3 Technician: CC Date: 09/30/21

AIR FLOW VELOCITY PROFILE

Air Velocity Measurements

					95	95	88	92	96	99
					83	81	87	81	83	95
					83	78	77	75	90	97

Average Air Velocity	88 fpm	Low Reading	75 fpm
Air Density Correction	1.10	High Reading	99 fpm
Corrected Average	96 fpm	Meets ±20% Rule	Yes

Length	70.50 "	Total Air Volume	1319 cfm
Width	28.00 "	Pressure Reading	0.75" WC
Area	13.71 ft²	Final Test Result	Pass

Comments: (1) No change in pressure reading.

HEPA/ULPA FILTER LEAK TEST

HEPA Filter

Aerosol Type	PAO	Total Patch Size	NA
Concentration	15 µg/L	Total Patch %	NA
Leakage Detected	< 0.01%	Acceptance Criteria	≤ 3%
Acceptance Criteria	≤ 0.01%	Final Test Result	Pass

Comments: (1) No leaks detected in HEPA filters.

SECONDARY TESTS

Fluorescent Lighting

Light Readings					

Average Reading (≥ 75)	NA
Readings ≥ 70% of Avg.	NA
Final Test Result	NA

Noise Level Test

Ambient Noise Level	NA
Ambient Criteria	NA
Noise Level	NA
Acceptance Criteria	NA
Final Test Result	NA

Induction Leak / Backstreaming Test

Construction Joints	NA
Periphery of Openings	NA
Aerosol Introduced	NA
Final Test Result	NA

COMMENTS / FIELD NOTES: NA

CONTROLLED ENVIRONMENT MANAGEMENT

PARTICLE COUNTING - ENVIRONMENTAL TESTING DATA COLLECTION FORM

Customer	Kindred Hospital (Flamingo Campus)	Report No.	KHL210930-02 Page 3 of 3
Address	2250 E Flamingo Rd	Manufacturer	Nuaire
City, State	Las Vegas, NV Zip 89119	Model	NU-201-630
Main Contact	Teekay Bryant Phone (702) 936-6376	Serial No.	79238080502
Alt. Contact	Vicki Stogner Phone (954) 789-2903	Building	Main
Department	Pharmacy	Location	Compounding Room

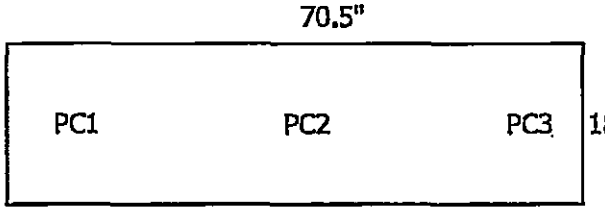
UNIT TEST RESULTS

- [X] Certified
- [ ] Not Certified
- [ ] Service Only
- [X] See Comments

UNIT TESTED TO STANDARD

- [X] ISO-14644 — Class 5 @ ≥0,5 µm
- [ ] Fed. Std. 209E
- [ ] IES-RP-006.2
- [ ] Other

AREA DIAGRAM (NOT-TO-SCALE)



PC = Particle Count Location

- [ ] See Attached Diagram

ISO 14644 STATISTICAL CALCULATIONS

	Standard	Metric
Mean of Averages	0.33	11.77
Class Limit	≤ 100	≤ 3520
Meets Criteria	Class 5	Class 5
Particle Size	≥ 0.5µm	≥ 0.5µm

EQUIPMENT USED

Equipment	Manufacturer	Model No.	Serial No.
Particle Counter	Hach	3423	060101113

COPIES OF CALIBRATION CERTIFICATES AVAILABLE UPON REQUEST

PARTICLE COUNT AND ENVIRONMENTAL TEST DATA

PC Location	Sample 1	Sample 2	Average	Lighting (Fc)	%rH
PC-1	1	NA	1	NA	NA
PC-2	0	NA	0	NA	NA
PC-3	0	NA	0	NA	NA

TESTING CONDITIONS

Area	8.81 ft² (0.82 m²)
Area Mode	Dynamic
Sample Size	50.0 Liters
Sample Rate	50.0 L/Min
Sample Time	1.0 Minute

COMMENTS:

(1) Viable air and surface sampling for bacteria and fungi provided in work area of hood.

(2) See supplemental laboratory reports for test results.

SERVICED BY: Chris Calendo DATE: 09/30/21 RETEST DATE: Mar-22

CONTROLLED ENVIRONMENT MANAGEMENT

IN-LINE HEPA FILTER TEST REPORT

Customer	Kindred Hospital (Flamingo Campus)	Report No.	KHL210930-03 Page 1 of 1
Address	2250 E. Flamingo Road	Manufacturer	Flanders
City, State	Las Vegas, NV Zip 89119	Model	In-Line HEPA Filter
Main Contact	Teekay Bryant Phone (702) 936-6376	Serial No.	HEPA-01
Alt. Contact	Vicki Stogner Phone (954) 789-2903	Building	Main
Department	Pharmacy	Location	Interstitial Space

UNIT TEST RESULTS

- [x] Certified
- [ ] Not Certified
- [ ] Service Only
- [x] See Comments

TESTS COMPLETED

[ ] Airflow Volume Measurement	[ ] Pass	[ ] Fail
[x] HEPA Filter Leak Test	[x] Pass	[ ] Fail
[ ] Static Pressure Measurement	[ ] Pass	[ ] Fail
[ ] Other	[ ] Pass	[ ] Fail

UNIT TESTED TO STANDARD

- [x] IES-006.3
- [x] ANSIN510
- [ ] Other

EQUIPMENT USED

Equipment	Manufacturer	Model No.	Serial No.
Photometer	TEC Services	PH-3	3207
Aerosol Generator	TEC Services	AG-E3	3202

COPIES OF CALIBRATION CERTIFICATES AVAILABLE UPON REQUEST

HEPA FILTER LEAK TEST GRID

Width NA Length NA Area NA

Aerosol Type	PAO	Total Patch Size	NA
Concentration	27 µg/L	Total Patch %	NA
Leakage Detected	0.00%	Patch Criteria	≤ 3%
Acceptance Criteria	≤ 0.005%	Total Airflow	NA
Meets Criteria?	Yes	Static Pressure	NA

HEPA FILTER REPAIR / PATCHING SUMMARY

NA

COMMENTS

(1) Two hoses used for HEPA filter leak testing.
(2) Challenge concentration determined by calculating upstream of HEPA filter.
(3) Unit feeds supply air grilles in Ante and Buffer Rooms.
(4) Total airflow moving through HEPA = 740 cfm. Total airflow is sum of Ante and Buffer Rooms.

SERVICED BY: Chris Calendo DATE: 09/30/21 RETEST DATE: Mar-22

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Report for:

Mr. Jeff Raposa
Controlled Environment Management (CEM)
2487 S. Gilbert Rd Ste 106-610
Gilbert, AZ 85295

Regarding: Project: KHL210930; Pharmacy Certification
EML ID: 2749498

Approved by:

Joshua T. Cox

Operations Manager
Joshua Cox

Dates of Analysis:
USP 797 Count & ID 26-30C: 10-07-2021 and 10-13-2021
USP 797 Count & ID 30-35C: 10-04-2021 and 10-08-2021

Service SOPs: USP 797 Count & ID 26-30C (EM-USP-S-2082, EM-USP-S-2081, EM-BT-S-1576), USP 797 Count & ID 30-35C (EM-USP-S-2082, EM-USP-S-2081, EM-BT-S-1576)

All samples were received in acceptable condition unless noted in the Report Comments portion in the body of the report. Due to the nature of the analyses performed, field blank correction of results is not applied. The results relate only to the samples as received and tested. Information supplied by the client which can affect the validity of results: sample air volume.

Eurofins EMLab P&K ("the Company") shall have no liability to the client or the client's customer with respect to decisions or recommendations made, actions taken or courses of conduct implemented by either the client or the client's customer as a result of or based upon the Test Results. In no event shall the Company be liable to the client with respect to the Test Results except for the Company's own willful misconduct or gross negligence nor shall the Company be liable for incidental or consequential damages or lost profits or revenues to the fullest extent such liability may be disclaimed by law, even if the Company has been advised of the possibility of such damages, lost profits or lost revenues. In no event shall the Company's liability with respect to the Test Results exceed the amount paid to the Company by the client therefor.

Eurofins EMLab P&K
1501 West Knudsen Drive, Phoenix, AZ 85027
(800) 651-4802 Fax (623) 780-7695 www.emlab.com

Client: Controlled Environment Management (CEM) Date of Sampling: 09-30-2021
C/O: Mr. Jeff Raposa Date of Receipt: 10-01-2021
Re: KHL210930; Pharmacy Certification Date of Report: 10-13-2021

USP 797 - Summary of Sample Analysis Results

The summary information for each sample includes a Pass/Fail result with respect to the USP 797 action level guidelines for concentration of colony forming units (see *Table 1*) and actionable microorganisms (United States Pharmacopeia, 2014). Actionable microorganisms are defined here as Gram-negative bacteria, coagulase-positive Staphylococcus, molds, and yeasts.

Table 1: Recommended Action Levels for Viable Particles in Air and from Surfaces

ISO Class	Active Airborne (cfu*/m3)	Inanimate Surfaces** (cfu/plate)
5	>1	>3
7	>10	>5
8+	>100	>100

* cfu = colony forming units
** Contact plate areas vary from 24 to 30 cm2. When swabbing is used in sampling, the area covered should be at least 24 cm2 but no larger than 30 cm2.

Pass Acceptable concentrations and absence of actionable microorganisms
Fail Unacceptable concentrations and/or presence of actionable microorganisms
N/A Not applicable. Blank Sample, insufficient sample volume and/or no ISO Class area designation provided¥

Location	Media	Type	Total CFU†	Colony Identification§	ISO Class	Performance vs. USP 797 Guidelines‡
BA-1:LFH 75014	TSA	Air	< 1	No colonies detected	5	Pass
BA-3-1:LFH 80502	TSA	Air	1	Gram-positive cocci	5	Pass
BA-3:Ante Room	TSA	Air	< 1	No colonies detected	8	Pass
BA-4:Compounding Room	TSA	Air	< 1	No colonies detected	7	Pass
Control:Control	TSA	Air	N/A	No colonies detected	None	N/A
FA-1:LFH 75014	MEA	Air	< 1	No colonies detected	5	Pass
FA-3-1:LFH 80502	MEA	Air	< 1	No colonies detected	5	Pass
FA-3:Ante Room	MEA	Air	< 1	No colonies detected	8	Pass

REFERENCE:United States Pharmacopeia and National Formulary Chapter <797> (USP 35-NF 30). Rockville, MD: United States Pharmacopeial Convention; 2014:40-84.
¥ Samples that would otherwise pass in relationship to concentration and actionable microorganisms will always report as N/A when one or more bacterial colonies in the sample are identified as Other Bacteria.
† The Total CFU value reported in this column is the Total CFU/unit value for the entire sample. For details, refer to the detailed results page of each sample in this report. In order to calculate Total CFU/unit values for air sample types, an air volume must be provided. Air samples without air volumes provided are reported as N/A (Not Applicable). A reported value of ND indicates none detected.
§ Actionable microorganisms reported in Bold font when detected.
‡ As stated in USP 797, the recommended action level table and actionable microorganism list are for guidance purposes only.

Eurofins EMLab P&K
1501 West Knudsen Drive, Phoenix, AZ 85027
(800) 651-4802 Fax (623) 780-7695 www.emlab.com

Client: Controlled Environment Management (CEM) Date of Sampling: 09-30-2021
C/O: Mr. Jeff Raposa Date of Receipt: 10-01-2021
Re: KHL210930; Pharmacy Certification Date of Report: 10-13-2021

USP 797 - Summary of Sample Analysis Results

Location	Media	Type	Total CFU†	Colony Identification§	ISO Class	Performance vs. USP 797 Guidelines‡
FA-4:Compounding Room	MEA	Air	< 1	No colonies detected	7	Pass
Control:Control	MEA	Air	N/A	No colonies detected	None	N/A
BS-1:LFH 75014	TSA w/ Lecithin & Tween	Surface	ND	No colonies detected	5	Pass
BS-2:LFH 80502	TSA w/ Lecithin & Tween	Surface	ND	No colonies detected	5	Pass
BS-3:Ante Room	TSA w/ Lecithin & Tween	Surface	ND	No colonies detected	8	Pass
BS-4:Compounding Room	TSA w/ Lecithin & Tween	Surface	ND	No colonies detected	7	Pass
Control:Control	TSA w/ Lecithin & Tween	Surface	ND	No colonies detected	None	N/A
FS-1:LFH 75014	SDA w/ Lecithin & Tween	Surface	ND	No colonies detected	5	Pass
FS-2:LFH 80502	SDA w/ Lecithin & Tween	Surface	ND	No colonies detected	5	Pass
FS-3:Ante Room	SDA w/ Lecithin & Tween	Surface	ND	No colonies detected	8	Pass
FS-4:Compounding Room	SDA w/ Lecithin & Tween	Surface	ND	No colonies detected	7	Pass
Control:Control	SDA w/ Lecithin & Tween	Surface	ND	No colonies detected	None	N/A

REFERENCE:United States Pharmacopeia and National Formulary Chapter <797> (USP 35-NF 30). Rockville, MD: United States Pharmacopeial Convention; 2014:40-84.
¥ Samples that would otherwise pass in relationship to concentration and actionable microorganisms will always report as N/A when one or more bacterial colonies in the sample are identified as Other Bacteria.
† The Total CFU value reported in this column is the Total CFU/unit value for the entire sample. For details, refer to the detailed results page of each sample in this report. In order to calculate Total CFU/unit values for air sample types, an air volume must be provided. Air samples without air volumes provided are reported as N/A (Not Applicable). A reported value of ND indicates none detected.
§ Actionable microorganisms reported in Bold font when detected.
‡ As stated in USP 797, the recommended action level table and actionable microorganism list are for guidance purposes only.

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Client: Controlled Environment Management (CEM)
C/O: Mr. Jeff Raposa
Re: KHL210930; Pharmacy Certification

Date of Sampling: 09-30-2021
Date of Receipt: 10-01-2021
Date of Report: 10-13-2021

USP 797 - Detail Sample Analysis Results

Location:	BA-1:LFH 75014		BA-3-1:LFH 80502		BA-3:Ante Room		BA-4: Compounding Room	
Comments (see below)	None		None		None		None	
Area Designation	ISO Class 5		ISO Class 5		ISO Class 8		ISO Class 7	
Sample type	Buck BioCulture		Buck BioCulture		Buck BioCulture		Buck BioCulture	
Media used	TSA		TSA		TSA		TSA	
Lot#/Expiration date	490861/12-11-2021		490861/12-11-2021		490861/12-11-2021		490861/12-11-2021	
Lab ID-Version‡:	13158294-1		13158295-1		13158296-1		13158297-1	
Analysis Date	10-4-2021		10-8-2021		10-8-2021		10-4-2021	
Incubation	30° - 35°C for 2-3 days		30° - 35°C for 2-3 days		30° - 35°C for 2-3 days		30° - 35°C for 2-3 days	
	raw ct.	cfu*/m3	raw ct.	cfu*/m3	raw ct.	cfu*/m3	raw ct.	cfu*/m3
BACTERIA								
Gram-positive cocci			1	1				
§Total	ND	< 1	1	1	ND	< 1	ND	< 1
Sample size	1000 liters		1000 liters		1000 liters		1000 liters	
Positive Hole	380		380		380		380	

*cfu = colony forming units Positive hole correction chart used for all calculations ND = none detected
Comments:

Identifiers listed without a count or data entry were not detected during the course of the analysis for the respective sample.

Note: Interpretation is left to the company and/or persons who conducted the field work. Some rare strains of Staphylococcus produce free (unbound) coagulase exclusively. The applied coagulase test only measures bound coagulase.

The limit of detection is a raw count of 1. The analytical sensitivity for air samples is equal to 1 raw count divided by sample size and multiplied by the positive hole correction factor. The analytical sensitivity for surface samples is equal to 1 raw count divided by a sample size of 1 plate.

‡ A "Version" indicated by -"x" after the Lab ID# with a value greater than 1 indicates a sample with amended data. The revision number is reflected by the value of "x".
§ Total cfu/unit has been rounded to two significant figures to reflect analytical precision.

Eurofins EMLab P&K
1501 West Knudsen Drive, Phoenix, AZ 85027
(800) 651-4802 Fax (623) 780-7695 www.emlab.com

Client: Controlled Environment Management (CEM) Date of Sampling: 09-30-2021
C/O: Mr. Jeff Raposa Date of Receipt: 10-01-2021
Re: KHL210930; Pharmacy Certification Date of Report: 10-13-2021

USP 797 - Detail Sample Analysis Results

Location:	Control:Control		FA-1:LFH 75014		FA-3-1:LFH 80502		FA-3:Ante Room	
Comments (see below)	None		None		None		None	
Area Designation	None		ISO Class 5		ISO Class 5		ISO Class 8	
Sample type	Buck BioCulture		Buck BioCulture		Buck BioCulture		Buck BioCulture	
Media used	TSA		MEA		MEA		MEA	
Lot#/Expiration date	490861/12-11-2021		489770/11-3-2021		489770/11-3-2021		489770/11-3-2021	
Lab ID-Version‡:	13158298-1		13158299-1		13158300-1		13158301-1	
Analysis Date	10-4-2021		10-7-2021		10-13-2021		10-13-2021	
Incubation	30° - 35°C for 2-3 days		26° - 30°C for 5-7 days		26° - 30°C for 5-7 days		26° - 30°C for 5-7 days	
	raw ct.	cfu*/m3	raw ct.	cfu*/m3	raw ct.	cfu*/m3	raw ct.	cfu*/m3
§Total	ND	N/A	ND	< 1	ND	< 1	ND	< 1
Sample size	0 liters		1000 liters		1000 liters		1000 liters	
Positive Hole	380		380		380		380	

*cfu = colony forming units Positive hole correction chart used for all calculations ND = none detected
Comments:

Identifiers listed without a count or data entry were not detected during the course of the analysis for the respective sample.

Note: Interpretation is left to the company and/or persons who conducted the field work. Some rare strains of Staphylococcus produce free (unbound) coagulase exclusively. The applied coagulase test only measures bound coagulase.

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§ Total cfu/unit has been rounded to two significant figures to reflect analytical precision.

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Client: Controlled Environment Management (CEM) Date of Sampling: 09-30-2021
C/O: Mr. Jeff Raposa Date of Receipt: 10-01-2021
Re: KHL210930; Pharmacy Certification Date of Report: 10-13-2021

USP 797 - Detail Sample Analysis Results

Location:	FA-4:Compounding Room		Control:Control	
Comments (see below)	None		None	
Area Designation	ISO Class 7		None	
Sample type	Buck BioCulture		Buck BioCulture	
Media used	MEA		MEA	
Lot#/Expiration date	489770/11-3-2021		489770/11-3-2021	
Lab ID-Version‡:	13158302-1		13158303-1	
Analysis Date	10-7-2021		10-7-2021	
Incubation	26° - 30°C for 5-7 days		26° - 30°C for 5-7 days	
	raw ct.	cfu*/m3	raw ct.	cfu*/m3
§Total	ND	< 1	ND	N/A
Sample size	1000 liters		0 liters	
Positive Hole	380		0	

*cfu = colony forming units Positive hole correction chart used for all calculations ND = none detected
Comments:

Identifiers listed without a count or data entry were not detected during the course of the analysis for the respective sample.

Note: Interpretation is left to the company and/or persons who conducted the field work. Some rare strains of Staphylococcus produce free (unbound) coagulase exclusively. The applied coagulase test only measures bound coagulase.

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Client: Controlled Environment Management (CEM) Date of Sampling: 09-30-2021
C/O: Mr. Jeff Raposa Date of Receipt: 10-01-2021
Re: KHL210930; Pharmacy Certification Date of Report: 10-13-2021

USP 797 - Detail Sample Analysis Results

Location:	BS-1:LFH 75014		BS-2:LFH 80502		BS-3:Ante Room		BS-4: Compounding Room	
Comments (see below)	None		None		None		None	
Area Designation	ISO Class 5		ISO Class 5		ISO Class 8		ISO Class 7	
Sample type	Contact plate		Contact plate		Contact plate		Contact plate	
Media used	TSA w/ Lecithin & Tween		TSA w/ Lecithin & Tween		TSA w/ Lecithin & Tween		TSA w/ Lecithin & Tween	
Lot#/Expiration date	490849/11-21-2021		490849/11-21-2021		490849/11-21-2021		490849/11-21-2021	
Lab ID-Version‡:	13158284-1		13158285-1		13158286-1		13158287-1	
Analysis Date	10-4-2021		10-4-2021		10-4-2021		10-4-2021	
Incubation	30° - 35°C for 2-3 days		30° - 35°C for 2-3 days		30° - 35°C for 2-3 days		30° - 35°C for 2-3 days	
	raw ct.	cfu*/plate	raw ct.	cfu*/plate	raw ct.	cfu*/plate	raw ct.	cfu*/plate
§Total	ND	ND	ND	ND	ND	ND	ND	ND

*cfu = colony forming units ND = none detected
Comments:

Identifiers listed without a count or data entry were not detected during the course of the analysis for the respective sample.

Note: Interpretation is left to the company and/or persons who conducted the field work. Some rare strains of Staphylococcus produce free (unbound) coagulase exclusively. The applied coagulase test only measures bound coagulase.

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Client: Controlled Environment Management (CEM) Date of Sampling: 09-30-2021
C/O: Mr. Jeff Raposa Date of Receipt: 10-01-2021
Re: KHL210930; Pharmacy Certification Date of Report: 10-13-2021

USP 797 - Detail Sample Analysis Results

Location:	Control:Control		FS-1:LFH 75014		FS-2:LFH 80502		FS-3:Ante Room	
Comments (see below)	None		None		None		None	
Area Designation	None		ISO Class 5		ISO Class 5		ISO Class 8	
Sample type	Contact plate		Contact plate		Contact plate		Contact plate	
Media used	TSA w/ Lecithin & Tween		SDA w/Lecithin & Tween		SDA w/Lecithin & Tween		SDA w/Lecithin & Tween	
Lot#/Expiration date	490849/11-21-2021		491974/12-9-2021		491974/12-9-2021		491974/12-9-2021	
Lab ID-Version‡:	13158288-1		13158305-1		13158304-1		13158307-1	
Analysis Date	10-4-2021		10-7-2021		10-7-2021		10-7-2021	
Incubation	30° - 35°C for 2-3 days		26° - 30°C for 5-7 days		26° - 30°C for 5-7 days		26° - 30°C for 5-7 days	
	raw ct.	cfu*/plate	raw ct.	cfu*/plate	raw ct.	cfu*/plate	raw ct.	cfu*/plate
§Total	ND	ND	ND	ND	ND	ND	ND	ND

*cfu = colony forming units ND = none detected
Comments:

Identifiers listed without a count or data entry were not detected during the course of the analysis for the respective sample.

Note: Interpretation is left to the company and/or persons who conducted the field work. Some rare strains of Staphylococcus produce free (unbound) coagulase exclusively. The applied coagulase test only measures bound coagulase.

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§ Total cfu/unit has been rounded to two significant figures to reflect analytical precision.

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Client: Controlled Environment Management (CEM)
C/O: Mr. Jeff Raposa
Re: KHL210930; Pharmacy Certification

Date of Sampling: 09-30-2021
Date of Receipt: 10-01-2021
Date of Report: 10-13-2021

USP 797 - Detail Sample Analysis Results

Location:	FS-4:Compounding Room		Control:Control	
Comments (see below)	None		None	
Area Designation	ISO Class 7		None	
Sample type	Contact plate		Contact plate	
Media used	SDA w/Lecithin & Tween		SDA w/Lecithin & Tween	
Lot#/Expiration date	491974/12-9-2021		491974/12-9-2021	
Lab ID-Version‡:	13158308-1		13158309-1	
Analysis Date	10-7-2021		10-7-2021	
Incubation	26° - 30°C for 5-7 days		26° - 30°C for 5-7 days	
	raw ct.	cfu*/plate	raw ct.	cfu*/plate
§Total	ND	ND	ND	ND

*cfu = colony forming units
ND = none detected
Comments:

Identifiers listed without a count or data entry were not detected during the course of the analysis for the respective sample.

Note: Interpretation is left to the company and/or persons who conducted the field work. Some rare strains of Staphylococcus produce free (unbound) coagulase exclusively. The applied coagulase test only measures bound coagulase.

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§ Total cfu/unit has been rounded to two significant figures to reflect analytical precision.

K&L GATES

Elliot Bertasi
Associate
Elliot.Bertasi@klgates.com

T 615-780-6722

December 6, 2021

VIA OVERNIGHT DELIVERY

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Suite 206
Reno, NV 89521

Re: Notice of Updated Transaction Effective Date -- Transitional Hospitals Corporation of Nevada, LLC (the "Licensee") - Pharmacy Permit

- **Kindred Hospital Las Vegas (Flamingo Campus) - No. IB01583**

This letter is in follow-up to the letters dated October 7, 2021 (the "Notification Letter") and October 25, 2021 (the "Delay Letter"). The Notification Letter provided notice to the Nevada State Board of Pharmacy (the "Department") of the anticipated indirect change of ownership of 100% of the Licensee's equity ownership (the "Transaction"). Enclosed with the Notification Letter were the following-listed required materials in connection with the same: (i) completed pharmacy permit application with original signatures; (ii) completed designated representative application with original signatures; (iii) list of all officers and managers of the Licensee; (iv) list of all shareholder/stockholders of the Licensee; (v) Certificate of Good Standing from the Nevada Secretary of State, dated 10/4/21, for Transitional Hospitals Corporation of Nevada, LLC; and (vi) Credit card information to process the fee of $500.00. Subsequent to the Notification Letter, the Delay Letter provided notice that the Transaction that had been anticipated to occur on or about November 1, 2021, was delayed and that we would provide the updated effective date when it is available.

By this letter, please be advised that the Transaction is now anticipated to be effective on or about December 23, 2021. Please note that the details relating to the Transaction described in the Notification Letter remain the same.

We understand no additional information or materials are needed by the Department and we further understand that the previous Notification Letter including the above-listed materials along with this update identifying the new Transaction effective date constitute effective notice to the Department. If this understanding is incorrect, please let us know as soon as possible.

Should you have any questions or need additional information, please do not hesitate to contact me at elliot.bertasi@klgates.com or 615-780-6722. Thank you for your time and attention to this matter.

Respectfully yours,

Elliot Bertasi, Esq.

K&L GATES

October 25, 2021

Rachel Taylor
Associate
rachel.taylor@klgates.com
T +1 615 780 6755

VIA OVERNIGHT MAIL

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Suite 206
Reno, NV 89521

Re: Notice of Delay of Reorganization — Pharmacy Permit No. IB01583
Transitional Hospitals Corporation of Nevada, LLC - Kindred Hospital Las Vegas (Flamingo Campus)

To Whom It May Concern:

This letter is in follow-up to our letter dated 10/7/2021 (the "Letter"), which provided notice to the Nevada State Board of Pharmacy of the anticipated indirect change of ownership of 100% of the Licensee's equity ownership (the "Transaction"). Enclosed with the Letter were the required application and related materials in connection with same.

In the Letter, we indicated that the Transaction was anticipated to occur on or about November 1, 2021. By this letter, please be advised that the Transaction has been delayed and will not close on November 1, 2021. We will provide the updated effective date when it is available.

Should you have any questions or need any additional information, please do not hesitate to contact me at 615-780-6755 or rachel.taylor@klgates.com. Thank you for your time and attention to this matter.

Sincerely,

Rachel E. Taylor
Associate

RET

Gabriel T. Scott
Associate
Gabriel.Scott@klgates.com

T +1 919 466 1263
F +1 919 516 2014

October 7, 2021

Via Overnight Mail

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Suite 206
Reno, NV 89521

The purpose of this letter is to notify Nevada State Board of Pharmacy (NVBOP) of an upcoming indirect change of ownership of 100% of Transitional Hospitals Corporation of Nevada, LLC d/b/a Kindred Hospital Las Vegas's (the "Licensee") equity ownership (the "Transaction"). The Licensee operates a long-term acute care hospital ("Hospital") and holds the following pharmacy permit from NVBOP:

Facility D/B/A Name	Permit Type and ID No.
Kindred Hospital Las Vegas	Pharmacy - IB01583

On June 18, 2021, LifePoint Health, Inc. ("LifePoint") entered into a Securities Purchase Agreement (the "Agreement") with a group of sellers comprised of affiliates of TPG Capital ("TPG"), Welsh, Carson, Anderson & Stowe ("WCAS"), Port-aux-Choix Private Investments ("PSP") and certain other holders of Kentucky Hospital Holdings JV, L.P. (the "Partnership"), the great-great-great grandparent (fifth level up) of a 100% interest in the Licensee. Pursuant to the Agreement, LifePoint will cause one or more affiliates under common ownership with LifePoint ("Knight") to acquire all of the outstanding equity of the Partnership. At that point, the indirect change of ownership will be complete. The Transaction is anticipated to close on or about November 1, 2021.

Organizational charts showing the ownership of the Licensee before and after the Transaction are attached as Attachment A.

To assist you in processing this change of indirect ownership, enclosed please find the following:

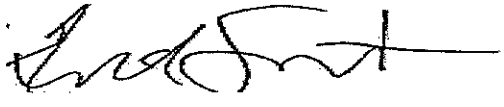
- A completed pharmacy permit application with original signatures;
- A completed designated representative application with original signatures;
- A list of all officers and managers of the Licensee, attached as Attachment B;
- A list of all shareholder/stockholders of the Licensee, attached as Attachment C;
- A Certificate of Good Standing from the Nevada Secretary of State, dated 10/4/21, for Transitional Hospitals Corporation of Nevada, LLC; and
- Credit card information to process the fee of $500.00.

We note that Section 12 of the pharmacy permit application indicates that, where the applicant is a non-publicly traded corporation or company, a personal history application must be completed by the top four shareholder/stockholders. We spoke with Maria in the NVBOP's licensing division on 10/5/21, who advised us that the personal history application is not required where the applicant has no individual shareholder/stockholders. As indicated in Attachments A and C, 100% of the ownership interest in the Licensee is held by the Licensee's parent. Given that the Licensee has no individual shareholder/stockholders, we have omitted the personal history application.

Please note that the Transaction will result only in a change of indirect ownership of the Licensee. There will be no change in the EIN/tax ID, organizing documents, offered services, service area, name, address, officers, or directors of the Hospital. Both before and after the Transaction closing date, the entity operating the Hospital and holding the pharmacy permit from the NVBOP is Transitional Hospitals Corporation of Nevada, LLC d/b/a Kindred Hospital Las Vegas. Furthermore, the Transaction does not constitute a change of ownership for Medicare purposes.

We understand this is all the information you need in regard to this Transaction. If, however, you believe a pharmacy permit application is required, or you have questions or need any additional information, please do not hesitate to contact me at (919) 466-1263 or at gabriel.scott@klgates.com.

Sincerely,



Gabriel T. Scott, Esq.

Gabriel T. Scott
Associate
Gabriel.Scott@klgates.com

T +1 919 466 1263
F +1 919 516 2014

September 28, 2021

Via Overnight Mail and Email to pharmacy@pharmacy.nv.gov

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Suite 206
Reno, NV 89521

The purpose of this letter is to notify Nevada State Board of Pharmacy (NVBOP) of an upcoming indirect change of ownership of 100% of Transitional Hospitals Corporation of Nevada, LLC d/b/a Kindred Hospital Las Vegas's (the "Licensee") equity ownership (the "Transaction"). The Licensee operates a long-term acute care hospital ("Hospital") and holds the following pharmacy permit from NVBOP:

Facility D/B/A Name	Permit Type and ID No.
Kindred Hospital Las Vegas	Pharmacy - IB01583

On June 18, 2021, LifePoint Health, Inc. ("LifePoint") entered into a Securities Purchase Agreement (the "Agreement") with a group of sellers comprised of affiliates of TPG Capital ("TPG"), Welsh, Carson, Anderson & Stowe ("WCAS"), Port-aux-Choix Private Investments ("PSP") and certain other holders of Kentucky Hospital Holdings JV, L.P. (the "Partnership"), the great-great-great grandparent (fifth level up) of a 100% interest in the Licensee. Pursuant to the Agreement, LifePoint will cause one or more affiliates under common ownership with LifePoint ("Knight") to acquire all of the outstanding equity of the Partnership. At that point, the indirect change of ownership will be complete. The Transaction is anticipated to close on or about November 1, 2021.

Organizational charts showing the ownership of the Licensee before and after the Transaction are attached as Attachment A.

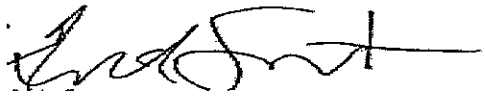
Please note that the Transaction will result only in a change of indirect ownership of the Licensee. There will be no change in the EIN/tax ID, organizing documents, offered services,

service area, name, address, officers, or directors of the Hospital. Both before and after the Transaction closing date, the entity operating the Hospital and holding the pharmacy permit from the NVBOP is Transitional Hospitals Corporation of Nevada, LLC d/b/a Kindred Hospital Las Vegas. Furthermore, the Transaction does not constitute a change of ownership for Medicare purposes.

Based on our review of the applicable rules and regulations, our understanding is that the Transaction does not constitute a change of ownership requiring a new application under NAC 639.227. In that regard, there will be no change to the entity that directly the owns the Hospital, which is and will continue to be Kindred Healthcare Operating, LLC, and there will be no changes to the officers or directors of the Hospital. As a result, we understand the Transaction does not constitute a change of 50 percent or more of the beneficial interest of a pharmacy, and therefore the Transaction does not constitute a change of ownership in regard to the Licensee's pharmacy permit. Nevertheless, we are providing this notice for your files.

We understand this is all the information you need in regard to this Transaction. If, however, you believe a pharmacy permit application is required, or you have questions or need any additional information, please do not hesitate to contact me at (919) 466-1263 or at gabriel.scott@klgates.com.

Sincerely,



Gabriel T. Scott, Esq.

7F

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application
Non-Refundable $500.00 Fee

Rev (9/22/2021)

Where is the facility located?

- ■ Nevada
- ☐ Out-of-State

Type of Application (check applicable box)

- ☐ New Pharmacy
- ■ Ownership Change*
- ☐ Location Change *
- ☐ Name Change*

* If making a change, provide current license number:

PH IB01314

Ownership Type (check applicable box)

- ☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
- ■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
- ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
- ☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Kindred Hospital Las Vegas

Physical Address: 5110 West Sahara Ave.

City: Las Vegas State: NV Zip: 89146-3406

Mailing Address (if different from physical address): Same

City: _____ State: _____ Zip: _____

Telephone: (702) 790-0822 Toll Free # (NAC 639.708, NRS 639.23286): _____

Fax: 1 (866) 777-2165 Contact Email: Chris.Hill@kindred.com

Website: kindredhealthcare.com/locations/transitional-care-hospitals/kindred-hospital-las-vegas-sahara

Nevada Business License # (if applicable) 664-HOS-37

Supervising/Managing Pharmacist Name (NRS 639.220): Christopher Hill

Supervising/Managing Pharmacist NV Pharmacist Registration #: 12881 NV

Type of Pharmacy (check all applicable)

- ☐ Retail/Community
- ■ Hospital (# beds 52)
- ☐ Internet
- ☐ Nuclear
- ☐ Other: _____

Services the Pharmacy will Provide (check all applicable)

- ☐ Retail/Community
- ■ Non-sterile Compounding
- ■ Sterile Compounding
- ☐ Mail-Order Service
- ☐ Off-site Cognitive Services
- ☐ Long Term Care
- ☐ Hospital
- ■ Other: Parenteral

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:	Hill, Christopher C.	NV Pharmacist Registration #:	12881
Name:	Eng, Carol	NV Pharmacist Registration #:	15754
Name:	Meier, Colby W.	NV Pharmacist Registration #:	19030
Name:	Hechanova, Camille F.	NV Pharmacist Registration #:	19338
Name:	Quinn, Derek	NV Pharmacist Registration #:	19110
Name:	Stambek, Thomas J.	NV Pharmacist Registration #:	19083
Name:	Cavalcanti, Renate K.	NV Pharmacist Registration #:	17770
Name:	Le, Vy T.	NV Pharmacist Registration #:	18063
Name:	Tibolt, Macrie A.	NV Pharmacist Registration #:	18084
Name:	Cho, Audrey	NV Pharmacist Registration #:	20815
Name:	Dalton, Joshua B.	NV Pharmacist Registration #:	18350

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: Nevada

Parent Company (if any): Kindred Healthcare Operating, LLC

Corporation/Organization Name: Transitional Hospitals Corporation of Nevada, LLC

Mailing Address: 680 South Fourth Street

City: Louisville State: KY Zip: 40202

Telephone: (502) 596-7300 Email: terrance.dillon@kindred.com

Contact Person Name: Terrance Dillon

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ■ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Gen. Counsel & Corp. Secretary (title) for Kindred Hospital Las Vegas (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Joseph L. Landenwich, General Counsel & Corporate Secretary

Print Name of Authorized Person



Original signature of Authorized Person (copies or stamps not accepted)

10/5/2021

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: Christopher Hill Pharmacist Registration #: 12881

Pharmacy Name: Kindred Hospital - Las Vegas

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 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)

10/05/2021
Date

Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)**	✓	✓		
• **List the top four stockholders and their percent ownership. NRS 639.231(3)**	✓	✓		
• **List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)**		✓		
• **For General Partnerships, list the name of each partner. NAC 639.214(2)** • **For Limited Partnerships, list the names of (NAC 639.214(3)):** o **All General Partners;** o **All Limited Partners who hold 10% or more of the interest.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/. NAC 639.S005. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state.		✓	✓	✓
• **Personal History Record Application found at** http://bop.nv.gov/Services/newapps/Business/ must be completed by: **a. For Non-publicly traded** - The top 4 shareholder/stockholders. **b. For Partnerships** - All general partners; all limited partners who hold 10% or more of the interest. **c. For Sole Owner** - The owner.		✓	✓	✓
• **Submit a copy of your most recent pharmacy inspection** from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(f)	✓	✓	✓	✓
• **Submit a copy of your license, certification, permit or registration issued to your pharmacy** from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(a)	✓	✓	✓	✓
• **License Verification** by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the form here: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/2020%20ALL_LicenseVerificationForm(1).pdf **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2238(2)(g)	✓	✓	✓	✓
• **Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)**	✓	✓	✓	✓
• **Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)**	✓	✓	✓	✓
• **Transmit Controlled Substance Prescription Data**- Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Joseph L. Landenwich, General Counsel & Corporate Secretary

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

10/05/2021

Date

Board Use Only	Date Received: _____	Amount: 500 cc

Processed 11/17/21 M.H

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, **TRANSITIONAL HOSPITALS CORPORATION OF 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 07/02/1993, 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 10/04/2021.

Barbara K. Cegavske

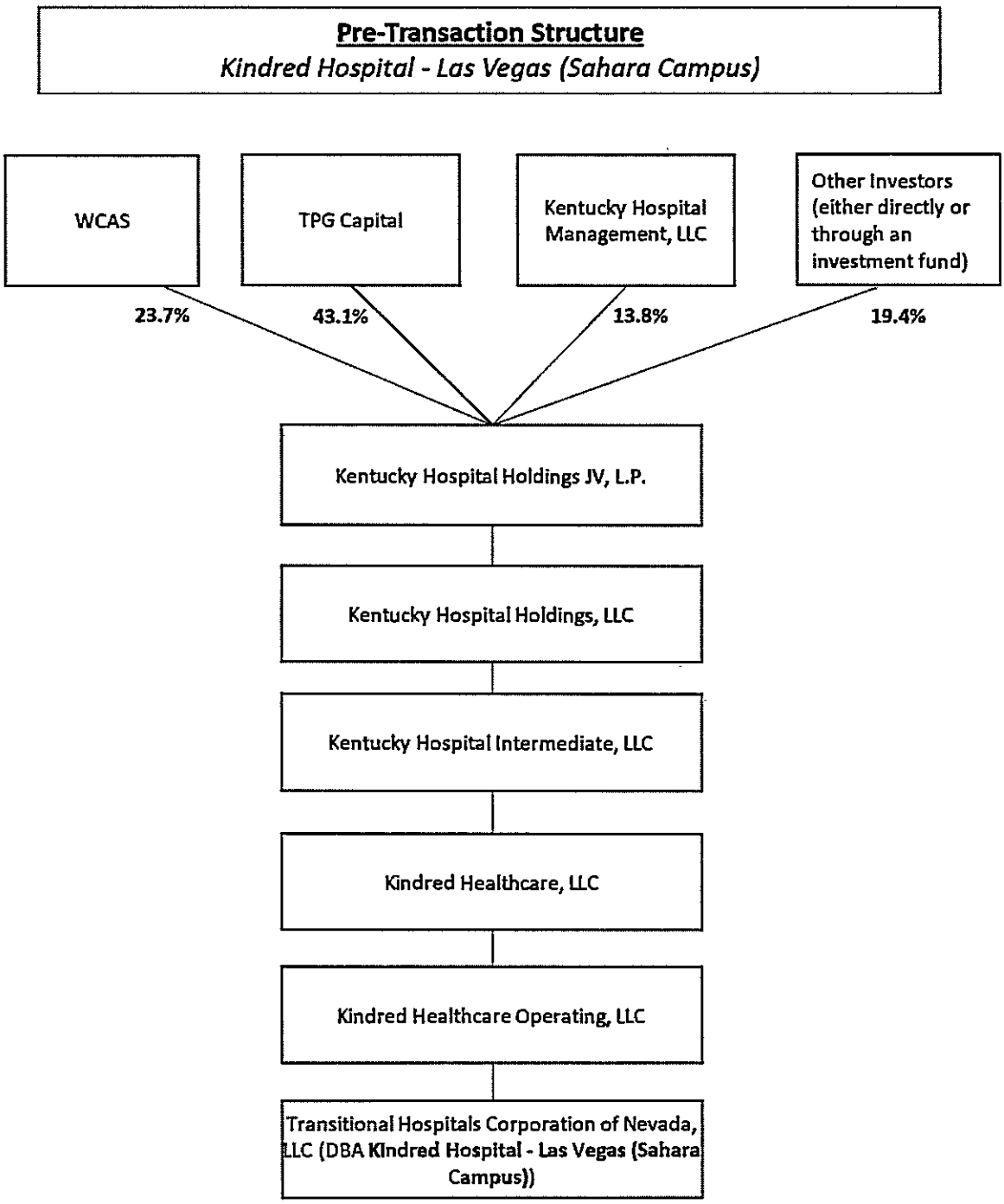
BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202110042043008
You may verify this certificate online at http://www.nvsos.gov

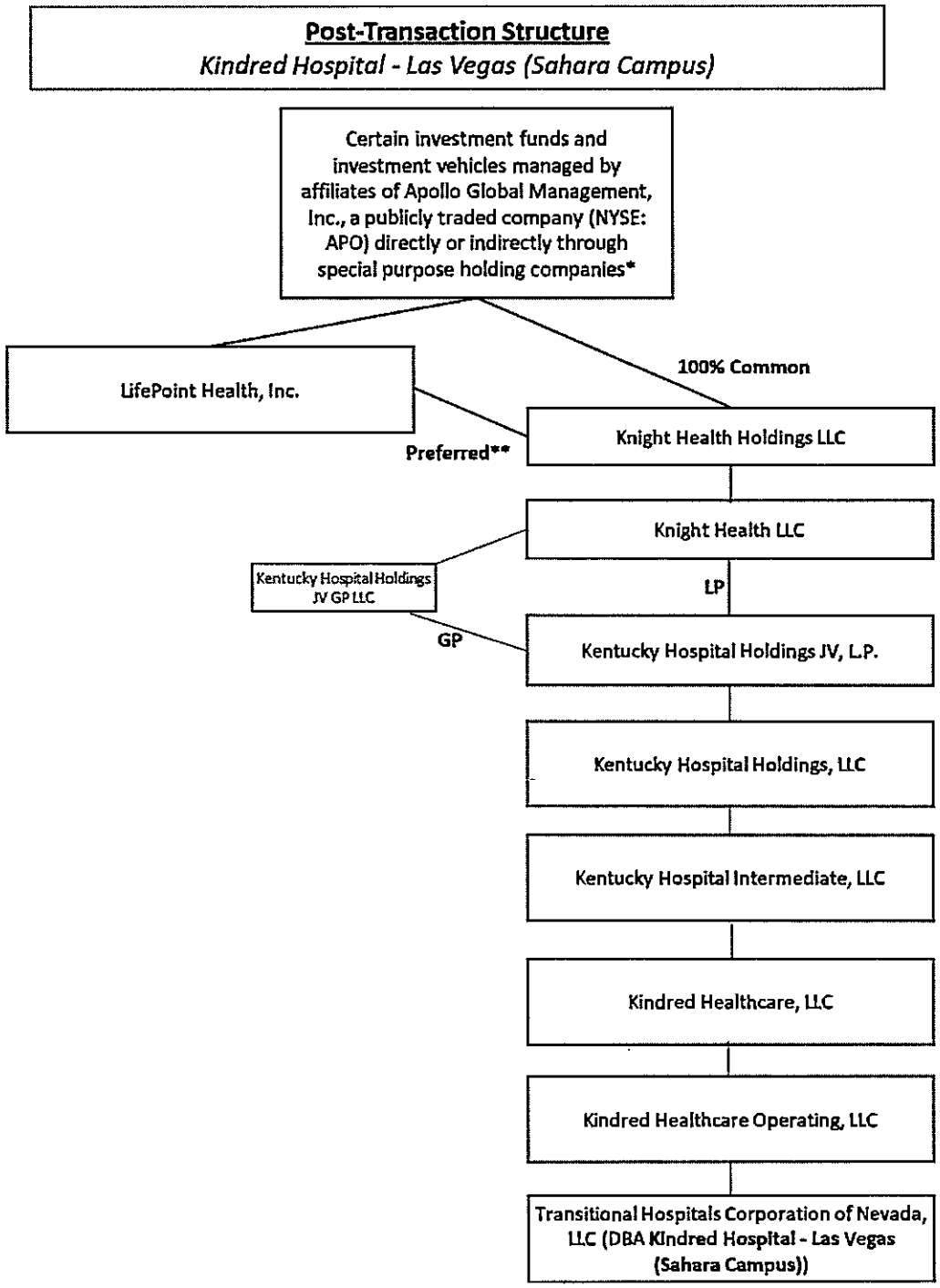
ATTACHMENT C

Kindred Healthcare Operating, LLC is the sole parent of, and holds 100% of the direct ownership interest in, Transitional Hospitals Corporation of Nevada, LLC.

ATTACHMENT A



Note: All ownership percentages are 100% unless specifically noted otherwise.



***Note:** All ownership percentages are 100% unless specifically noted otherwise.*
**Officers, directors, employees and consultants hold less than 10% ownership interest in the aggregate, and no such individual holds more than 1% individually.*
***Represents a non-voting and non-participating preferred security interest.*

ATTACHMENT B

Transitional Hospitals Corporation of Nevada, LLC has managers and officers; it has no directors. The following is a list of all of the managers and officers:

Managers	**Title(s)**
James T. Flowers	Chief Financial Officer, Strategy and Support Services and Treasurer
Joel W. Day	Chief Financial Officer
Joseph L. Landenwich	General Counsel and Corporate Secretary
Officers	**Title(s)**
Michael Warrington	President, Hospital Division
Jeffrey Jasnoff	Chief Human Resources Officer
Joseph L. Landenwich	General Counsel and Corporate Secretary
Douglas L. Curnutte	Chief Development Officer
Cristina E. Pietrowski	Vice President, Real Estate Counsel
Jeffrey P. Stodghill	Senior Vice President and Corporate Counsel
Joseph B. Miller	Senior Vice President and Corporate Counsel
Michael J. Bean	Vice President, Tax
Richard Algood	Senior Vice President, Reimbursement
Tami Johnson	Senior Vice President and Chief Compliance Officer
Charles H. Wardrip	Chief Information Officer
James T. Flowers	Chief Financial Officer, Strategy and Support Services and Treasurer
Joel W. Day	Chief Financial Officer
Adam Darvish	Senior Vice President of Health System Development

Heather Crawford	Senior Vice President, Clinical Operations, Hospital Division
Audra Early	Senior Vice President, Strategy and Network Development
Garett Jackson	Senior Vice President, Chief Financial Officer, Hospital Division
Sean R. Muldoon, M.D.	Senior Vice President and Chief Medical Officer, Hospital Division
Stacie Winkler	Senior Vice President and Chief Counsel, Hospital Division
Lorene Perona	Vice President, Clinical Operations and Care Coordination
Terrance K. Dillon	Assistant Secretary
Linn Billingsley	Vice President, Regional Operations, Hospital Division
Tracy Saunders	Vice President, Regional Operations, Hospital Division
Jeff Herdelin	Vice President, Human Resources, Hospital Division
Anthony Dickamore	Vice President, Facilities Management, Hospital Division
Richard Flores	Vice President, Revenue Cycle, Hospital Division
James Poullard	Senior Vice President of Support Services, Health Equity and Experience
Mark LaRoche	Vice President, Regional Operations, Hospital Division
Stephanie Madrid	Vice President, Regional Operations, Hospital Division
Marty Mann	Senior Vice President of Strategic Partnership Development

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: Kindred Hospital Las Vegas

Physical Address: 5110 West Sahara Ave.

City: Las Vegas State: NV Zip: 89146-3406

Mailing Address (if different from physical address): Same

City: State: Zip:

Telephone: (702) 790-0822 Website: kindredhealthcare.com/locations/transitional-care-hospitals/kindred-hospit

Licensing Company Email: Chris.Hill@kindred.com

Section 2: Personal Information

First: Christopher Middle: Last: Hill

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] Elk Point Circle

City: Las Vegas State: NV Zip: 89147

Telephone: [redacted] Email: Chris.Hill@kindred.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials _____

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of New Mexico		08/89 - 12/95	
Address	City	State	Zip
	Albuquerque	NM	87131
Diploma/Degree obtained, if any			
B.S. Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
Eldorado High School		01/88 - 05/89	
Address	City	State	Zip
11300 Montgomery Blvd NE	Albuquerque	NV	87111
Diploma/Degree obtained, if any			
HS Diploma			

School Name		From - To (MM/YY – MM/YY)	
Gallup High School		08/85 -12/87	
Address	City	State	Zip
1055 Rico St.	Gallup	NV	87301
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
11/96- now	[redacted] Elk Point Circle	Las Vegas	NV	89147
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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)	
Kindred Hospital			08/08 - present	
Business Address		**City**	**State**	**Zip**
5110 West Sahara Ave		Las Vegas	NV	89146
Phone	**Title**		**Number of Employed Hours**	
7027900822	Clinical Pharmacy Manager ✓		>27000 ✓	
Description of Duties				
Oversight of pharmacy operations. Responsible for the provision of safe, effective, appropriate and cost efficient medication therapy to patients at the 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.

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.)		✓
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)

Date

Applicant's initials

I, Christopher Hill, **certify that as the designated representative for**

Kindred Hospital Las Vegas,

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

Christopher Hill

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/06/21

Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Christopher Hill

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/06/21

Date

Please have this section completed in the presence of a Notary Public.

State of NV, ss. County of Clark

I, Christopher Hill, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

10-6-21

Date

Subscribed and Sworn to before me this 6 day of OCT, 2021.

Notary Public Signature

DAVID E. GOLDFARB
NOTARY PUBLIC
STATE OF NEVADA
Appt. No. 17-1737-1
My Appt. Expires March 8, 2025
(Seal)

this is a loose certif for NV State board of Pharm. for a DESIGNATED Represtv. Applic

Applicant's initials

K&L GATES

Elliot Bertasi
Associate
Elliot.Bertasi@klgates.com

T 615-780-6722

December 6, 2021

VIA OVERNIGHT DELIVERY

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Suite 206
Reno, NV 89521

Re: Notice of Updated Transaction Effective Date -- Transitional Hospitals Corporation of Nevada, LLC (the "Licensee") - Pharmacy Permit

- **Kindred Hospital Las Vegas (Sahara Campus) - No. IB01314**

This letter is in follow-up to the letters dated October 7, 2021 (the "Notification Letter") and October 25, 2021 (the "Delay Letter"). The Notification Letter provided notice to the Nevada State Board of Pharmacy (the "Department") of the anticipated indirect change of ownership of 100% of the Licensee's equity ownership (the "Transaction"). Enclosed with the Notification Letter were the following-listed required materials in connection with the same: (i) completed pharmacy permit application with original signatures; (ii) completed designated representative application with original signatures; (iii) list of all officers and managers of the Licensee; (iv) list of all shareholder/stockholders of the Licensee; (v) Certificate of Good Standing from the Nevada Secretary of State, dated 10/4/21, for Transitional Hospitals Corporation of Nevada, LLC; and (vi) Credit card information to process the fee of $500.00. Subsequent to the Notification Letter, the Delay Letter provided notice that the Transaction that had been anticipated to occur on or about November 1, 2021, was delayed and that we would provide the updated effective date when it is available.

By this letter, please be advised that the Transaction is now anticipated to be effective on or about December 23, 2021. Please note that the details relating to the Transaction described in the Notification Letter remain the same.

We understand no additional information or materials are needed by the Department and we further understand that the previous Notification Letter including the above-listed materials along with this update identifying the new Transaction effective date constitute effective notice to the Department. If this understanding is incorrect, please let us know as soon as possible.

Should you have any questions or need additional information, please do not hesitate to contact me at elliot.bertasi@klgates.com or 615-780-6722. Thank you for your time and attention to this matter.

Respectfully yours,

Elliot Bertasi, Esq.

K&L GATES

Rachel Taylor
Associate
rachel.taylor@klgates.com
T +1 615 780 6755

October 25, 2021

VIA OVERNIGHT MAIL

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Suite 206
Reno, NV 89521

Re: Notice of Delay of Reorganization — Pharmacy Permit No. IB01314
Transitional Hospitals Corporation of Nevada, LLC - Kindred Hospital Las Vegas (Sahara Campus)

To Whom It May Concern:

This letter is in follow-up to our letter dated 10/7/2021 (the "Letter"), which provided notice to the Nevada State Board of Pharmacy of the anticipated indirect change of ownership of 100% of the Licensee's equity ownership (the "Transaction"). Enclosed with the Letter was the required application and related materials connection with same.

In the Letter, we indicated that the Transaction was anticipated to occur on or about November 1, 2021. By this letter, please be advised that the Transaction has been delayed and will not close on November 1, 2021. We will provide the updated effective date when it is available.

Should you have any questions or need any additional information, please do not hesitate to contact me at 615-780-6755 or rachel.taylor@klgates.com. Thank you for your time and attention to this matter.

Sincerely,

Rachel E. Taylor
Associate

RET

Gabriel T. Scott
Associate
Gabriel.Scott@klgates.com

T +1 919 466 1263
F +1 919 516 2014

October 7, 2021

Via Overnight Mail

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Suite 206
Reno, NV 89521

The purpose of this letter is to notify Nevada State Board of Pharmacy (NVBOP) of an upcoming change of indirect ownership of 100% of Transitional Hospitals Corporation of Nevada, LLC d/b/a Kindred Hospital Las Vegas's (the "Licensee") equity ownership (the "Transaction"). The Licensee operates a long-term acute care hospital ("Hospital") and holds the following pharmacy permit from NVBOP:

Facility D/B/A Name	Permit Type and ID No.
Kindred Hospital Las Vegas	Pharmacy - IB01314

On June 18, 2021, LifePoint Health, Inc. ("LifePoint") entered into a Securities Purchase Agreement (the "Agreement") with a group of sellers comprised of affiliates of TPG Capital ("TPG"), Welsh, Carson, Anderson & Stowe ("WCAS"), Port-aux-Choix Private Investments ("PSP") and certain other holders of Kentucky Hospital Holdings JV, L.P. (the "Partnership"), the great-great-great grandparent (fifth level up) of a 100% interest in the Licensee. Pursuant to the Agreement, LifePoint will cause one or more affiliates under common ownership with LifePoint ("Knight") to acquire all of the outstanding equity of the Partnership. At that point, the indirect change of ownership will be complete. The Transaction is anticipated to close on or about November 1, 2021.

Organizational charts showing the ownership of the Licensee before and after the Transaction are attached as Attachment A.

To assist you in processing this change of indirect ownership, enclosed please find the following:

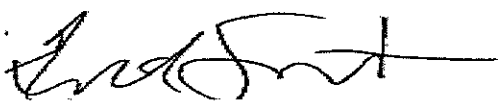
- A completed pharmacy permit application with original signatures;
- A completed designated representative application with original signatures;
- A list of all officers and managers of the Licensee, attached as Attachment B;
- A list of all shareholder/stockholders of the Licensee, attached as Attachment C;
- A Certificate of Good Standing from the Nevada Secretary of State, dated 10/4/21, for Transitional Hospitals Corporation of Nevada, LLC; and
- Credit card information to process the fee of $500.00.

We note that Section 12 of the pharmacy permit application indicates that, where the applicant is a non-publicly traded corporation or company, a personal history application must be completed by the top four shareholder/stockholders. We spoke with Maria in the NVBOP's licensing division on 10/5/21, who advised us that the personal history application is not required where the applicant has no individual shareholder/stockholders. As indicated in Attachments A and C, 100% of the ownership interest in the Licensee is held by the Licensee's parent. Given that the Licensee has no individual shareholder/stockholders, we have omitted the personal history application.

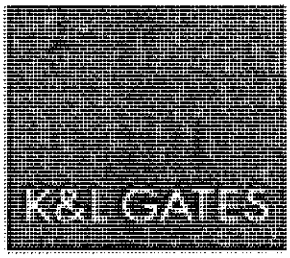
Please note that the Transaction will result only in a change of indirect ownership of the Licensee. There will be no change in the EIN/tax ID, organizing documents, offered services, service area, name, address, officers, or directors of the Hospital. Both before and after the Transaction closing date, the entity operating the Hospital and holding the pharmacy permit from the NVBOP is Transitional Hospitals Corporation of Nevada, LLC d/b/a Kindred Hospital Las Vegas. Furthermore, the Transaction does not constitute a change of ownership for Medicare purposes.

We understand this is all the information you need in regard to this Transaction. If, however, you believe a pharmacy permit application is required, or you have questions or need any additional information, please do not hesitate to contact me at (919) 466-1263 or at gabriel.scott@klgates.com.

Sincerely,



Gabriel T. Scott, Esq.



Gabriel T. Scott
Associate
Gabriel.Scott@klgates.com

T +1 919 466 1263
F +1 919 516 2014

September 28, 2021

Via Overnight Mail and Email to pharmacy@pharmacy.nv.gov

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Suite 206
Reno, NV 89521

The purpose of this letter is to notify Nevada State Board of Pharmacy (NVBOP) of an upcoming indirect change of ownership of 100% of Transitional Hospitals Corporation of Nevada, LLC d/b/a Kindred Hospital Las Vegas's (the "Licensee") equity ownership (the "Transaction"). The Licensee operates a long-term acute care hospital ("Hospital") and holds the following pharmacy permit from NVBOP:

Facility D/B/A Name	Permit Type and ID No.
Kindred Hospital Las Vegas	Pharmacy - IB01314

On June 18, 2021, LifePoint Health, Inc. ("LifePoint") entered into a Securities Purchase Agreement (the "Agreement") with a group of sellers comprised of affiliates of TPG Capital ("TPG"), Welsh, Carson, Anderson & Stowe ("WCAS"), Port-aux-Choix Private Investments ("PSP") and certain other holders of Kentucky Hospital Holdings JV, L.P. (the "Partnership"), the great-great-great grandparent (fifth level up) of a 100% interest in the Licensee. Pursuant to the Agreement, LifePoint will cause one or more affiliates under common ownership with LifePoint ("Knight") to acquire all of the outstanding equity of the Partnership. At that point, the indirect change of ownership will be complete. The Transaction is anticipated to close on or about November 1, 2021.

Organizational charts showing the ownership of the Licensee before and after the Transaction are attached as Attachment A.

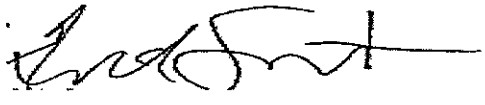
Please note that the Transaction will result only in a change of indirect ownership of the Licensee. There will be no change in the EIN/tax ID, organizing documents, offered services,

service area, name, address, officers, or directors of the Hospital. Both before and after the Transaction closing date, the entity operating the Hospital and holding the pharmacy permit from the NVBOP is Transitional Hospitals Corporation of Nevada, LLC d/b/a Kindred Hospital Las Vegas. Furthermore, the Transaction does not constitute a change of ownership for Medicare purposes.

Based on our review of the applicable rules and regulations, our understanding is that the Transaction does not constitute a change of ownership requiring a new application under NAC 639.227. In that regard, there will be no change to the entity that directly the owns the Hospital, which is and will continue to be Kindred Healthcare Operating, LLC, and there will be no changes to the officers or directors of the Hospital. As a result, we understand the Transaction does not constitute a change of 50 percent or more of the beneficial interest of a pharmacy, and therefore the Transaction does not constitute a change of ownership in regard to the Licensee's pharmacy permit. Nevertheless, we are providing this notice for your files.

We understand this is all the information you need in regard to this Transaction. If, however, you believe a pharmacy permit application is required, or you have questions or need any additional information, please do not hesitate to contact me at (919) 466-1263 or at gabriel.scott@klgates.com.

Sincerely,



Gabriel T. Scott, Esq.

7G

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206– Reno, NV 89521 – (775) 850-1440

APPLICATION FOR NEVADA PHARMACY LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(**non-refundable** and **not transferable money order or cashier's check only**)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☐ New Pharmacy or ☒ Ownership Change (Provide current license number if making changes: PH04309

Check box below for type of ownership and complete all required forms. **If LLC use Non Public Corporation or Partnership.

☐ Publicly Traded Corporation – Pages 1,2,3,10,11a&b ☑ Partnership - Pages 1,2,6,10,11a&b

☐ Non Publicly Traded Corporation – Pages 1,2,4,10,11a&b ☐ Sole Owner – Pages 1,2,8,10,11a&b

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: MONICOS PHARMACY, LLC

Physical Address: 2701 N. TENAYA WAY STE #120

City: LAS VEGAS State: Zip Code: NV Telephone: (702) 505-4898

Fax: (702) 505-4899 Toll Free Number: 1-888-638-0034

E-mail: MONICOSPHARMACY@GMAIL.COM

Website: WWW.MONICOSPHARMACY.COM

Managing Pharmacist: ADEBOLA DUROSAWO License Number: 19327 ✓

OK MSH 9/10/21

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	TYPE OF PHARMACY	Yes/No	SERVICES PROVIDED
☑	☐ Retail	☐	☑ Off-site Cognitive Services
☐	☑ Hospital (# beds 7)	☐	☑ Parenteral
☐	☑ Internet	☐	☑ Parenteral (outpatient)
☐	☑ Nuclear	☐	☑ Outpatient/Discharge
☐	☑ Ambulatory Surgery Center	☐	☑ Mail Service
☑	☐ Community	☐	☑ Long Term Care
☐	☐ Other: _____	☐	☑ Sterile Compounding
		☑	☐ Non Sterile Compounding
	All boxes must be checked	☐	☑ Mail Service Sterile Compounding
	For the application to be complete	☐	☐ Other Services: _____

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☑

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☑

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☑

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☑

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

ELAINE ROBLES
Print Name of Authorized Person

08/12/2021
Date

Board Use Only	Date Processed:	Amount: 500 check #1322946985

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A PARTNERSHIP. All persons listed as a partner must accurately complete a personal history record form.

Type of Partnership: General X Limited _____

List names of 4 largest partners and percentage of ownership:

Name: ELAINE ROBLES %: 50

Name: ADEBOLA DUROSINMO %: 50

Name: _____ %: _____

Name: _____ %: _____

Partnership Name: MONICOS PHARMACY, LLC

Mailing Address: 2701 N. TENAYA WAY STE 120

City, State Zip Code: LAS VEGAS, NV 89128

Telephone Number: 702 505 4898 Fax Number: 702 505 4899

Contact Person: ELAINE ROBLES

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday ~~9~~ 10 am 6 pm Saturday X am X pm

Sunday X am X pm 24 Hours _____

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: G09-01274 / G09-01308

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy
FOR Corporations, Partnership or Sole Owners

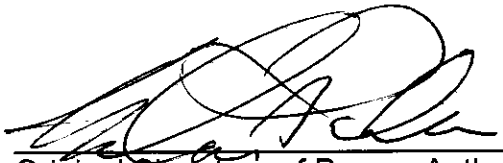
I, ELAINE ROBLES

Responsible Person of MONICOS PHARMACY, LLC

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.



Original Signature of Person Authorized to Submit Application, no copies or stamps

ELAINE ROBLES
Print Name of Authorized Person

08/12/2021
Date

Managing Pharmacist

Pharmacist Name: ADEBOLA DUROSAWO License #: 19327

Pharmacy Name: MONICOS PHARMACY, LLC

As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours after I report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances of the pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a copy of the inventory to be on file at the pharmacy.

I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be the subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.

I understand that if I cease to be managing pharmacist of the above named pharmacy I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☒
1. been charged, arrested or convicted of a felony or misdemeanor in any state?	☐	☒
2. been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☒
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☒

If you marked YES to any of the numbered questions above, please include the following information

Board Administrative Action: State: _____ Date: _____ Case #: _____

And/or Criminal Action: State: _____ Date: _____ Case #: _____

County _____ Court: _____

PHARMACY MANAGER'S RESPONSIBILITIES
(PHARMACY MANAGER TO READ, DATE, AND SIGN THIS SECTION)

1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220)

2. Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282, NAC 639.510, NAC 639.473<2>)

3. Notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. (NAC 639.540)

4. Maintain documentation of pharmacy technician in-service records or technician in training daily logs available for inspection at the pharmacy. (NAC 639.254<2>)

5. A complete controlled substance inventory must be taken every 2 years and whenever there is a pharmacy manager change (must be completed within 48 hours). (CFR 1304.11, NAC 453.475)

6. Report any loss or theft of controlled substances to the Nevada State Board of Pharmacy, Department of Public Safety, and Drug Enforcement Administration within 10 days of the occurrence. (NRS 453.568)

7. Maintain prescription records/logs for 2 years (2 years from last fill date for original paper prescription). NRS 639.236, NAC 453.480)

8. Maintain records of sales to practitioners or other licensed providers as invoices for 2 years. (NRS 639.268, NAC 453.485)

9. Maintain invoice records separated as required for 2 years. (NRS 454.286, NAC 639.487)

I have read all questions, answers and statements and know the content thereof. I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct.

Debbie Swearingen
Signature

08/13/2021
Date

Nevada State Board Of Pharmacy

(Firm mailing address for window envelope)

THIS STUB IS YOUR RECEIPT

Date: 04/23/2020
Amount: $ 500.00
License #: PH04309

Monicos Pharmacy LLC
2701 N Tenaya Way #120
Las Vegas NV 89128

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacy
Expires:10/31/2022
Monicos Pharmacy LLC
2701 N Tenaya Way #120
Las Vegas NV 89128

License #
PH04309
Active

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

NEVADA

STATE BOARD OF PHARMACY

Pharmacy

Expires: 10/31/2022
STATUS: Active

License Type: Pharmacy
License #: PH04309

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Managing Pharmacist : ADEBOLA DUROSAWO

Monicos Pharmacy LLC
2701 N Tenaya Way #120
Las Vegas NV 89128

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

Reprinted: 08/18/2021

List of officer and Directors are,

Elaine Robles - Member
Adebola,Durosawo - Member

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, **Monicos Pharmacy LLC**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 01/27/2020, 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 03/03/2020.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B20200303627318
You may verify this certificate online at http://www.nvsos.gov

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler MONICOS PHARMACY

Physical Address 2701 N TENAYA WAY #120

City LAS VEGAS State NV Zip 89128

Mailing Address (if different from physical address) SAME AS ABOVE

City _____ State _____ Zip _____

Telephone 702 505 4848 Website monicospharmacy.com

Licensing Company Email monicospharmacy@gmail.com

Section 2: Personal Information

First ADEBOLA Middle OLANISI Last DUROSARO

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address [redacted] VEGAS VALLEY DR #[redacted]

City LAS VEGAS State NV Zip 89169

Telephone [redacted] Email [redacted]@gmail.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.310)	Yes	No
1. Have you ever served on active 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: _____ N/A

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 630.320)	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 AO

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

An application for a license, or a licensee with a license, to conduct a pharmacy or to operate as a wholesaler shall designate at least one natural person to serve as the representative of the pharmacy or wholesaler. The Board will not issue or renew a license of an applicant or licensee that is required to designate a representative of a pharmacy or wholesaler unless the Board determines that the designated natural person meets the following qualifications per NAC 639.5005 (Pharmacy) or NAC 639.5935 (Wholesaler):

1. Is at least 21 years of age;
2. Has been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.

The designated representative of a pharmacy or a wholesaler:

1. Must be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
2. Must be employed full-time in a managerial level position with the pharmacy or wholesaler;
3. Must be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
4. May serve in this representative capacity for only one pharmacy or wholesaler at a time

A pharmacy or wholesaler that is required to designate a natural person as its representative shall not open or operate the pharmacy or wholesaler unless that representative is actually employed full-time in the operation of the pharmacy or wholesaler and is physically present at the site of the pharmacy or wholesaler during regular working hours, not including sick leave, vacation leave and other authorized absences from work. If the natural person designated as the representative of a pharmacy leaves the employ of the pharmacy or wholesaler, thus leaving the pharmacy or wholesaler without a representative in violation of this section, the pharmacy or wholesaler shall:

1. Immediately cease conducting business until another qualified natural person is approved by the Board to serve as the representative of the pharmacy or wholesaler; and
2. Not later than 48 hours after that person leaves its employ, notify the Board that the person designated as the representative of the pharmacy or wholesaler has left the employ of the pharmacy or wholesaler.

Before a pharmacy or wholesaler, that is in violation of NAC 639.5005 (Pharmacy) or NAC 639.5935 (Wholesaler) because the natural person designated as the representative of the pharmacy or wholesaler left the employ of the pharmacy or wholesaler, may continue conducting business:

1. The pharmacy or wholesaler must designate, on a form provided by the Board, a new natural person to serve as the representative of the pharmacy; and
2. The Board must approve the natural person so designated.

Section 4: List your high school and college education beginning with the most current. (Use a separate sheet of paper if additional space is needed.)

School Name	From - To (MM/YY – MM/YY)
WESLEY COLLEGE OF SCIENCE	
Address	**City** / **State** / **Zip**
	IBADAN / OYO / NIGERIA
Diploma/Degree obtained, if any	
High School Diploma equivalent	

School Name	From - To (MM/YY – MM/YY)
TEXAS A&M UNIVERSITY	01/2004 – 06/2005
Address	**City** / **State** / **Zip**
	KINGSVILLE / TX /
Diploma/Degree obtained, if any	
BSc Chemical Engineering	

School Name	From - To (MM/YY – MM/YY)
Roseman University	06/13 – 06/16
Address	**City** / **State** / **Zip**
	Henderson / NV /
Diploma/Degree obtained, if any	
Pharm.D	

School Name	From - To (MM/YY – MM/YY)
Address	**City** / **State** / **Zip**
Diploma/Degree obtained, if any	

School Name	From - To (MM/YY – MM/YY)
Address	**City** / **State** / **Zip**
Diploma/Degree obtained, if any	

Section 5: List all residences you have had for the last 10 years beginning with the most current. (Use a separate sheet of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/20 – Current	[redacted] VEGAS VALLEY DR	LAS VEGAS	NV	89169
12/17 – 12/20	[redacted] RYAN PEARL LN	HENDERSON	NV	89115
3/17 – 12/17	[redacted] JENNINGS WAY	ELKO	NV	89801
6/13 – 3/17	[redacted] RUMFORD PLACE	HENDERSON	NV	89074
2/13 – 10/13	[redacted] Golden Wing St	LAS VEGAS	NV	89011
2/12 – 2/13	[redacted] Boulder Falls AP 1185	Henderson	NV	89011

Applicant's initials MD

[redacted]

Business Name		From - To (MM/YY – MM/YY)
MONICOS PHARMACY		8/21 - Current
Business Address	**City**	**State** / **Zip**
2701 N TENAYA WAY	LAS VEGAS	NV / 89128
Phone	**Title**	**Number of Employed Hours**
702 505 4848	PHARMACY MANAGER	1900
Description of Duties		
Oversee pharmacy operations Pharmacist on duty		

Business Name		From - To (MM/YY – MM/YY)
WALMART		12/17 - 7/21/21
Business Address	**City**	**State** / **Zip**
BOULDER HIGHWAY	LAS VEGAS	NV / 89121
Phone	**Title**	**Number of Employed Hours**
702	PHARMACY MANAGER	7280
Description of Duties		
Oversee overall run of the Pharmacy		

Business Name		From - To (MM/YY – MM/YY)
Business Address	**City**	**State** / **Zip**
Phone	**Title**	**Number of Employed Hours**
Description of Duties		

Business Name		From - To (MM/YY – MM/YY)
Business Address	**City**	**State** / **Zip**
Phone	**Title**	**Number of Employed Hours**
Description of Duties		

Business Name		From - To (MM/YY – MM/YY)
Business Address	**City**	**State** / **Zip**
Phone	**Title**	**Number of Employed Hours**
Description of Duties		

Continue on next page if additional space is needed.

Section B: Arrests, Convictions, Litigations, Administrative	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:

N/A

Original Signature (electronic, copies or stamps not accepted)

07/19/2022
Date

Applicant's initials AD

I, ADEBOLA DUROSAWO, **certify that as the designated representative for** MONICOS 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

ADEBOLA DUROSAWO
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

07/19/22
Date

Applicant's initials AD

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

ADEBOLA DUROSAIN
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

07/19/22
Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, ADEBOLA DUROSAIN, 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

07/19/22
Date

Subscribed and Sworn to before me this 19 day of July 2022

Notary Public Signature

ANA LILIA MONDRAGON CHAVEZ
NOTARY PUBLIC
STATE OF NEVADA
My Commission Expires: 09-30-25
Certificate No: 18-1233-1

(Seal)

Applicant's initials AD

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/Facility Information

Name of Pharmacy/MDEG/Wholesaler MONICOS

Physical Address 2701 N TENAYA WAY STE #120

City LAS VEGAS State NV Zip 89128

Mailing Address (if different from physical address) SAME AS ABOVE

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email _____

Section 2: Personal Information

First ADEBOLA Middle IDLATBISI Last DURUSAMO

Alias(es, nicknames, name changes, etc.) BOLA

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address [redacted] VEGAS VALLEY DR #[redacted]

City LAS VEGAS State NV Zip 89169

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.)		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 639.125)	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 AD

List your high school and college experience beginning with the most current. (Use a separate piece of paper if

School Name		From - To (MM/YY – MM/YY)	
ROSEMAN UNIVERSITY		05/13 - 06/16	
Address	**City**	**State**	**Zip**
11 SUNSET WAY	HENDERSON	NV	89014
Diploma/Degree obtained, if any			
PHARMD			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**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			

Employment: List all employment for the last 10 years beginning with the most current. (Use a separate piece of paper

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/20 - present	[redacted] VEGAS VALLEY DR. #98	LAS VEGAS	NV	89169
12/17 - 12/20	[redacted] RYAN DEAN LN	HENDERSON	NV	89011
03/17 - 11/17	[redacted]E JENNINGS WAY	ELKO	NV	89801
03/13 - 03/17	[redacted] RUMFORD PLACE	HENDERSON	NV	89074
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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 AD

Business Name: WALMART PHARMACY			From - To (MM/YY – MM/YY): 04/2013 - 07/2021
Business Address: WALMART PHARMACY	City: LAS VEGAS	State: NV	Zip: 89121
Phone: 702 434 5545	Title: PHARMACY MANAGER		
Description of Duties: Managed pharmacy operations			

Business Name: OLYVEE			From - To (MM/YY – MM/YY): 03/20 - present
Business Address: 10034 RIDGE VALLEY CT	City: ~~LAS~~ LAS VEGAS	State: NV	Zip: 89148
Phone:	Title: PARTNER		
Description of Duties: Partner Beauty product			

Business Name: OLIN CHEMICAL			From - To (MM/YY – MM/YY): 04/11 – 05/13
Business Address: OLIN CHEMICAL	City:	State:	Zip:
Phone:	Title: PROCESS ENGINEER		
Description of Duties:			

Business Name:			From - To (MM/YY – MM/YY):
Business Address:	City:	State:	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.

	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 AD

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)

08/13/2021
Date

Applicant's initials AD

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

ADEBOLA DUROSAWO

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

08/13/2021

Date

Please have this section completed in the presence of a Notary Public.

State of NEVADA, ss. County of CLARK

I, ADEBOLA DUROSAWO, 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

08/18/2021

Date

Subscribed and Sworn to before me this 18TH day of AUGUST 2021.

Notary Public Signature

DIANNE-KATHRYN TIONGCO
NOTARY PUBLIC
STATE OF NEVADA
My Commission Expires: 01-11-2025
Certificate No: 21-4765-01

(Seal)

Applicant's initials AO

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 MONICOS PHARMACY, LLC

Physical Address 2701 N. TENAYA WAY #120

City LAS VEGAS State NV Zip 89128

Mailing Address (if different from physical address) 2701 N TENAYA WAY STE #120

City LAS VEGAS State NV Zip 89128

Telephone 702 505 4898 Website WWW.MONICOSPHARMACY.COM

Licensing Company Email MONICOSPHARMACY@GMAIL.COM

Section 2: Personal Information

First ELAINE Middle IRENE Last ROBLES

Alias(es, nicknames, name changes, etc.)

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address [redacted] DUNCAN PEAK CT

City LAS VEGAS State NV Zip 89139

Telephone [redacted] Email ELAINEROBLES@MONICOSPHARMACY.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 639.179)	**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 EAR

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
LAS VEGAS COLLEGE		08/07 - 05/09	
Address	**City**	**State**	**Zip**
170 N STEPHANIE ST	HENDERSON	NV	89104
Diploma/Degree obtained, if any			
MEDICAL ASSISTANT			

School Name		From - To (MM/YY – MM/YY)	
SPRING VALLEY HIGH SCHOOL		08/04 06/06	
Address	**City**	**State**	**Zip**
3750 S. BUFFALO DR	LAS VEGAS	NV	89147
Diploma/Degree obtained, if any			
HIGH SCHOOL DIPLOMA			

School Name		From - To (MM/YY – MM/YY)	
SIERRA VISTA HIGH SCHOOL		08/02 06/03	
Address	**City**	**State**	**Zip**
8100 W ROBINDALE RD	LAS VEGAS	NV	89113
Diploma/Degree obtained, if any			
SCHOOL ZONE CHANGED.			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**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
10/2018 - PRESENT	[redacted] DUNCAN PEAK CT	LAS VEGAS	NV	89139
01/10 - 10/18	[redacted] W. ROCHELLE AVE	LAS VEGAS	NV	89147
01/10 01/18	[redacted] SUMMER FURNACE	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

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)
MONICOS PHARMACY, LLC			02/20 - PRESENT
Business Address	**City**	**State**	**Zip**
2701 N TENAYA WAY STE 120	LAS VEGAS	NV	89128
Phone	**Title**		
702 505 - 4898	CHIEF OPERATING OFFICER / REGISTERED AGENT		
Description of Duties			
DAY TO DAY OPERATIONS			

Business Name			From - To (MM/YY – MM/YY)
MP PHARMACY			08/19 - 02/20
Business Address	**City**	**State**	**Zip**
28813 US HWY 19N	CLEARWATER	FL	33761
Phone	**Title**		
727. 240 - 0271	REGIONAL EXECUTIVE MANAGER (WEST COAST)		
Description of Duties			
HIRING EMPLOYEES, DAY TO DAY OPERATIONS, MANAGING EMPLOYEES, SALES, MARKETING			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Applicant's initials _____

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		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:

N/A

Original Signature (electronic, copies or stamps not accepted)

8/12/2021
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.

ELAINE ROBLES
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

08/12/2021
Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Elaine Irene Robles, 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

08/12/2021
Date

Subscribed and Sworn to before me this 12 day of August, 2021

Notary Public Signature

SILVIA ZAPATA
Notary Public - State of Nevada
County of Clark
APPT. NO. 21-3945-01
My App. Expires July 28, 2025

(Seal)

Applicant's initials

8

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 *		☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☐ Name Change*	PH_____	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: CrowdRx

Physical Address: 5:30 & Esplanade

City: Black Rock City State: NV Zip: 89412

Mailing Address (if different from physical address): 244 W 54th Street, 3rd Floor

City: New York State: NY Zip: 10019

Telephone: 888-912-7693 Toll Free # (NAC 639.708, NRS 639.23286): 888-912-7693

Fax: _____ Contact Email: info@crowdrx.org

Website: www.crowdrx.org

Nevada Business License # (if applicable) NV20201755297

Supervising/Managing Pharmacist Name (NRS 639.220): Juliana Zschoche

Supervising/Managing Pharmacist NV Pharmacist Registration #: 19942

Type of Pharmacy (check all applicable)

- ☐ Retail/Community
- ☐ Hospital (# beds _____)
- ☐ Internet
- ☐ Nuclear
- ☑ Other: Special Event - Independent (

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: Juliana Zschoche	NV Pharmacist Registration #: 19942
Name: Finnella Morgan	NV Pharmacist Registration #: 22972
Name: Patricia Dieso	NV Pharmacist Registration #: Pending
Name: Rachael Moliver	NV Pharmacist Registration #: Pending
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		X
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: NA	Credentials: NA	%: NA
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): American Medical Response, Inc.

Corporation/Organization Name: GMR Event Services LLC dba CrowdRx

Mailing Address: 244 W 54th Street, 3rd Floor

City: New York State: New York Zip: 10019

Telephone: 888-912-7693 Email: info@crowdrx.org

Contact Person Name: Connor Fitzpatrick

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 Lead Pharmacist (title) for CrowdRx (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).

Juliana Zschoche

Print Name of Authorized Person

Juliana Zschoche

Original signature of Authorized Person (copies or stamps not accepted)

8/3/2022

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Juliana Zschoche 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 Lead Pharmacist (title) for CrowdRx (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.

Juliana Zschoche
Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 3 day of August, 2022

Maia A Sarwer
Notary Public

MAIA A SARWER
NOTARY PUBLIC
ANNE ARUNDEL COUNTY
MARYLAND
MY COMMISSION EXPIRES JAN. 22, 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: Juliana Zschoche Pharmacist Registration #: 19942

Pharmacy Name: CrowdRx

Initial each statement below to indicate you have read and agree with the following:

JZ 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.

JZ 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.

JZ 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.

JZ 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)).

JZ I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in <u>any</u> state?		X
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?		X
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?		X

If you marked YES to any questions above, include the following information and provide a 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.

Juliana Zschoche
Original signature of Managing Pharmacist (copies or stamps not accepted)

8/3/2022
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 <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.

Connor Fitzpatrick - Executive Director

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

8/4/22

Date

Board Use Only	Date Received: 8·8·22	Amount: 500.00 CC

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, **GMR Event Services LLC**, as a FOREIGN LIMITED-LIABILITY COMPANY duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 04/06/2020, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 08/02/2022.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202208022896727
You may verify this certificate online at http://www.nvsos.gov

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GMR EVENT SERVICES LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SECOND DAY OF AUGUST, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GMR EVENT SERVICES LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF JUNE, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

7483091 8300

SR# 20223155227

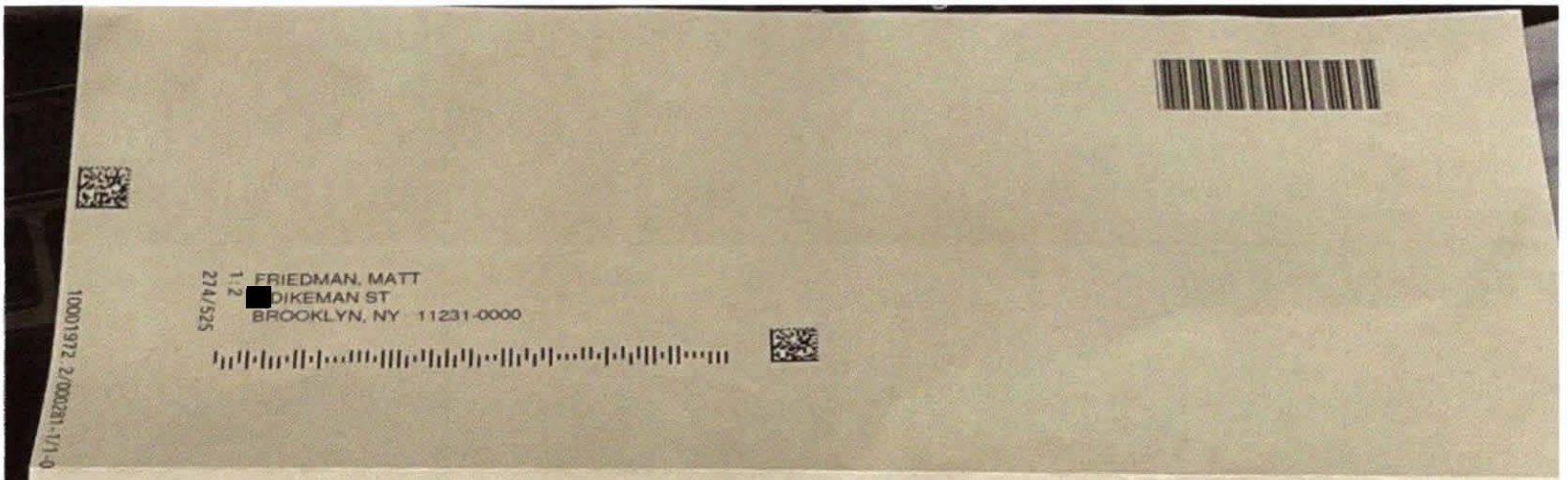
Authentication: 204065879

Date: 08-02-22

You may verify this certificate online at corp.delaware.gov/authver.shtml

GMR Event Services LLC

Name	Title	First Elected	Last Elected	Expires On	Term
Ed Racht	Senior Vice President and Chief Medical Officer		01/03/2020	12/31/2999	Perpetual
Edward B. Van Horne	Chief Operating Officer		01/13/2020	12/31/2999	Perpetual
Eric J. Thomas	Senior Vice President of Revenue Management	06/24/2019		12/31/2999	Perpetual
Jennifer Mardosz	Chief Compliance Officer	01/29/2021		12/31/2999	Perpetual
Jennifer Mardosz	Senior Vice President	01/29/2021		12/31/2999	Perpetual
Karl Metcalf	Vice President - Tax	06/24/2019		12/31/2999	Perpetual
Lisa Jacoba	Senior Vice President and Chief Human Resource Officer		01/13/2020	12/31/2999	Perpetual
Michael Preissler	Executive Vice President, Chief Financial Officer, Chief Administrative Officer and Assistant Secretary			12/31/2999	Perpetual
Randel G. Owen	President & Chief Executive Officer		01/13/2020	12/31/2999	Perpetual
Sean Tuley	Senior Vice President and Chief Information Officer			12/31/2999	Perpetual
Thomas A.A. Cook	Executive Vice President, General Counsel and Secretary			12/31/2999	Perpetual



FRIEDMAN, MATT
[redacted] DIKEMAN ST
BROOKLYN, NY 11231-0000

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FF7806675	09-30-2024	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	PRACTITIONER	09-28-2021

FRIEDMAN, MATT
[redacted] MAIN ST
GERLACH, NV 89412-2002

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
FF7806675	09-30-2024	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	PRACTITIONER	09-28-2021

FRIEDMAN, MATT
[redacted] MAIN ST
GERLACH, NV 89412-2002

Sections 304 and 1008 (21 USC 824 and 95
Controlled Substances Act of 1970, as a
provide that the Attorney General may r
suspend a registration to manufacture,
dispense, import or export a controlled subs

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)

Matt Samuel Wolkin FRIEDMAN

License Number:	18102
License Type:	Medical Doctor
License Status:	Active
Initial License Date:	Jul-16-2018
Expiration Date:	Jun-30-2023
Public Address:	[redacted]48th Street
Public City:	Brooklyn
Public State:	New York
Public ZIP Code:	11219
Public Country:	United States
Public Phone Number:	[redacted]
Credential:	M.D.

Specialties

Specialty
Emergency Medicine

Education History

Institution	Degree/Certificate	Date Enrolled	Date To
New York Medical College / Valhalla, NY	Medical Doctor Degree	N/A	May-21-2008

Postgraduate Training

Institution	Program Type	Specialty Type	Start Date	End Date
Icahn School of Medicine / New York, NY	Residency	Emergency Medicine	Jul-01-2008	Jun-30-2012
Hofstra Northwell SOM / Brooklyn, NY	Fellowship	Emergency Medicine	Jul-01-2012	Jun-30-2013

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Board Actions

Summary	Attachments
None.	

Current Employment Status / Conditions / Restrictions on License / Prior Malpractice Claims

Summary	Attachments
None.	

Malpractice Information

Summary	Attachments
None.	

Nevada State Board of Pharmacy

For licensing inquires please send an email to, pharmacy@pharmacy.nv.gov (mailto:pharmacy@pharmacy.nv.gov).

For current information on **disciplinary actions taken against licensees**, please send an email to shunting@pharmacy.nv.gov (mailto:shunting@pharmacy.nv.gov).

VERIFY LICENSE

Last Name	First Name	License#	City	State	Country	Discipline	Action
ZSCHOCHE	JULIANA	19942	BALTIMORE	MD	United States	None	

License Number : 19942
Name : ZSCHOCHE, JULIANA
License Type : Pharmacist
License Status : Active
License Date : 07/30/2018
Discipline : None
Expiration Date : 10/31/2023



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Complete Upload Reset

Document Type	Date	Name	Other Name	Is Public?	Status	Uploaded By	Link	Actions

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Nevada State Board of Pharmacy

For licensing inquires please send an email to, pharmacy@pharmacy.nv.gov (mailto:pharmacy@pharmacy.nv.gov).

For current information on **disciplinary actions taken against licensees**, please send an email to shunting@pharmacy.nv.gov (mailto:shunting@pharmacy.nv.gov).

VERIFY LICENSE

Last Name	First Name	License#	City	State	Country	Discipline	Action
Morgan	Finnella	22972				None	

License Number : 22972
Name : Morgan, Finnella
License Type : Pharmacist
License Status : Active
License Date : 07/13/2022
Discipline : None
Expiration Date : 10/31/2023



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Complete Upload Reset

Document Type	Date	Name	Other Name	Is Public?	Status	Uploaded By	Link	Actions

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10A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (08/12/2021)

Y

Where is the facility located?	☐ Nevada ☒ Out-of-State
Is your facility a reverse distributor?	☐ Yes ☒ No

Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☒ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Maquet Cardiovascular, LLC

Physical Address: 45 Barbour Pond Drive

City: Wayne State: NJ Zip: 07470

Mailing Address (if different from physical address): c/o State License Servicing, 1751 State Route 17A, Suite 3

City: Florida State: NY Zip: 10921

Telephone: (973) 709-7000 Website: www.maquet.com/us

Name of Designated Representative (DR): Pierre J Kernizan

Licensing Company Email: MCV@slsny.com DR Email: pierre.kernizan@getinge.com

Entities the Wholesaler will Serve	**Products to be Handled or Wholesaled**
☐ Pharmacies	☒ Legend Pharmaceuticals, Supplies or Devices
☐ Practitioners	☐ Controlled Substances
☒ Hospitals	☐ Hypodermic Devices
☐ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☒ Others: Distribution sites with organization and Distributors	☐ Others:

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	X	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

N/A

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

N/A

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:

State of Incorporation/Organization: DE

Parent Company (if any): Datascope Corp.

Corporation/Organization Name: Maquet Cardiovascular, LLC

Mailing Address: c/o State License Servicing 1751 State Route 17A, Suite 3

City: Florida State: NY Zip: 10921

Telephone: (845) 544-2482 Email: MCV@slsny.com

Contact Person Name: Christine Cannon

N/A

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

N/A

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

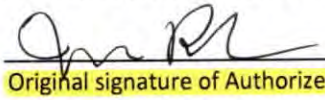
Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		X
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	X	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/ N/A- Datascope Corp 100% Ownership		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances** N/A- No CS	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jennifer A Paradise

Print Name of Authorized Person Submitting Application



Original signature of Authorized Person (copies or stamps not accepted)

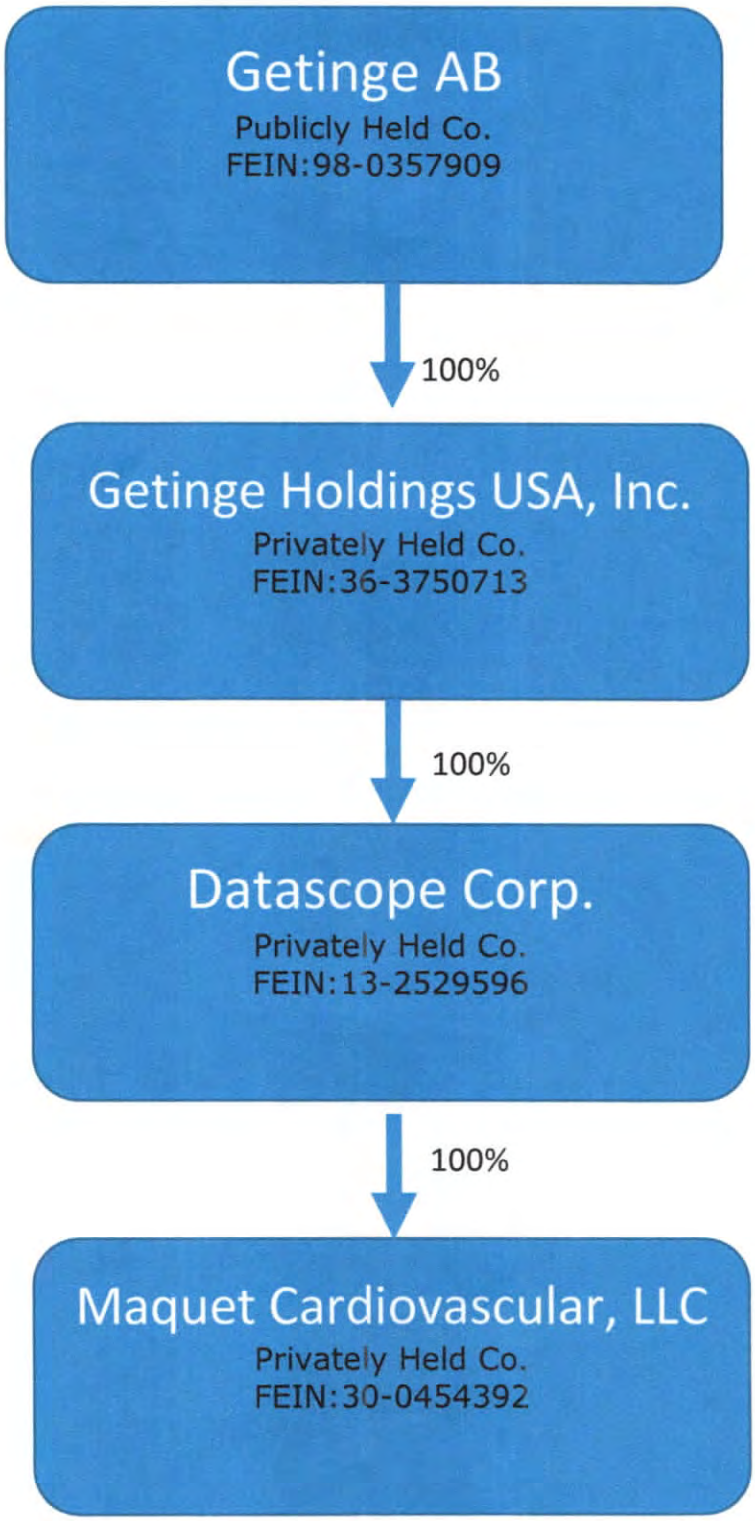
20 Jan 2022

Date

Board Use Only	Date Received: _____	Amount: 500 CHECK # 1870

Org Chart 2991

Maquet Cardiovascular, LLC Ownership Chart



Mackenzie Winne - All Ope... > 77477

☆ Reply Add note Forward Close Merge Delete ⋮

Overdue

RE: [EXTERNAL] Verification of Licensure

DOH-PHFPP reported via email

Add summary

D **DOH-PHFPP** reported via email

18 days ago (Fri, 11 Sep 2020 at 4:44 PM)

To: "'SLSNYSupport.com'" <help@slsnysupport.com>

Thank you. Due to limited resources, the NJ Department of Health cannot complete license verification forms for other states. Please utilize the online verification system on our webpage: https://nj.gov/health/ceohs/food-drug-safety/medical-device-reg/

Jennifer Steffee | Public Health Representative
NJ Department of Health | Public Health & Food Protection
PO Box 369 | 135 E State St | Trenton, NJ 08625
609.913.5150 | http://nj.gov/health/ceohs

NJ letter- No official verifications online only

Homestate License Verification

New Jersey Department of Health
P.O. Box 369, Trenton, New Jersey 08625-0369
Drug and Medical Device Certificate of Registration

Information recorded in the system as of 12/9/2021

Registration Number: 5004713 **Registered as:** Manufacturer

Name: MAQUET CARDIOVASCULAR, LLC

DBA:

Address: 45 BARBOUR POND DR, WAYNE, NJ 07470

Original Issue Date: 02/13/2015 **Expiration Date:** 01/31/2023

Current Issue Date: 11/10/2021

Disciplines: No

NJ Good Standing

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING

MAQUET CARDIOVASCULAR LLC
0600316548

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named Delaware Foreign Limited Liability Company was registered by this office on January 02, 2008.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

NATIONAL REGISTERED AGENTS, INC.
820 BEAR TAVERN ROAD
WEST TRENTON, NJ 08628

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 30th day of September, 2021

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6123669388

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

FDA

ıent Registration & Device Listing

ledical Devices ◉ Databases

New Search | Back To Search Results

Establishment:
Maquet Cardiovascular LLC
45 Barbour Pond Drive
Wayne , NJ 07470
Registration Number: 2242352
FEI Number*: 2242352
Status: Active
Initial Distributor/Importer: Yes
*Note Firm May Have Additional Establishment Types. Please Review Listings For Further Information.
Date Of Registration Status: 2019

Owner/Operator:
MAQUET CARDIOVASCULAR LLC
45 Barbour Pond Drive
Wayne, NJ 07470
Owner/Operator Number: 10024202

Official Correspondent:
Dennis Genito
45 Barbour Pond Drive
Wayne, NJ 07470
Phone: 973-7097487

verified 2/11/22 MH

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

'26/2018
accessing information in different file formats, see Instructions for Downloading Viewers and Players.
vailable: Español | 繁體中文 | Tiếng Việt | 한국어 | Tagalog | Русский | العربية | Kreyòl Ayisyen | Français | Polski | Português | Italiano |

MAQUET
GETINGE GROUP

Maquet Cardiovascular, LLC

Corporate Address: 45 Barbour Pond Dr., Wayne, NJ 07470 USA
FEIN: 30-0454392
www.maquet.com/us

Drug Labeler Code: N/A
Incorporation State: DE
Incorporation Date: 12/13/2007

FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
WAY	45 Barbour Pond Drive Wayne, NJ 07470 County: Passaic	2242352	N/A	N/A	No	(973) 709-7000	(973) 709-6516

FACILITY DESIGNATED REPRESENTATIVES

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Pierre J Kernizan	[redacted] Sparta Road Stanhope, NJ 07874	Designated Representative	No	[redacted]	[redacted]	[redacted]

OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority	FEIN/SSN	DOB	Driver's License
Datascope Corp.	1300 MacArthur Blvd. Mahwah, NJ 07430	N/A	100	N/A	13-2529596	N/A	N/A

LIST OF OFFICERS

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Stephanie B. Trizinski	[redacted] Clifford Drive Towaco, NJ 07082	VP, Cardiac Surgery	No	[redacted]		
Jennifer A Paradise	[redacted] Hill Hollow Road Warren, NJ 07059	VP, Cardiac Assist				

REGISTERED AGENT IN ALL APPLICABLE STATES

Name	SSN	DOB	Driver's License
Incorp Services, Inc.			
CT Corporation System			

3PLS

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
GXO Logistics Supply Chain, Inc.	2349 Route 130, Suite A South Brunswick, NJ 08810					

company particulars

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Maquet Cardiovascular, LLC

Physical Address: 45 Barbour Pond Drive

City: Wayne State: NJ Zip: 07470

Mailing Address (if different from physical address): c/o State License Servicing 1751 State Route 17A, Suite 3

City: Florida State: NY Zip: 10921

Telephone: (845) 544-2482 Website: www.maquet.com/us

Licensing Company Email: MCV@slsny.com

Section 2: Personal Information

First: Pierre Middle: J Last: Kernizan

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] Sparta Road

City: Stanhope State: NJ Zip: 07874

Telephone: [redacted] Email: pierre.kernizan@getinge.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials PK

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
New Jersey Institute of Technology		PK 1/23/2022 Sept 1999 - May 2003	
Address	**City**	**State**	**Zip**
323 Dr Martin Luther King Jr Blvd.	Newark	NJ	07102
Diploma/Degree obtained, if any			
M.S. Industrial Engineering			

School Name		From - To (MM/YY – MM/YY)	
New Jersey Institute of Technology		Sept 1989 - May 1993	
Address	**City**	**State**	**Zip**
323 Dr Martin Luther King Jr Blvd.	Newark	NJ	07102
Diploma/Degree obtained, if any			
B.S. Industrial Engineering			

School Name		From - To (MM/YY – MM/YY)	
Petit Seminaire College SAINT MARTIAL		Oct 1978 - 1985 (Jun)	
Address	**City**	**State**	**Zip**
Port-au-Prince Haiti			
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
Jul 2006 - Present	[redacted] Sparta Road	Stanhope	NJ	07874
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name: Maquet Cardiovascular, LLC				From - To (MM/YY – MM/YY): 06/2013 - Present
Business Address: 45 Barbour Pond Drive		City: Wayne	State: NJ	Zip: 07470
Phone: (973) 709-7000	Title: Designated Representative/ Quality Engineering Manager			Number of Employed Hours: 19,760hrs @ 40hrs a wk
Description of Duties: Establish and maintain Quality Management systems; Responsible for directing all day to day operational activities in support of business objectives; Assist with all third party quality systems inspections and audits.				

Business Name				From - To (MM/YY – MM/YY)
Business Address		City	State	Zip
Phone	Title			Number of Employed Hours
Description of Duties				

Business Name				From - To (MM/YY – MM/YY)
Business Address		City	State	Zip
Phone	Title			Number of Employed Hours
Description of Duties				

Business Name				From - To (MM/YY – MM/YY)
Business Address		City	State	Zip
Phone	Title			Number of Employed Hours
Description of Duties				

Business Name				From - To (MM/YY – MM/YY)
Business Address		City	State	Zip
Phone	Title			Number of Employed Hours
Description of Duties				

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

N/A

Date

Applicant's initials PK

I, Pierre J. Kernizan, **certify that as the designated representative for**

Maquet Cardiovascular, LLC,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Pierre J. Kernizan

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

January 24, 2022

Date

Applicant's initials PK

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Pierre J. Kernizan

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

January 23, 2022

Date

Please have this section completed in the presence of a Notary Public.

State of New Jersey, ss. County of Morris

I, Pierre J. Kernizan, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

January 24, 2022

Date

Subscribed and Sworn to before me this 24th day of January 2022

Notary Public Signature

JULIA RADZEWICZ
Notary Public - State of New Jersey
My Commission Expires Feb 18, 2025

(Seal)

Applicant's initials PK

List of Employees

Legal Entity	First Name	Last Name	Job Title	Employment Details Hire Date
US30-Maquet Cardiovascular LLC	Rosanna	Capone	Sr. Business Systems Analyst	7/1/1994
US30-Maquet Cardiovascular LLC	James	Monroe	Manager, Regulatory Affairs	10/5/2020
US30-Maquet Cardiovascular LLC	Kenneth	White	Compliance Manager	6/5/2017
US30-Maquet Cardiovascular LLC	Tyler	Wennstrom	Microbiologist I	10/19/2020
US30-Maquet Cardiovascular LLC	Stephanie	Trizinski	VP, Product Area Cardiac Surgery	1/18/2010
US30-Maquet Cardiovascular LLC	Alberta	Sherifi	Supervisor, Production	2/8/2010
US30-Maquet Cardiovascular LLC	Gregory	Peldunas	Sr. Director, New Product Development	10/17/2005
US30-Maquet Cardiovascular LLC	Lorena	Azevedo	Cost Accountant	1/25/2021
US30-Maquet Cardiovascular LLC	Yesenia	Garcia	Complaints Analyst I	2/8/2021
US30-Maquet Cardiovascular LLC	Julie	Pettigrew	Director Product Management	2/8/2021
US30-Maquet Cardiovascular LLC	Thomas	Wegman	Material Handler I, Distribution	6/24/2020
US30-Maquet Cardiovascular LLC	Naailah	Torres	QC Technician II	3/11/2019
US30-Maquet Cardiovascular LLC	Margaret	Borgese	LMS Coordinator	5/4/2015
US30-Maquet Cardiovascular LLC	Brielle	Richards	Supplier Coordinator	6/4/2018
US30-Maquet Cardiovascular LLC	Loendo	Mier	Paralegal	7/6/2015
US30-Maquet Cardiovascular LLC	Nathan	Dominguez	QC Inspector II	9/5/2017
US30-Maquet Cardiovascular LLC	Marina	Royzen	Sr. Patent Paralegal	6/15/2020
US30-Maquet Cardiovascular LLC	Jose	Veras	Material Handler III, Distribution	6/29/2009
US30-Maquet Cardiovascular LLC	Karen	Eggenberger	Administrative Assistant IV	4/16/1990
US30-Maquet Cardiovascular LLC	Genicco	Jackson	Quality Lead, Receiving	12/21/2009
US30-Maquet Cardiovascular LLC	Valentina	Josevska	Lead QC Inspector, Receiving	11/7/1996
US30-Maquet Cardiovascular LLC	Elizabeth	Klapacz	Sr. QC Inspector	1/22/1997
US30-Maquet Cardiovascular LLC	Angel	Rodriguez	Sr. QC Inspector	1/11/2016
US30-Maquet Cardiovascular LLC	Jesus	Garcia	Manufacturing Technician II	5/24/2010
US30-Maquet Cardiovascular LLC	Darlene	Lavoie	Master Data Analyst	5/1/1987
US30-Maquet Cardiovascular LLC	Enrique	Rodriguez	Material Handler I, Distribution	7/18/2011
US30-Maquet Cardiovascular LLC	Debra	Kleinman	Administrative Assistant IV	9/26/1995
US30-Maquet Cardiovascular LLC	Glenny	Urena	QC Lead Inspector	4/11/2011
US30-Maquet Cardiovascular LLC	Camille	Pesce	Regulatory Affairs/Field Action Coordi	9/29/2014
US30-Maquet Cardiovascular LLC	Richard	Van Boerum	Lead Mechanic	11/27/1995
US30-Maquet Cardiovascular LLC	Henna	Gaber	QC Inspector II	10/7/2013
US30-Maquet Cardiovascular LLC	Paul	Perkalis	Lead Electrician	11/1/2004
US30-Maquet Cardiovascular LLC	James	Morris	HVAC Mechanic III	11/5/2007
US30-Maquet Cardiovascular LLC	Daniela	Santana	QA Lab Technician II	1/18/2016
US30-Maquet Cardiovascular LLC	Vincent	Brown	Mechanic IV	5/27/2008
US30-Maquet Cardiovascular LLC	Oneil	Melbourne	CAD Drafter/Designer	4/17/2017
US30-Maquet Cardiovascular LLC	Khalid	Khan	Laboratory Technician II, Microbiology	2/3/1997
US30-Maquet Cardiovascular LLC	Petter	Conde	QC Inspector II	12/21/2009
US30-Maquet Cardiovascular LLC	Luz	Martinez	Material Handler II, Distribution	7/18/2011
US30-Maquet Cardiovascular LLC	Vincent	Felice	Expense Coordinator	10/18/2010
US30-Maquet Cardiovascular LLC	Damarys	Garcia	Manufacturing Technician IV	5/8/1996
US30-Maquet Cardiovascular LLC	Michael	Cenicola	Maintenance Technician III	2/6/2006
US30-Maquet Cardiovascular LLC	Gustavo	Menendez	QC Technician II	8/6/2018
US30-Maquet Cardiovascular LLC	Loai	Zaid	Calibration Technician II	3/3/2009
US30-Maquet Cardiovascular LLC	Amapola Pinky	Hernandez	Sr. Engineering Technician, R&D	3/23/2013
US30-Maquet Cardiovascular LLC	Maria	Covarrubias	Sr. Engineering Technician, R&D	3/23/2013
US30-Maquet Cardiovascular LLC	Roberto	Mendez	Maintenance Technician III	1/7/2008
US30-Maquet Cardiovascular LLC	Aris	Batista	QC Inspector I	2/8/2010
US30-Maquet Cardiovascular LLC	Jenny	Alvarez	QC Inspector II	4/21/2014
US30-Maquet Cardiovascular LLC	Ricardo	Caraballo Davila	Material Handler II, Distribution	1/11/2010
US30-Maquet Cardiovascular LLC	Giovanny	Munoz	Manufacturing Technician II	12/21/2009
US30-Maquet Cardiovascular LLC	Yetty	Garcia	QC Inspector II	12/6/2010
US30-Maquet Cardiovascular LLC	Stacey	Vogler	Complaints Analyst II	9/19/2016
US30-Maquet Cardiovascular LLC	Abhishek	Gupta	Engineer II, Quality	11/28/2016
US30-Maquet Cardiovascular LLC	Antonio	Domingo	Complaints Analyst II	4/3/2017
US30-Maquet Cardiovascular LLC	Sara	Nweiran	Engineer I, Quality	7/15/2019
US30-Maquet Cardiovascular LLC	Cara	Settanni	Complaints Analyst I	6/11/2018
US30-Maquet Cardiovascular LLC	Darlyne	Benoit	Complaints Analyst II	3/6/2017
US30-Maquet Cardiovascular LLC	Dorota	Wolpiuk	Director, Global CAPA and Document C	2/13/2017
US30-Maquet Cardiovascular LLC	Laurie	Muscatella	Sr. System Analyst	3/25/1996
US30-Maquet Cardiovascular LLC	Maria	Herrera	Quality Specialist II	6/19/2017
US30-Maquet Cardiovascular LLC	Janice	Krebs	Complaints Analyst II	9/8/1981
US30-Maquet Cardiovascular LLC	Kevin	Tompkins	Quality Analysis & Program Manager	10/23/2000
US30-Maquet Cardiovascular LLC	Erica	Pascali	Supervisor, Quality Engineering	1/2/2018
US30-Maquet Cardiovascular LLC	Ikramah	Nazir	Sr. Engineer, Quality	3/23/2020
US30-Maquet Cardiovascular LLC	Dial	Adams	Quality Specialist II	1/13/2020
US30-Maquet Cardiovascular LLC	Dawn	Mavin	Complaints Analyst II	9/19/2016
US30-Maquet Cardiovascular LLC	Arelean	Guzman	Supervisor, Complaints - Wayne	10/17/2016
US30-Maquet Cardiovascular LLC	Charles	Terrone	Sr. Applications Analyst	5/15/1996
US30-Maquet Cardiovascular LLC	Victoria	Carenza	Manager, Compliance	4/3/2017
US30-Maquet Cardiovascular LLC	Henry	Pena Lastra	Complaints Analyst II	2/8/2010
US30-Maquet Cardiovascular LLC	David	Berman	Sr. Engineer, Quality	3/20/2017
US30-Maquet Cardiovascular LLC	Jenny	Amoroso	Complaints Analyst I	8/2/2010
US30-Maquet Cardiovascular LLC	Janneliz	De La Nuez Torres	Microbiologist I	10/17/2018
US30-Maquet Cardiovascular LLC	Helene	Brochon	Microbiologist I	6/4/2018

US30-Maquet Cardiovascular LLC	David	Brodersen	Director, Sterilization & Microbiology	2/4/2019
US30-Maquet Cardiovascular LLC	Georgina	Aniche	Manager, Microbiology Laboratory	5/22/2017
US30-Maquet Cardiovascular LLC	Cynthia	Redmon	Document Control Specialist	2/5/1979
US30-Maquet Cardiovascular LLC	Hitesh	Chokshi	Sr. Director, Quality Assurance and Cor	8/8/1997
US30-Maquet Cardiovascular LLC	Linda	Slutzky	Regulatory Affairs Specialist II	4/30/2009
US30-Maquet Cardiovascular LLC	Huong	Tran	Regulatory Affairs Specialist II	2/25/2019
US30-Maquet Cardiovascular LLC	Maryanna	Krivak	Regulatory Affairs Specialist II	10/10/2005
US30-Maquet Cardiovascular LLC	Marylou	Insinga	Sr. Regulatory Affairs Specialist	6/4/1979
US30-Maquet Cardiovascular LLC	Tina	Evancho	Manager Regulatory Affairs, Field Activ	7/21/1988
US30-Maquet Cardiovascular LLC	Karen	LeFevere	Director, Regulatory Compliance	7/15/2013
US30-Maquet Cardiovascular LLC	Christopher	Haas	Sr. Director, Sterilization	2/13/2018
US30-Maquet Cardiovascular LLC	Christopher	Ray	Director, Process Validation and Statis	9/23/2019
US30-Maquet Cardiovascular LLC	Barbara	Smith	Sr. Regulatory Affairs Specialist	4/26/1993
US30-Maquet Cardiovascular LLC	Pedro	Ore	Engineer II, Quality	8/13/2018
US30-Maquet Cardiovascular LLC	Kenny	Caldwell	Complaints Analyst I	3/13/2017
US30-Maquet Cardiovascular LLC	Russell	Clark	Complaints Analyst II	5/9/2018
US30-Maquet Cardiovascular LLC	Carl	Perini	Sr. Engineer, Quality	4/30/2018
US30-Maquet Cardiovascular LLC	Kari	Tonnesen-Cost	Document Control Specialist	4/9/2018
US30-Maquet Cardiovascular LLC	Amanda	Ally	Engineer I, Quality	8/27/2018
US30-Maquet Cardiovascular LLC	Christopher	Curley	Sr. Quality Specialist	9/25/2017
US30-Maquet Cardiovascular LLC	Kenneth	Courter	Sr. Engineer, Quality	8/10/2009
US30-Maquet Cardiovascular LLC	Pierre	Kernizan	Manager, Quality Engineering	6/17/2013
US30-Maquet Cardiovascular LLC	Grace	Marmorstein	Sr. Manager, Document Services	9/3/1985
US30-Maquet Cardiovascular LLC	Kelly	Alba	Sr. Engineer, Quality	12/19/2012
US30-Maquet Cardiovascular LLC	Timothy	Rice	Regulatory Affairs Specialist I	9/24/2018
US30-Maquet Cardiovascular LLC	Lorraine	Nyegaard	Complaints Analyst I	11/29/2010
US30-Maquet Cardiovascular LLC	Sharlene	Miles	Complaints Analyst I	12/21/2015
US30-Maquet Cardiovascular LLC	Jeffrey	Powell	Complaints Analyst II	7/2/2018
US30-Maquet Cardiovascular LLC	Kahlil	Brown	Document Control Specialist	3/31/2014
US30-Maquet Cardiovascular LLC	Vinu	Thomas	Engineer I, Quality	6/30/2014
US30-Maquet Cardiovascular LLC	Jonathan	Monell	Sr. Engineer, Quality	5/5/2014
US30-Maquet Cardiovascular LLC	Michael	Puryear	Microbiologist II	7/28/2000
US30-Maquet Cardiovascular LLC	James	Payton	Complaints Analyst II	1/2/2003
US30-Maquet Cardiovascular LLC	Xerxes	Dubash	Business Data Analyst	3/1/2016
US30-Maquet Cardiovascular LLC	John	Thankachan	Engineer I, Quality	1/3/2017
US30-Maquet Cardiovascular LLC	Allison	Kapian	Regulatory Affairs Specialist II	5/10/2016
US30-Maquet Cardiovascular LLC	Juan	Jimenez	Engineer II, Quality	12/4/2017
US30-Maquet Cardiovascular LLC	Deborah	Drakeford	Complaints Analyst II	9/8/1976
US30-Maquet Cardiovascular LLC	Sharilyn	Landis	Sr. Complaints Analyst, Complaint Lab	3/10/1983
US30-Maquet Cardiovascular LLC	Marycarmen	Maya	Complaints Analyst II	7/7/2014
US30-Maquet Cardiovascular LLC	Grismaldys	Cabrera Ramirez	Sr. Engineer, Quality	3/7/2016
US30-Maquet Cardiovascular LLC	Jessica	Minaya	Complaints Analyst I	3/21/2016
US30-Maquet Cardiovascular LLC	Marcus	Keller	Principal Microbiologist	10/21/2019
US30-Maquet Cardiovascular LLC	Gabriel	Soto	Supervisor, QCRI	1/7/2013
US30-Maquet Cardiovascular LLC	Ana	Hanna	Manager, Quality Control	7/27/1987
US30-Maquet Cardiovascular LLC	John	Harte	Sr. Engineer, Quality	8/26/2013
US30-Maquet Cardiovascular LLC	Anthony	Ferman	Associate General Counsel, Healthcare	8/24/2020
US30-Maquet Cardiovascular LLC	Scott	Clark	Sr. Engineer, Supplier	7/21/2003
US30-Maquet Cardiovascular LLC	Michael	Duerr	VP, Corporate Quality Compliance	5/26/2015
US30-Maquet Cardiovascular LLC	Terence	Glynn	Lead Service Desk Analyst	9/8/2009
US30-Maquet Cardiovascular LLC	Binal	Parikh	Manager, IT Applications Operations	3/22/2010
US30-Maquet Cardiovascular LLC	Dennis	Genito	VP, Corporate Regulatory Affairs	4/4/1997
US30-Maquet Cardiovascular LLC	James	Cox	Sr. Business Systems Analyst	1/1/2010
US30-Maquet Cardiovascular LLC	Adrienne	Hayes	Manager, Indirect Purchasing	7/10/2017
US30-Maquet Cardiovascular LLC	Janine	Benigno	Project Manager	9/10/2012
US30-Maquet Cardiovascular LLC	Neil	McQuade	Director Training & Development	9/5/2017
US30-Maquet Cardiovascular LLC	Richard	Tartini	Project Manager	6/24/1985
US30-Maquet Cardiovascular LLC	Cameron	Birch	Product Manager, Cardiac Surgery	8/26/2019
US30-Maquet Cardiovascular LLC	Ashik	Mohan	Director, Research & Development	3/23/2013
US30-Maquet Cardiovascular LLC	Juan	Perez	Sr. Principal Engineer, R&D	4/10/2000
US30-Maquet Cardiovascular LLC	Samuel	Phillips	Engineer I	10/7/2019
US30-Maquet Cardiovascular LLC	Stephen	Zlock	Sr. Product Manager	3/30/2015
US30-Maquet Cardiovascular LLC	Chinwendu	Eke-Okoro	Engineer II, Quality	4/20/2020
US30-Maquet Cardiovascular LLC	Ashley	Dempsey	Complaints Analyst II	8/13/2018
US30-Maquet Cardiovascular LLC	Kerry	Flecknoe	Sr. Medical Affairs Manager	4/18/2016
US30-Maquet Cardiovascular LLC	Alexander	Mark	Complaints Clinical Manager	4/18/2016
US30-Maquet Cardiovascular LLC	Pierluca	Lombardi	Corporate Medical Affairs Officer	3/1/2006
US30-Maquet Cardiovascular LLC	Mark	Hejduk	Manager Medical Affairs	2/27/2006
US30-Maquet Cardiovascular LLC	Sherina	Fleming	Complaints Analyst I	9/8/2020
US30-Maquet Cardiovascular LLC	Yessenia	Alvarado	Engineer II, Supplier	12/21/2009
US30-Maquet Cardiovascular LLC	Alistair	Ryan	CFO, CA/CS	11/30/2009
US30-Maquet Cardiovascular LLC	Roberto	Guzman	Sr. Director, Regulatory Counsel	1/12/2020
US30-Maquet Cardiovascular LLC	Adam	Falkowitz	Head of Legal, North America	2/10/2020
US30-Maquet Cardiovascular LLC	David	Morrissey	Sr. Manager, IT Operations	9/26/2005
US30-Maquet Cardiovascular LLC	Jennifer	Moeykens	Director, Human Resources	8/24/2020
US30-Maquet Cardiovascular LLC	Lesa	Vazquez	Human Resources Business Partner	8/12/2013
US30-Maquet Cardiovascular LLC	Angela	Marques	Manager, Human Resources	7/22/1991

US30-Maquet Cardiovascular LLC	Beverly	Walker	Sr. Manager, HR & Organizational Deve	3/2/2009
US30-Maquet Cardiovascular LLC	Pedro	Cruz	Director, Quality Regulatory Complian	8/7/2017
US30-Maquet Cardiovascular LLC	Cindy	Blasewitz	Sr. Global Training, Development & Cl	10/8/2012
US30-Maquet Cardiovascular LLC	Kashish	Patel	Engineer II, Quality	12/19/2016
US30-Maquet Cardiovascular LLC	Oliver	Peters	Director, Global IT Applications Opers	12/8/1994
US30-Maquet Cardiovascular LLC	Madan	Jalari	Siebel Developer	11/26/2012
US30-Maquet Cardiovascular LLC	Anthony	Coia	Sr. Business Systems Analyst, CRM	5/10/1999
US30-Maquet Cardiovascular LLC	Kimberly	Brendli	Manager, IT Validation	7/21/2014
US30-Maquet Cardiovascular LLC	Mariette	Miller	Sr. Business Systems Analyst	8/4/2014
US30-Maquet Cardiovascular LLC	Susanne	Treptow	Director, Enterprise Applications Amer	4/1/2015
US30-Maquet Cardiovascular LLC	Christine	Pinos	Sr. Business Systems Analyst	4/1/2004
US30-Maquet Cardiovascular LLC	Edward	Barragan	Director, IT Operations - Americas	10/24/1994
US30-Maquet Cardiovascular LLC	Naga Venkata Kanaka Avadhesh	Buragadda	CSVTechnology Analyst	7/22/2019
US30-Maquet Cardiovascular LLC	Shawn	Hunsaker	Head of Quality Operations	12/2/2019
US30-Maquet Cardiovascular LLC	Sesha	Mudumbi	Director, Digital Applications - Americ	10/11/2004
US30-Maquet Cardiovascular LLC	Tyrone	Marnotes	Sr. Applications Administrator	2/17/1998
US30-Maquet Cardiovascular LLC	Arundev	Jinadev	Applications Analyst	5/8/2017
US30-Maquet Cardiovascular LLC	Aaron	McKay	Sr. Business Systems Analyst	5/3/1994
US30-Maquet Cardiovascular LLC	Mary	Capone	Business Analyst Enterprise, IT Applica	2/1/2002
US30-Maquet Cardiovascular LLC	Abhijeet	Mule	Applications Analyst	7/13/2020
US30-Maquet Cardiovascular LLC	Karen	Esposito	Regulatory Affairs Specialist I	6/23/2014
US30-Maquet Cardiovascular LLC	Lilly	Vamos	Medical Affairs Manager	1/1/2012
US30-Maquet Cardiovascular LLC	William	Fralick	Medical Affairs Manager	6/25/2018
US30-Maquet Cardiovascular LLC	Diana	Hernandez	Complaints Analyst I	9/21/2020
US30-Maquet Cardiovascular LLC	Jamie	Plummer	Business Analyst, IT Enterprise Applica	6/30/2014
US30-Maquet Cardiovascular LLC	Kevin	Godlewski	ACT Patent Attorney	10/30/2017
US30-Maquet Cardiovascular LLC	Sunita	Subramanian	Associate General Counsel, Healthcare	7/2/2018
US30-Maquet Cardiovascular LLC	Aaron	Miller	Head of SW Patents	1/2/2018
US30-Maquet Cardiovascular LLC	Grace	Doe	Head of Global Trademarks & Life Scie	4/2/2012
US30-Maquet Cardiovascular LLC	Michael	Rosenstein	Sr. Litigation Counsel	7/24/2019
US30-Maquet Cardiovascular LLC	Alexis	Wermuth	Head of Ethics & Compliance NAM	8/12/2019
US30-Maquet Cardiovascular LLC	Heather	Holcomb	Sr. Internal Investigations & Monitorin	8/15/2016
US30-Maquet Cardiovascular LLC	Angus	Pekala	Medical Writer	4/20/2020
US30-Maquet Cardiovascular LLC	Prachi	Trivedi	Engineer II, Production	6/4/2018
US30-Maquet Cardiovascular LLC	Sevinc	Ozbek	Sr. Sourcing Specialist	6/18/2001
US30-Maquet Cardiovascular LLC	Vandita	Patel	Sr. Engineer, Production	6/23/2014
US30-Maquet Cardiovascular LLC	Tarandai	Jagarnauth	Buyer I, Indirect	2/29/2016
US30-Maquet Cardiovascular LLC	Michael	Brady	Manager, Strategic Sourcing	9/8/1998
US30-Maquet Cardiovascular LLC	Bharatkumar	Dholariya	Clinical Research Manager	9/25/2017
US30-Maquet Cardiovascular LLC	Roberta	Anderson	Associate General Counsel, Healthcare	7/15/2019
US30-Maquet Cardiovascular LLC	Peter	Abadear	Sr. Engineer, Production	4/4/2011
US30-Maquet Cardiovascular LLC	Aalan	Uemura	Engineer II, Production	8/10/2009
US30-Maquet Cardiovascular LLC	Lori	Ferriola	Supervisor, Accounts Payable	3/10/1986
US30-Maquet Cardiovascular LLC	Imad	Hatqua	Director, Engineering	12/9/1996
US30-Maquet Cardiovascular LLC	Anupam	Makhija	Sr. Engineer, Production	1/6/2003
US30-Maquet Cardiovascular LLC	Robert	Argentero	Manager, Packaging Engineering	6/26/2000
US30-Maquet Cardiovascular LLC	Mufassar	Nagra	Sr. Engineer, Production	9/28/2009
US30-Maquet Cardiovascular LLC	Hector	Dominguez	Engineer II, Production	6/7/1993
US30-Maquet Cardiovascular LLC	Shemita	Copper	Training Specialist I, Manufacturing	10/20/2014
US30-Maquet Cardiovascular LLC	Edward	Harris	Sr. Engineer, Production	11/6/1995
US30-Maquet Cardiovascular LLC	Jack	Tant	Engineer II, Production	4/17/1990
US30-Maquet Cardiovascular LLC	Christopher	Wynter	Supervisor, Production Process	5/22/2009
US30-Maquet Cardiovascular LLC	Rishi	Singh	Manager, Product Development	4/20/2009
US30-Maquet Cardiovascular LLC	Emmanuel	Tselentakis	Supervisor, Production Engineering	9/22/2008
US30-Maquet Cardiovascular LLC	John	Tosto	Manager, Supplier Engineering	1/2/1997
US30-Maquet Cardiovascular LLC	Ryne	Zanzalari	Engineer II, Production	2/16/2016
US30-Maquet Cardiovascular LLC	Suwah	Amara	Supervisor, Production Engineering	4/4/2016
US30-Maquet Cardiovascular LLC	Kenneth	Gan	Sr. Engineer, Production	4/18/2016
US30-Maquet Cardiovascular LLC	Chandni	Kinkhabwala	Engineer II, Production	4/25/2016
US30-Maquet Cardiovascular LLC	Yang	Shen	Sourcing Buyer II	4/18/2017
US30-Maquet Cardiovascular LLC	Christopher	Hardy	Manager, Facilities Health & Safety	2/2/2009
US30-Maquet Cardiovascular LLC	Youstina	Abadear	Engineer II, Production	1/6/2014
US30-Maquet Cardiovascular LLC	Maria	Hurtado	Engineer II, Production	1/6/2014
US30-Maquet Cardiovascular LLC	Christopher	Daniele	Engineer II, Production	11/7/2016
US30-Maquet Cardiovascular LLC	Jacqueline	Henderson	Buyer II	10/10/2016
US30-Maquet Cardiovascular LLC	Christopher	Angotti	Manager, Procurement	1/2/2018
US30-Maquet Cardiovascular LLC	Daniel	Yea	Engineer I, Production	2/28/2018
US30-Maquet Cardiovascular LLC	Joseph	McElwain	Environmental Health & Safety Special	9/24/2018
US30-Maquet Cardiovascular LLC	Hugo	Lombana	Engineer II, Production	10/19/2009
US30-Maquet Cardiovascular LLC	Matthew	Noesner	Manager, Sustaining Engineering	1/2/2018
US30-Maquet Cardiovascular LLC	Wendy	Medaska	Manager, Finance	9/7/2010
US30-Maquet Cardiovascular LLC	Arnel	Colon	Supervisor, Production	10/12/2009
US30-Maquet Cardiovascular LLC	Jacqueline	Lefkow	Sourcing Buyer II	1/16/2012
US30-Maquet Cardiovascular LLC	Dennis	Bahr	Manager, Finance	9/28/2009
US30-Maquet Cardiovascular LLC	Julie	Gabriele	US Finance & Treasury Manager	4/11/2011
US30-Maquet Cardiovascular LLC	Tony	Torlbio	Production Planner II	7/11/1994
US30-Maquet Cardiovascular LLC	Edward	Wardell	Sr. Engineer, Production	10/23/2017

US30-Maquet Cardiovascular LLC	Jasmin	Maldonado	Supervisor, QC Manufacturing	7/17/1989
US30-Maquet Cardiovascular LLC	Erica	Gallagher	Sr. Director, Taxation	4/9/2012
US30-Maquet Cardiovascular LLC	Yisi	Fu	Sr. Tax Manager	11/18/2013
US30-Maquet Cardiovascular LLC	Arthur	Hayes	Tax Accountant II	11/7/1994
US30-Maquet Cardiovascular LLC	Raymond	Todisco	Tax Manager	11/15/2010
US30-Maquet Cardiovascular LLC	Lesia	Lilitka	Tax Accountant II	2/23/2010
US30-Maquet Cardiovascular LLC	Michael	Fortunato	Sr. Buyer	2/18/2019
US30-Maquet Cardiovascular LLC	Brian	Snyder	Director, Purchasing	10/30/2006
US30-Maquet Cardiovascular LLC	Jason	Cabrejos	Engineer II, Production	1/2/2013
US30-Maquet Cardiovascular LLC	Jason	Swinsburg	Manager II, Manufacturing	7/15/2009
US30-Maquet Cardiovascular LLC	Juan	Flores	Manager, Manufacturing Engineering	4/20/2009
US30-Maquet Cardiovascular LLC	Lucy	Ianuale	Sr. LMS Specialist	4/2/2015
US30-Maquet Cardiovascular LLC	Annie	Hsieh	Packaging Graphics Specialist	6/20/2018
US30-Maquet Cardiovascular LLC	Frank	Divincenzo	Sr. Cost Accountant	10/18/1999
US30-Maquet Cardiovascular LLC	Tracie	Pickering	Global Training and Clinical Marketing	2/4/2013
US30-Maquet Cardiovascular LLC	Destiny	Strickland	Document Control Specialist	7/30/2018
US30-Maquet Cardiovascular LLC	Kirk	Swenson	Director, ACT Patent Strategy	8/17/2010
US30-Maquet Cardiovascular LLC	Wesley	Ashton	ACT Patent Attorney	9/2/2014
US30-Maquet Cardiovascular LLC	Lawrence	Bugaoan	Network Analyst	4/5/2021
US30-Maquet Cardiovascular LLC	Johnny	Parris	Product Assembler III	2/5/1996
US30-Maquet Cardiovascular LLC	Karla	Rivera	Product Assembler III	10/7/2013
US30-Maquet Cardiovascular LLC	Margot	Clark	Product Assembler I	4/7/2014
US30-Maquet Cardiovascular LLC	Sugeidy	Reyes	Product Assembler II	1/18/2016
US30-Maquet Cardiovascular LLC	Gloria	Quiles	Product Assembler I	2/12/2018
US30-Maquet Cardiovascular LLC	Violeta	Kevereska	Product Assembler I	3/12/2018
US30-Maquet Cardiovascular LLC	Lillian	Martinez	Product Assembler II	1/18/2016
US30-Maquet Cardiovascular LLC	Patricia	Gravini	Product Assembler II	1/18/2016
US30-Maquet Cardiovascular LLC	Fanny	Pasturizaca	Product Assembler II	1/6/2014
US30-Maquet Cardiovascular LLC	Lilia	Ruiz	Product Assembler I	9/11/2018
US30-Maquet Cardiovascular LLC	Valeska	Batista	Product Assembler I	9/17/2018
US30-Maquet Cardiovascular LLC	Nancy	Perez	Product Assembler I	9/25/2018
US30-Maquet Cardiovascular LLC	Lidia	Cichon	Product Assembler II	1/7/2013
US30-Maquet Cardiovascular LLC	Miguel	Munoz	Sr. Product Assembler	12/12/2007
US30-Maquet Cardiovascular LLC	Raquel	Sayco	Product Assembler II	12/15/2014
US30-Maquet Cardiovascular LLC	Amparo	Ventura	Product Assembler II	12/15/2014
US30-Maquet Cardiovascular LLC	Ardita	Zaku	Product Assembler II	3/24/2014
US30-Maquet Cardiovascular LLC	Carmen	Minaya	Sr. Product Assembler	1/1/2010
US30-Maquet Cardiovascular LLC	Desanka	Petrovic	Product Assembler II	1/27/2014
US30-Maquet Cardiovascular LLC	Errol	ByField	Product Assembler II	2/8/2010
US30-Maquet Cardiovascular LLC	Viktorija	Josifoski	Product Assembler I	10/9/2019
US30-Maquet Cardiovascular LLC	Slavica	Ristoska	Sr. Product Assembler	8/2/2004
US30-Maquet Cardiovascular LLC	Gladys	Fiorito	Sr. Product Assembler	2/8/2010
US30-Maquet Cardiovascular LLC	Dorota	Zwolinski	Product Assembler III	2/5/1996
US30-Maquet Cardiovascular LLC	Mariela	Guerra	Sr. Product Assembler	12/21/2009
US30-Maquet Cardiovascular LLC	Jose	Cotto Lopez	Sr. Product Assembler	8/9/1990
US30-Maquet Cardiovascular LLC	Yovanka	Casiano	Sr. Product Assembler	12/9/1996
US30-Maquet Cardiovascular LLC	Rosaura	Batista	Product Assembler II	1/11/2016
US30-Maquet Cardiovascular LLC	Emilia	Jurkowski	Sr. Product Assembler	10/29/1990
US30-Maquet Cardiovascular LLC	Cesar	Navarro Arroyo	Sr. Product Assembler	9/9/2002
US30-Maquet Cardiovascular LLC	Minelfi	Arias	Lead Product Assembler	10/28/1996
US30-Maquet Cardiovascular LLC	Andreana	Celso	Product Assembler II	6/18/2001
US30-Maquet Cardiovascular LLC	Anabel	Perez Santana	Sr. Product Assembler	9/19/2007
US30-Maquet Cardiovascular LLC	Nora	Cevallos	Product Assembler III	1/6/2014
US30-Maquet Cardiovascular LLC	Ana	Rosado	Product Assembler I	4/19/2016
US30-Maquet Cardiovascular LLC	Luz	Navarro Campos	Product Assembler I	1/16/2018
US30-Maquet Cardiovascular LLC	Cynthia	Lopez	Product Assembler I	11/30/2017
US30-Maquet Cardiovascular LLC	Malgorzata	Palen	Product Assembler II	3/13/2006
US30-Maquet Cardiovascular LLC	Cila	Varela	Product Assembler I	1/18/2016
US30-Maquet Cardiovascular LLC	Carlos	Moran Cancel	Sr. Product Assembler	8/19/2002
US30-Maquet Cardiovascular LLC	Martina	Sokievski	Product Assembler I	1/14/2019
US30-Maquet Cardiovascular LLC	Katarzyna	Galus	Product Assembler II	8/14/2006
US30-Maquet Cardiovascular LLC	Ana	Flores	Product Assembler II	7/30/1990
US30-Maquet Cardiovascular LLC	Rosa	Guadamama	Product Assembler II	3/3/2003
US30-Maquet Cardiovascular LLC	Janet	Quinones	Lead Product Assembler	8/2/2004
US30-Maquet Cardiovascular LLC	Gaby	Koonce	Sr. Product Assembler	1/2/1995
US30-Maquet Cardiovascular LLC	Danuta	Pajdak	Sr. Product Assembler	9/30/1996
US30-Maquet Cardiovascular LLC	Terri	Garvie	Product Assembler II	2/8/2010
US30-Maquet Cardiovascular LLC	Avenel	Deshommes	Product Assembler III	12/21/2009
US30-Maquet Cardiovascular LLC	Anibal	Colon	Product Assembler II	12/21/2009
US30-Maquet Cardiovascular LLC	Alba	Morales	Product Assembler II	1/7/2013
US30-Maquet Cardiovascular LLC	Zhen	Huang	Product Assembler II	6/1/2009
US30-Maquet Cardiovascular LLC	Halina	Tudryn	Product Assembler III	12/16/1996
US30-Maquet Cardiovascular LLC	Martha	Diaz	Product Assembler II	8/26/2019
US30-Maquet Cardiovascular LLC	Marta	Biziak-Kalafut	Product Assembler II	6/24/1996
US30-Maquet Cardiovascular LLC	Felix	Alvarado	Product Assembler II	11/11/1996
US30-Maquet Cardiovascular LLC	Gustavo	Aponte	Product Assembler III	12/21/2009
US30-Maquet Cardiovascular LLC	Neurys	Rivas	Product Assembler II	4/23/1990

US30-Maquet Cardiovascular LLC	Carlos	Cardenas	Product Assembler II	2/8/2010
US30-Maquet Cardiovascular LLC	Jonathan	Arriaga Rivera	Product Assembler II	6/4/2007
US30-Maquet Cardiovascular LLC	Wendy	Rodriguez	Product Assembler II	5/1/2006
US30-Maquet Cardiovascular LLC	Zaklina	Suleska	Product Assembler III	2/8/2010
US30-Maquet Cardiovascular LLC	Lena	Kostadinovska	Product Assembler II	11/24/2008
US30-Maquet Cardiovascular LLC	Jozefa	Kasica	Product Assembler II	2/8/2010
US30-Maquet Cardiovascular LLC	Irene	Mazurek	Product Assembler II	12/21/2009
US30-Maquet Cardiovascular LLC	Giancarlo	D'Agostino	Product Assembler II	12/21/2009
US30-Maquet Cardiovascular LLC	Elizabeta	Mojsova	Product Assembler III	2/8/2010
US30-Maquet Cardiovascular LLC	Elaine	Waldorf	Product Assembler II	12/21/2009
US30-Maquet Cardiovascular LLC	Cristina	Mauricio	Product Assembler III	2/8/2010
US30-Maquet Cardiovascular LLC	Conroy	Lawrence	Product Assembler II	2/8/2010
US30-Maquet Cardiovascular LLC	Celeste	Duffy	Product Assembler II	12/21/2009
US30-Maquet Cardiovascular LLC	Yansi	Garcia	Product Assembler I	3/25/2019
US30-Maquet Cardiovascular LLC	Dariza	Ramos	Product Assembler I	10/23/2016
US30-Maquet Cardiovascular LLC	Zora	Savreski	Product Assembler II	7/15/2013
US30-Maquet Cardiovascular LLC	Grozda	Siljanovska	Product Assembler II	11/23/1998
US30-Maquet Cardiovascular LLC	Renata	Wasilewski	Product Assembler II	1/7/2013
US30-Maquet Cardiovascular LLC	Osiris	Altamar	Product Assembler II	12/21/2009
US30-Maquet Cardiovascular LLC	Xaymara	Claudio Colon	Product Assembler III	9/22/2008
US30-Maquet Cardiovascular LLC	Diana	Prado	Product Assembler I	4/29/2019
US30-Maquet Cardiovascular LLC	Necla	Konak	Product Assembler II	1/7/2013
US30-Maquet Cardiovascular LLC	Miriam	Hoyos	Product Assembler III	12/21/2009
US30-Maquet Cardiovascular LLC	Katarzyna	Haszczak	Product Assembler II	8/11/2008
US30-Maquet Cardiovascular LLC	Jagoda	Gjorgoska	Sr. Product Assembler	2/8/2010
US30-Maquet Cardiovascular LLC	Elizabeth	Lynch	Product Assembler II	7/31/1989
US30-Maquet Cardiovascular LLC	Joel	Ripoll Vega	Product Assembler II	9/8/2020
US30-Maquet Cardiovascular LLC	Miroslava	Javornikova	QC Inspector II	10/21/2019
US30-Maquet Cardiovascular LLC	Kristyn	Gordon	Sr. Medical Affairs Manager	4/20/2020
US30-Maquet Cardiovascular LLC	Anitha	Rajagopalan	Medical Affairs Manager	1/11/2021
US30-Maquet Cardiovascular LLC	Denise	Anderegg	Sr. Manager, Medical Affairs	12/14/2017
US30-Maquet Cardiovascular LLC	Walter	Royston	Project Manager	4/25/2016
US30-Maquet Cardiovascular LLC	Yonatan	Sheer	Engineer II, Packaging	5/7/2018
US30-Maquet Cardiovascular LLC	Michael	Deutch	Quality Engineer II, Supplier Quality C	6/14/2021
US30-Maquet Cardiovascular LLC	Natascha	Backes	Sr. Ethics & Compliance Manager	6/28/2021
US30-Maquet Cardiovascular LLC	Agata	Zarczynska	Quality Engineer I, Supplier Quality CS	8/28/2019
US30-Maquet Cardiovascular LLC	Lucas	Tremper	QC Technician II	10/21/2019
US30-Maquet Cardiovascular LLC	Thalia	Mullings	Complaints Analyst, I	7/26/2021
US30-Maquet Cardiovascular LLC	Martin	Lukas	Global CAPA Manager	2/15/2018
US30-Maquet Cardiovascular LLC	Stephanie	Moretti	Regulatory Affairs Specialist I	9/30/2014
US30-Maquet Cardiovascular LLC	Hazal	Yalcin	Engineer I, Packaging	8/26/2019
US30-Maquet Cardiovascular LLC	Umang	Shah	Manager, Complaints Engineering	9/12/2016
US30-Maquet Cardiovascular LLC	Jingal	Amin	Supervisor, Complaints	5/16/2016
US30-Maquet Cardiovascular LLC	LaTosha	Burns	Supervisor, Complaints	8/27/2018
US30-Maquet Cardiovascular LLC	Annette	Curving	Product Assembler III	10/19/2009
US30-Maquet Cardiovascular LLC	Susan	Eichler-Huston	Sr. Director, Regulatory Affairs	11/26/1990
US30-Maquet Cardiovascular LLC	Sandeep	Shahi	Manager, Supplier Quality	2/27/2017
US30-Maquet Cardiovascular LLC	Mario	Andrade	Manager, Cost Accounting	2/15/2017
US30-Maquet Cardiovascular LLC	Rachana	Patel	Regulatory Affairs Specialist II	5/7/2018
US30-Maquet Cardiovascular LLC	Amruta	Divekar	Principal Engineer, Software Quality V	2/20/2017
US30-Maquet Cardiovascular LLC	Julie	Jakova	Manager, Planning & Logistics	6/20/2011

Bond

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. K1575428A

Application/License No. _____

Maquet Cardiovascular, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 45 Barbour Pond Drive, Wayne, NJ 07470 (Address of Applicant/Principal), as PRINCIPAL, and Federal Insurance Company (Surety Company), a corporation organized under the laws of the state of Indiana (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 202B Halls Mill Road, P.O. Box 1650, Whitehouse Station, NJ 08889 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on September 2nd, 2021 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 2nd day of September, 2021.

APPLICANT/PRINCIPAL

COMPANY

Authorized Representative

SURETY

Surety Company's Representative

Kelly M. Shea, Attorney-in-Fact, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Power of Attorney

Federal Insurance Company | Vigilant Insurance Company | Pacific Indemnity Company
Westchester Fire Insurance Company | ACE American Insurance Company

Know All by These Presents, that **FEDERAL INSURANCE COMPANY**, an Indiana corporation, **VIGILANT INSURANCE COMPANY**, a New York corporation, **PACIFIC INDEMNITY COMPANY**, a Wisconsin corporation, **WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** corporations of the Commonwealth of Pennsylvania, do each hereby constitute and appoint Jessica M Greene, Christopher K. Shea and Kelly M. Shea of Rochester, New York -------

each as their true and lawful Attorney-in-Fact to execute under such designation in their names and to affix their corporate seals to and deliver for and on their behalf as surety thereon or otherwise, bonds and undertakings and other writings obligatory in the nature thereof (other than bail bonds) given or executed in the course of business, and any instruments amending or altering the same, and consents to the modification or alteration of any instrument referred to in said bonds or obligations.

In Witness Whereof, said **FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** have each executed and attested these presents and affixed their corporate seals on this **2nd** day of **March, 2020.**

Dawn M. Chloros

Dawn M. Chloros, Assistant Secretary

Stephen M. Haney, Vice President

STATE OF NEW JERSEY
County of Hunterdon ss.

On this **2nd** day of **March, 2020** before me, a Notary Public of New Jersey, personally came Dawn M. Chloros and Stephen M. Haney, to me known to be Assistant Secretary and Vice President, respectively, of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY, the companies which executed the foregoing Power of Attorney, and the said Dawn M. Chloros and Stephen M. Haney, being by me duly sworn, severally and each for herself and himself did depose and say that they are Assistant Secretary and Vice President, respectively, of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY and know the corporate seals thereof, that the seals affixed to the foregoing Power of Attorney are such corporate seals and were thereto affixed by authority of said Companies; and that their signatures as such officers were duly affixed and subscribed by like authority.

Notarial Seal

KATHERINE J. ADELAAR
NOTARY PUBLIC OF NEW JERSEY
No. 2316685
Commission Expires July 18, 2024

Notary Public

CERTIFICATION

Resolutions adopted by the Boards of Directors of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, and PACIFIC INDEMNITY COMPANY on August 30, 2016; WESTCHESTER FIRE INSURANCE COMPANY on December 11, 2006; and ACE AMERICAN INSURANCE COMPANY on March 20, 2009:

"RESOLVED, that the following authorizations relate to the execution, for and on behalf of the Company, of bonds, undertakings, recognizances, contracts and other written commitments of the Company entered into in the ordinary course of business (each a "Written Commitment"):

(1) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise.

(2) Each duly appointed attorney-in-fact of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise, to the extent that such action is authorized by the grant of powers provided for in such person's written appointment as such attorney-in-fact.

(3) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to appoint in writing any person the attorney-in-fact of the Company with full power and authority to execute, for and on behalf of the Company, under the seal of the Company or otherwise, such Written Commitments of the Company as may be specified in such written appointment, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.

(4) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to delegate in writing to any other officer of the Company the authority to execute, for and on behalf of the Company, under the Company's seal or otherwise, such Written Commitments of the Company as are specified in such written delegation, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.

(5) The signature of any officer or other person executing any Written Commitment or appointment or delegation pursuant to this Resolution, and the seal of the Company, may be affixed by facsimile on such Written Commitment or written appointment or delegation.

FURTHER RESOLVED, that the foregoing Resolution shall not be deemed to be an exclusive statement of the powers and authority of officers, employees and other persons to act for and on behalf of the Company, and such Resolution shall not limit or otherwise affect the exercise of any such power or authority otherwise validly granted or vested."

I, Dawn M. Chloros, Assistant Secretary of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY (the "Companies") do hereby certify that

(i) the foregoing Resolutions adopted by the Board of Directors of the Companies are true, correct and in full force and effect,
(ii) the foregoing Power of Attorney is true, correct and in full force and effect.

Given under my hand and seals of said Companies at Whitehouse Station, NJ, this 2nd day of September, 2021

Dawn M. Chloros

Dawn M. Chloros, Assistant Secretary

IN THE EVENT YOU WISH TO VERIFY THE AUTHENTICITY OF THIS BOND OR NOTIFY US OF ANY OTHER MATTER, PLEASE CONTACT US AT:
Telephone (908) 903-3493 Fax (908) 903-3656 e-mail: surety@chubb.com

CORPORATION ACKNOWLEDGMENT

STATE OF
COUNTY OF

On this 2nd day of Sept in the year 2021, before me personally came John McPartlin to me known, who, being by me duly sworn, did depose and say he resides in Wayne, NJ; that he is the Sr. Director, Finance of the limited liability company Maquet Cardiovascular, LLC described in and which executed the foregoing instrument; that the seal affixed to the said instrument is such corporate seal; and that it was so affixed by order of the Board of Directors of the said corporation, and that he signed his name thereto by like order.

Notary Public

SUSAN EVANS NOTARY PUBLIC NO. 2244283 Comm. Exp. March 9, 2025 PASSAIC COUNTY, NEW JERSEY

SURETY ACKNOWLEDGMENT

STATE OF NEW YORK
COUNTY OF MONROE

On this 2nd day of September in the year 2021, before me personally came Kelly M. Shea to me known, who, being by me duly sworn, did depose and say that he resides in Rochester, New York; that he is the Attorney-In-Fact of Federal Insurance Company the corporation described in and which executed the foregoing instrument; that the seal affixed to the said instrument is such corporate seal; and that it was so affixed by order of the Board of Directors of the said corporation, and that he signed his name thereto by like order.

JESSICA M. GREENE
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01GR6412198
Qualified in Monroe County
Commission Expires December 21, 2024

Jessica M. Greene

Notary Public

FEDERAL INSURANCE COMPANY

STATEMENT OF ASSETS, LIABILITIES AND SURPLUS TO POLICYHOLDERS

Statutory Basis

JUNE 30, 2019

(in thousands)

ASSETS		*LIABILITIES AND SURPLUS TO POLICYHOLDERS*	
Cash and Short Term Investments	$ (476,792)	Outstanding Losses and Loss Expenses	$ 6,750,802
United States Government, State and Municipal Bonds	4,811,955	Reinsurance Payable on Losses and Expenses	1,232,039
Other Bonds	5,021,431	Unearned Premiums	1,958,866
Stocks	32,020	Ceded Reinsurance Premiums Payable	377,358
Other Invested Assets	930,899	Other Liabilities	868,035
TOTAL INVESTMENTS	10,319,513	TOTAL LIABILITIES	11,186,900
Investments in Affiliates:			
Great Northern Ins. Co.	389,764	Capital Stock	20,980
Vigilant Ins. Co.	337,205	Paid-In Surplus	2,711,473
Chubb Indemnity Ins. Co.	177,261	Unassigned Funds	1,399,031
Chubb National Ins. Co.	178,671	SURPLUS TO POLICYHOLDERS	4,131,484
Chubb European Inv. Holdings, SLP	126,252		
Other Affiliates	89,644		
Premiums Receivable	1,432,640		
Other Assets	2,267,434		
TOTAL ADMITTED ASSETS	$ 15,318,384	TOTAL LIABILITIES AND SURPLUS	$ 15,318,384

Investments are valued in accordance with requirements of the National Association of Insurance Commissioners. At June 30, 2019, investments with a carrying value of $509,132,062 were deposited with government authorities as required by law.

STATE OF PENNSYLVANIA

COUNTY OF PHILADELPHIA

John Taylor, being duly sworn, says that he is Senior Vice President of Federal Insurance Company and that to the best of his knowledge and belief the foregoing is a true and correct statement of the said Company's financial condition as of the 30 th day of June, 2019.

Sworn before me this August 27, 2019

Senior Vice President

Notary Public

August 8, 2023
My commission expires

Commonwealth of Pennsylvania - Notary Seal
Diane Wright, Notary Public
Philadelphia County
My commission expires August 8, 2023
Commission number 1235745
Member, Pennsylvania Association of Notaries

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Discipline- FDA Admin Fine
For Section 2
Question 3

UNITED STATES DISTRICT COURT
DISTRICT OF NEW HAMPSHIRE

UNITED STATES OF AMERICA, Plaintiff, v. ATRIUM MEDICAL CORP., MAQUET HOLDING B.V. & CO. KG, MAQUET CARDIOVASCULAR, LLC, and MAQUET CARDIOPULMONARY AG, corporations, and HEINZ JACQUI, and GAIL CHRISTIE, individuals, Defendants.	NO. 15-CV-00041-SM

CONSENT DECREE OF PERMANENT INJUNCTION

Plaintiff, the United States of America, by its undersigned attorneys, having filed a Complaint for Permanent Injunction ("Complaint") against Atrium Medical Corp. ("Atrium"), Maquet Holding B.V. & Co. KG ("Maquet"), Maquet Cardiovascular, LLC ("Maquet CV"), and Maquet Cardiopulmonary AG ("Maquet CP"), corporations ("Corporate Defendants"), and Heinz Jacqui, who assumed his position as Chief Executive Officer and Managing Director of Maquet on April 1, 2012, and Gail Christie, who assumed her position as Corporate Chief Quality Assurance/Regulatory Affairs and Compliance Officer of Maquet on October 1, 2013, individuals (collectively "Defendants"), alleging the following:

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(1) Defendants violate the Federal Food, Drug, and Cosmetic Act, 21 U.S.C. § 331(a), by introducing and causing to be introduced, and delivering and causing to be delivered for introduction, into interstate commerce articles of device, as defined by 21 U.S.C. § 321(h), that are (a) adulterated within the meaning of 21 U.S.C. § 351(h), in that the methods used in, and the facilities and controls used for, their manufacture, packing, storage, and installation are not in conformity with the current good manufacturing practice ("CGMP") requirements for devices, *see* 21 U.S.C. § 360j(f) and 21 C.F.R. Part 820 (the Quality System ("QS") regulation); and (b) misbranded within the meaning of 21 U.S.C. § 352(t)(2), in that Defendants fail to furnish information or material respecting their devices, as set forth in 21 U.S.C. § 360i and the medical device reporting ("MDR") and correction and removals ("CR") regulations, 21 C.F.R. Parts 803 and 806;

(2) Defendants violate the Federal Food, Drug, and Cosmetic Act, 21 U.S.C. § 331(k), by doing acts that result in the adulteration, within the meaning of 21 U.S.C. § 351(h), of articles of device, as defined by 21 U.S.C. § 321(h), while such devices are held for sale after the shipment of one or more of their components in interstate commerce; and

(3) Defendants violate the Federal Food, Drug, and Cosmetic Act, 21 U.S.C. § 331(e), by failing to maintain and/or submit reports respecting their devices, as required by 21 U.S.C. § 360i; and

Defendants, without admitting or denying the allegations of the Complaint and disclaiming any liability in connection herewith, having appeared and having consented to entry of this Consent Decree of Permanent Injunction ("Decree") without contest and before any testimony has been taken, and the United States of America having consented to this Decree:

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IT IS HEREBY ORDERED, ADJUDGED, AND DECREED as follows:

1. This Court has jurisdiction over the subject matter of this action and has personal jurisdiction over all parties to this action under 21 U.S.C. § 332(a) and 28 U.S.C. § 1345.

2. Venue is proper in this District under 28 U.S.C. §§ 1391(b) and (c).

3. The Complaint states a cause of action against Defendants under the Federal Food, Drug, and Cosmetic Act, 21 U.S.C. §§ 301 *et seq.*

DEFINITIONS

4. For purposes of this Decree, the following definitions shall apply:

A. "Specified Facilities" are the following facilities:

i. Atrium, 5 Wentworth Dr., Hudson, NH 03051; and

ii. Atrium, 29 Flagstone Dr., Hudson, NH 03051.

B. "Additional Facilities" are the following facilities:

i. Maquet CV, 45 Barbour Pond Dr., Wayne, NJ 07470;

ii. Maquet Medical Systems USA, 45 Barbour Pond Dr., Wayne, NJ 07470;

iii. Maquet CP, Kehler Str. 31, Rastatt, Germany 76437;

iv. Maquet CP, Neue Rottenburger Str. 37, Hechingen, Germany 72379; and

v. Any facility added to this Decree pursuant to paragraphs 8 and 14.

C. "Days" shall refer to calendar days unless otherwise stated.

D. A device is "medically necessary" if:

i. It is used to treat or prevent a disease or medical condition;

ii. . There are not other readily available sources of that product or alternative products judged by FDA to be adequate substitutes; and

iii. An authorized representative of Defendants' U.S. customers or international customers, after reviewing the Notification Guide described in paragraph 4.F, signs an FDA-approved Certificate of Medical Necessity ("CMN") certifying that s/he is aware of FDA's findings and deems the device necessary.

E. A device listed below is deemed to satisfy the requirements of paragraphs 4.D.i and ii and becomes "medically necessary" for a particular U.S. customer or international customer when an authorized representative of that customer has signed a CMN, as described in paragraph 4.D.iii, for such device:

i. ClearWay Rx;

ii. ClearWay OTW;

iii. Express Dry Suction Dry Seal Drains, including accessories;

iv. Ocean Wet Suction Water Seal Drains, including accessories;

v. Oasis Dry Suction Water Seal Drains, including accessories; and

vi. Any other device, component and/or accessory that both FDA and Defendants agree in writing are "medically necessary."

F. "Notification Guide" shall refer to the document developed by Defendants, and reviewed and approved by FDA, that notifies Defendants' U.S. customers and international customers of FDA's findings at each Specified Facility, so that they may make an informed decision concerning whether to use Defendants' devices or to transition to alternative products. The Notification Guide (attached hereto as Exhibit 1 and incorporated by reference herein) must contain, among other information, the CMN referenced in paragraph 4.D.iii.

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G. "International Distributor" means an international first-level distributor or other customer that purchases a medically necessary device directly from Defendants.

H. "International End-User" means an international facility, hospital, and any group of clinicians or doctors that purchases a medically necessary device directly or indirectly from an International Distributor.

SPECIFIED FACILITIES

5. Except as provided in paragraphs 6 and 11, Defendants and each and all of their directors, officers, agents, representatives, employees, successors, assigns, and attorneys, and any and all persons in active concert or participation with any of them, who have received actual notice of this Decree by personal service or otherwise (collectively "Associated Person(s)"), are permanently enjoined under 21 U.S.C. § 332(a) from manufacturing, processing, packing, labeling, and distributing any device, including components parts, accessories, and in-process and finished devices, (hereinafter collectively referred to as "devices") at or from the Specified Facilities unless and until, for each Specified Facility:

A. Defendants' facilities, methods, processes, and controls used to manufacture, process, pack, label, hold, and distribute devices at or from the Specified Facility are established, operated, and administered in conformity with 21 U.S.C. §§ 351(h) and 352(t)(2) (hereinafter collectively referred to as "the Act"), and the QS, CR, and MDR regulations. Specifically, Defendants shall take the following actions, among others:

i. Establish and maintain procedures to control Defendants' devices' designs in order to ensure that specified design requirements are met;

ii. Ensure that all devices meet the requirements for design development and planning, design input, design output, design review, design verification, design validation, design change, design transfer, and design history file;

iii. Conduct design evaluations of all marketed devices to ensure that current designs have been properly validated and transferred into appropriate product specifications;

iv. Validate processes whose results cannot be fully verified by subsequent inspection and testing;

v. Develop, conduct, control, and monitor production processes to ensure that devices conform to their specifications;

vi. Establish and implement adequate written procedures to control devices that do not conform to specified requirements;

vii. Establish and maintain adequate written procedures for corrective and preventive actions ("CAPAs") and for documenting those activities;

viii. Maintain accurate and complete complaint files and establish and implement adequate written procedures for receiving, reviewing, and evaluating complaints; and

ix. Develop and implement adequate written MDR procedures in compliance with 21 C.F.R. Part 803, including, but not limited to, adequate procedures for management review, and ensure that employees are trained on, understand, and properly implement the MDR requirements and procedures;

B. Defendants retain, at Corporate Defendants' expense, an independent person(s) (the "expert") to inspect the Specified Facilities and review their manufacturing procedures and records to determine whether the methods, facilities, and controls are operated

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and currently administered in conformity with this Decree, the Act, and the QS, CR, and MDR regulations. The expert shall be qualified by education, training, and experience to conduct such inspections, and shall be without personal or financial ties (other than the retention agreement) to Defendants or their families. Defendants shall notify FDA in writing of the identity of the expert and the expert's qualifications within fifteen (15) days after retaining such expert. The expert shall:

i. Perform a comprehensive inspection of the methods, processes, and controls used to manufacture devices at each Specified Facility and determine whether each is in compliance with this Decree, the Act, and the QS, CR, and MDR regulations; in conducting this inspection, the expert shall review all deviations at each Specified Facility brought to Defendants' attention in writing by FDA since October 2009 (including, but not limited to, all Forms FDA-483 issued to Defendants since October 2009), by the expert, or by any other source. The expert is permitted to conduct separate inspections for designated categories of the Specified Facilities' devices so long as each inspection includes an evaluation of all of the methods and controls necessary for compliance with the QS regulation for that designated category of devices. If the expert decides to conduct separate inspections for designated categories of the Specified Facilities' devices, Defendants shall submit to FDA a written statement delineating the designated categories of devices. For purposes of complying with this paragraph, Defendants may not include more than a total of five (5) designated categories of devices;

ii. Within thirty (30) days after completing any inspection under paragraph 5.B.i, the expert shall submit simultaneously to FDA and Defendants a complete written report of the inspection, which shall include, but not necessarily be limited to:

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a. Identifying in detail which methods, processes, controls, and FDA observations the expert reviewed and the expert's evaluation as to whether each such method, process, and control is now operated in compliance with this Decree, the Act, and the QS, CR, and MDR regulations, and, if applicable, listing any observed deviations from compliance with this Decree, the Act, and the QS, CR, and MDR regulations;

b. Identifying whether each observation listed on a Form FDA-483 issued at the Specified Facility since October 2009 has been corrected.

iii. Notwithstanding the foregoing, if, at any time before the completion of the expert's inspection(s), Defendants notify FDA in writing that all manufacturing operations have ceased at a Specified Facility or that all manufacturing operations with respect to one or more designated categories of the Specified Facilities' devices have ceased at a Specified Facility, any requirement that the expert inspect the methods, facilities, processes, equipment, and controls used to manufacture all or any such designated categories of devices at such Specified Facility shall cease. If, at any time before the completion of the expert's inspection(s), Defendants notify FDA in writing that manufacturing operations for any designated category of devices have been transferred from one Specified Facility to another Specified Facility, the expert must thereafter inspect the methods, facilities, processes, equipment, and controls used to manufacture any such designated category of devices at the transferee Specified Facility; and

C. Within thirty (30) days after receiving the expert's inspection report(s) under paragraph 5.B.ii , Defendants shall submit a written report ("work plan") to FDA detailing the specific actions Defendants have taken and/or will take at the Specified Facility to address the expert's observations and bring the Specified Facility's methods, facilities, processes, and

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controls used to manufacture, process, pack, hold, and distribute devices into compliance with the requirements of this Decree, the Act, and the QS, CR, and MDR regulations. The specific actions in the work plan shall be set forth in numbered steps and, where appropriate, the numbered steps may include subordinate lettered steps. The work plan shall include a timetable to be approved by FDA, and FDA will approve or disapprove in writing the proposed work plan within thirty (30) days after receiving the proposed work plan. If the expert conducts separate inspections for designated categories of the Specified Facilities' devices, the Defendants are permitted to submit one addendum per designated category of devices, so long as the work plan and each addendum together detail the specific actions Defendants have taken and/or will take at a Specified Facility to address the expert's observations and bring the methods, facilities, processes, and controls used to manufacture, process, pack, hold, and distribute a designated category of devices into compliance with this Decree, the Act, and the QS, CR, and MDR regulations. In the event that Defendants notify FDA in writing that all manufacturing operations for a designated category of devices have ceased at a Specified Facility, any requirement in the work plan related to such Specified Facility shall cease with regard to such devices. In the event that Defendants notify FDA in writing that manufacturing operations for any designated category of devices have been transferred from one Specified Facility to another Specified Facility, any requirement in the work plan related to the transferor Specified Facility will be deemed to apply to the transferee Specified Facility; and

D. As the actions detailed in the work plan are completed at each Specified Facility, Defendants shall notify the expert in writing, who shall promptly inspect and verify whether those actions have been completed in a manner that complies with the requirements of this Decree, the Act, and the QS, CR, and MDR regulations to the expert's satisfaction and in

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accordance with the work plan timetable approved by FDA. The expert is permitted to conduct separate inspections for designated categories of the Specified Facilities' devices so long as each inspection includes an evaluation of all of the methods and controls necessary for compliance with the QS regulation for the designated category of devices. If the expert determines that an action has not been completed to his or her satisfaction, the expert shall promptly notify Defendants and FDA in writing. Beginning thirty (30) days after approval of the work plan by FDA, and quarterly thereafter until submission of a certification set forth in paragraph 5.E, the expert shall submit to FDA a table that summarizes the expert's findings regarding whether the actions have been completed to the expert's satisfaction and in accordance with the numbered steps in the work plan timetable. FDA may, in its discretion and without prior notice, periodically inspect any and all Specified Facilities and undertake such additional examinations, reviews, and analyses as FDA deems appropriate to verify whether the actions reported to have been completed have, in fact, been completed adequately and on time. In the event that FDA determines that an action that has been reported to be completed is inadequate, FDA will notify Defendants in writing, and Defendants shall take appropriate action in accordance with a timetable that is subject to approval by FDA;

E. When the expert determines that all of the actions identified in the work plan approved by FDA have been completed to his or her satisfaction, the expert shall provide Defendants and FDA with a written certification that all of the actions have been completed and that, based on the inspection(s) conducted under paragraph 5 and on the satisfactory completion of the actions in the work plan identified under paragraph 5.C, Defendants' methods, facilities, processes, and controls used to manufacture, process, pack, hold, and distribute devices are in conformity with the requirements of this Decree, the Act, and the QS, CR, and MDR regulations.

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The expert's certification shall include a detailed report of the results of the expert's inspection(s). The expert may provide FDA with a separate certification under this paragraph for each Specified Facility. If the expert conducts separate inspections for designated categories of the Specified Facilities' devices, the expert is permitted to submit a separate certification and certification report for each designated category of devices so long as each certification and accompanying report contains all of the information required by this provision for the designated category of devices. In the event the Defendants have notified FDA in writing that all manufacturing operations with regard to a designated category of devices have ceased at a Specified Facility, the expert need not certify as to the completion of work plan actions or as to compliance with this Decree, the Act, and the QS, CR, and MDR regulations that relate to such devices at the Specified Facility. In the event the Defendants have notified FDA in writing that manufacturing operations for any designated category of devices have been transferred from one Specified Facility to another Specified Facility, the expert must certify as to the completion of work plan actions or as to the compliance with this Decree, the Act, and the QS, CR, and MDR regulations that relate to such devices at the transferee Specified Facility;

F. In addition to paragraph 17 and FDA's authority to conduct inspections under 21 U.S.C. § 374, within sixty (60) days after FDA receives a certification described in paragraph 5.E, FDA, as it deems necessary, may inspect any or all of the applicable Specified Facilities to evaluate Defendants' compliance with this Decree, the Act, and its implementing regulations;

G. Corporate Defendants pay all costs of inspections, supervision, and review for FDA oversight with respect to paragraph 5; and

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H. FDA notifies Defendants in writing that Defendants appear to be in compliance with the requirements set forth in paragraphs 5.A-G. If FDA conducts an inspection or reinspection pursuant to paragraph 5.F, and finds that the manufacturing, processing, packing, holding, and distribution of devices at and/or from a Specified Facility appear to be in conformity with this Decree, the Act, and the QS, CR, and MDR regulations, this notice will be issued within sixty (60) days after completion of the inspection. If FDA does not conduct an inspection or re-inspection pursuant to paragraph 5.F, this notice will be issued within sixty (60) days after receipt of the expert's certification under paragraph 5.E. If the expert has provided a certification and certification report limited to designated categories of the Specified Facilities' devices or a particular Specified Facility pursuant to paragraph 5.E, then FDA may issue the notification under this paragraph to authorize resumption of manufacturing processing, packing, holding, labeling and/or distribution limited to designated categories of devices or to one or more of the Specified Facilities.

6. A. Notwithstanding paragraph 5, Defendants and all Associated Persons may continue manufacturing, processing, holding, packing, labeling and distributing at or from the Specified Facilities:

i. Medically necessary devices, as defined in paragraph 4.D to customers who have received the Notification Guide described in paragraph 4.F and have submitted a signed CMN to Corporate Defendants, provided that Defendants maintain a record of all sales and distribution of medically necessary devices, including shipping documents and the following information regarding the devices distributed: the name, model number, and lot numbers for the medically necessary devices, the names of the consignees to whom they are shipped, and the

number of devices shipped. Defendants shall make the records described in this paragraph available to FDA immediately upon request. Within ninety (90) days after entry of this Decree, and quarterly thereafter, Defendants shall submit to FDA a summary of the medically necessary devices distributed, which shall include: the names of the medically necessary devices shipped, the names of the consignees to whom they were shipped, and the total number of devices shipped.

ii. Devices for use in product demonstrations, workshops, and laboratories, provided that the subject devices are labeled "For In-Office/In-Facility Demonstration Use Only - Not for Sale";

iii. Devices solely for the purpose of conducting clinical trials in accordance with 21 C.F.R. Part 812, provided that Defendants comply with all applicable laws and regulations relating to the manufacture and distribution of investigational devices;

iv. Devices, including warranty replacements, that both FDA and Defendants agree in writing are necessary to distribute and sell to fulfill contracts and agreements with foreign governments;

v. Devices to testing laboratories solely for the purpose of developing, testing, verifying, or validating design changes or modifications in accordance with 21 C.F.R. Part 820 or comparable international standards; and

vi. Devices that are necessary for the sole purpose of preparing or supporting a premarket approval application (PMA), premarket notification (510k), or supplement thereto, but such products may not be distributed without prior written authorization from FDA.

B. Corporate Defendants shall pay the United States Treasury the amount of six million dollars ($6,000,000.00) in equitable disgorgement, to be paid within twenty-eight (28)

days after entry of this Decree (hereinafter "initial payment"). Six (6) months after the date of the initial payment, Corporate Defendants shall pay the United States Treasury an additional amount of six million dollars ($6,000,000.00) in equitable disgorgement, unless by that date Defendants have received FDA authorization to resume, with regard to all medically necessary devices, all operations at the Specified Facilities as set forth in paragraph 5.H and/or Defendants have transferred all manufacturing, processing, packing, holding, and distribution of all medically necessary devices at and/or from the Specified Facilities to another manufacturing site owned or controlled by Corporate Defendants (hereinafter "new site(s)").

7. Within thirty (30) days after receiving the written notification in paragraph 5.H for a Specified Facility, Defendants shall select and retain at Corporate Defendants' expense an independent person(s) (the "specified facility auditor") to conduct audit inspections of the Specified Facility not less than once every six (6) months for a period of one (1) year, after which the specified facility auditor shall conduct audit inspections annually for an additional period of four (4) years. The specified facility auditor shall be qualified by education, training, and experience to conduct such inspections, and shall be without personal or financial ties (other than the retention agreement) to Defendants or their families, except that the specified facility auditor may be the same person(s) as the expert described in paragraph 5.B and/or the additional facility auditor described in paragraph 9.

A. At the conclusion of each audit inspection at each such facility, the specified facility auditor shall prepare a written audit report ("audit report") analyzing whether Defendants are in compliance with this Decree, the Act, and the QS, CR, and MDR regulations, and identifying all deviations from this Decree, the Act, and the QS, CR, and MDR regulations ("audit report observations"). As part of every audit report, except the first audit report, the

specified facility auditor shall assess the adequacy of corrective actions taken by Defendants to correct all previous audit report observations. The audit report shall be delivered contemporaneously to Defendants and FDA no later than thirty (30) days after the date an audit inspection is completed.

B. If an audit report contains any audit report observations, Defendants shall, within thirty (30) days after receipt of the audit report, correct those observations, unless FDA notifies Defendants that a shorter time period is necessary. If, after receiving an audit report, Defendants believe that correction of any audit report observations will take longer than thirty (30) days, Defendants shall, within ten (10) business days after receipt of the audit report, propose a schedule for completing corrections ("correction schedule"). The correction schedule shall be reviewed and approved by FDA in writing prior to implementation. Defendants shall complete all corrections according to the approved correction schedule. Within thirty (30) days after being notified that Defendants have taken actions to correct audit report observations, the auditor shall review the actions taken by Defendants to correct the audit report observations. Within fifteen (15) business days after completion of such a review, the specified facility auditor shall report in writing to FDA and to the Defendants whether each of the audit report observations has been corrected.

8. Not less than three months before Defendants transfer any manufacturing operations from any of the Specified Facilities to any new site that Defendants own or control, Defendants shall submit to FDA a written transfer plan. However, in the event Defendants notified FDA before the date of entry of this Decree of a planned transfer of manufacturing operations from any Specified Facility(ies) to any new site(s), Defendants shall submit to FDA a written transfer plan within thirty (30) business days from the date of entry of this Decree. Any

such new site, if not already an Additional Facility, as described in paragraph 4.B, shall thereafter be fully subject to the provisions of this Decree without further action by the parties or this Court, as though it were listed as an Additional Facility in paragraph 4.B, but only to the extent that manufacturing operations have been transferred from a Specified Facility to that new site.

ADDITIONAL FACILITIES

9. Within ninety (90) days after entry of this Decree, Defendants shall select and retain at Corporate Defendants' expense an independent person(s) (the "additional facilities auditor") to conduct audit inspections of each of the Additional Facilities not less than once every twelve (12) months for a period of four (4) years from the date of entry of this Decree, for a total of not less than four audit inspections. The auditor shall be qualified by education, training, and experience to conduct such inspections, and shall be without personal or financial ties (other than the retention agreement) to Defendants or their families, except that the auditor may be the same person(s) as the expert described in paragraph 5.B and/or the specified facilities auditor described in paragraph 7. The requirements in paragraphs 7.A and B shall apply to all audit inspections conducted under this paragraph.

ADDITIONAL INJUNCTION PROVISION

10. Upon entry of this Decree and except as provided for in paragraphs 6 and 11, Defendants and each and all Associated Persons shall, with regard to any device manufactured at any of the Specified or Additional Facilities, be permanently enjoined from directly or indirectly doing or causing to be done any act that:

A. Violates 21 U.S.C. § 331(a) by doing or causing the introduction, and delivery for introduction, into interstate commerce of any device, as defined by 21 U.S.C.

§ 321(h), that is adulterated within the meaning of 21 U.S.C. § 351(h), or misbranded within the meaning of 21 U.S.C. § 352(t)(2);

B. Violates 21 U.S.C. § 331(k) by doing or causing any act that results in the adulteration, within the meaning of 21 U.S.C. § 351(h), or misbranding, within the meaning of 21 U.S.C. § 352(t)(2), of any device, as defined by 21 U.S.C. § 321(h), while such device is held for sale after the shipment of one or more of its components in interstate commerce; and/or

C. Violates 21 U.S.C. § 331(e) by doing or causing the failure to maintain and/or submit reports respecting devices, as defined by 21 U.S.C. § 321(h), as required by 21 U.S.C. § 360i.

EXCLUSIONS

11. The prohibitions set forth in paragraphs 5 and 10 or in any order issued under paragraphs 13 or 14 shall not apply to any device manufactured, processed, packaged, labeled, held for sale, or introduced into interstate commerce solely for export from the United States, provided that the applicable requirements of 21 U.S.C. §§ 381(e) and/or 382 have been satisfied with respect to such device. Independent of their right to export other devices, Defendants may export any medically necessary device to support their International Distributors, provided that:

(A) Defendants ask their International Distributors to ask their International End-Users to execute a signed CMN;

(B) Defendants exercise their best efforts to ask their International Distributors to confirm that the person signing the CMN form has read the form and is who s/he purports to be;

(C) Defendants document these efforts and provide to FDA, on a quarterly basis for two years, a summary of these efforts; and

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(D) Defendants maintain records evidencing compliance with this subparagraph for two years.

ADDITIONAL PROVISIONS

12. Defendants shall establish and document management control over quality policy, as defined in 21 C.F.R. § 820.3(u), at the Specified and Additional Facilities for all devices intended for introduction into interstate commerce, to ensure continuous compliance with this Decree, the Act, and the QS, CR, and MDR regulations. Corporate Defendants shall vest responsibility for all quality system functions, as defined in 21 C.F.R. § 820.3(v), in the Specified and Additional Facilities, in an individual who shall be authorized and responsible for all quality system functions at the Specified and Additional Facilities, including establishing, implementing, and maintaining a comprehensive written quality program, to ensure Defendants' continuous compliance with this Decree, the Act, and the QS, CR, and MDR regulations. Within ninety (90) days after entry of this Decree, Defendants shall provide to FDA an affidavit of compliance stating the fact and manner of compliance with this paragraph.

13. If, at any time after this Decree has been entered, FDA determines, on the basis of the results of an inspection, the analyses of samples, a report or data prepared or submitted by Defendants or an expert or auditor under this Decree, or any other information, that Defendants have failed to comply with any provision of this Decree, or have violated the Act, the QS, CR, or MDR regulations at any of the Specified or Additional Facilities, or that additional corrective actions are necessary to achieve compliance with this Decree, the Act, and the QS, CR, and MDR regulations at any of the Specified or Additional Facilities, FDA may, as and when it deems necessary, order Defendants in writing, specifying the noncompliance(s) giving rise to the order, to take appropriate action, including, but not limited to, the following:

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A. Cease manufacturing, processing, packing, labeling, holding, or distributing any or all devices at any Specified or Additional Facility that was involved in the failure to comply;

B. Recall at Corporate Defendants' expense, adulterated or misbranded devices manufactured, distributed, and/or sold by Defendants from any Specified or Additional Facility, and/or that are under the custody and control of Defendants' U.S. agents, distributors, or customers;

C. Revise, modify, expand, or continue to submit any reports or plans described in this Decree;

D. Submit additional reports or information relating to any Specified or Additional Facility, to FDA as requested;

E. Issue a safety alert, public health advisory, and/or press release;

F. Take any other corrective actions relating to any Specified or Additional Facility as FDA, in its discretion, deems necessary to bring Defendants into compliance with this Decree, the Act, or the QS, CR, or MDR regulations.

These remedies shall be separate and apart from, and in addition to, any other remedy available to the United States under this Decree or the law. The cost of FDA inspections, sampling, testing, travel time, and subsistence expenses to implement these remedies shall be borne by Corporate Defendants at the rates specified in paragraph 18. However, nothing in this paragraph authorizes FDA to take any action with regard to products that are not manufactured, processed, packed, labeled or distributed in the United States.

14. If FDA inspects any facilities owned and/or operated by Corporate Defendants and/or their subsidiaries and/or affiliates, other than the Specified and Additional Facilities, and

finds violations of the Act or the QS, CR, or MDR regulations, FDA may, without further action by the parties or this Court, order that such facility or facilities shall thereafter be fully subject to the provisions of this Decree as though it or they were listed as an Additional Facility or Additional Facilities in paragraph 4.B when the Decree was entered, and FDA, with respect to such facility or facilities, may thereafter, based on subsequent violations, order Defendants to take any or all of the actions described in paragraph 13.

15. Upon receipt of any order issued by FDA pursuant to this Decree, the following procedures shall apply:

A. Unless a different time frame is specified by FDA in its order, Defendants shall, within ten (10) business days after receiving such order, notify FDA in writing that:

i. Defendants are undertaking or have undertaken corrective action, in which event Defendants shall describe the specific action(s) taken or proposed to be taken and the proposed schedule for completing the action(s); or

ii. Defendants do not agree with FDA's order, including a written explanation of the basis for their disagreement; in doing so, Defendants may propose specific alternative actions and specific time frames for achieving FDA's objectives.

B. If Defendants notify FDA that they do not agree with FDA's order, FDA will review Defendants' notification and thereafter, in writing, affirm, modify, or withdraw its order, as FDA deems appropriate. If FDA affirms or modifies its order, it will explain the basis for its decision in writing. The written notice of affirmation or modification shall constitute final agency action.

C. If FDA affirms or modifies its order, Defendants shall, upon receipt of FDA's notice of affirmation or modification, immediately implement the order (as modified, if

applicable), and, if they so choose, bring the matter before this Court on an expedited basis. Defendants shall continue to diligently implement FDA's order, as modified if applicable, unless the Court sets aside, stays, reverses, vacates, or modifies FDA's order. Any review of FDA's order under this paragraph shall be made in accordance with the terms set forth in paragraph 27.

D. The procedures set forth in paragraphs 15A-C shall not apply to any order issued under paragraph 13 if such order states that it is based on FDA's judgment that the matter raises significant public health concerns, and FDA's judgment and basis for such decision are stated in the order. In such case, Defendants shall immediately and fully comply with the terms of that order. If they so choose, Defendants may bring the matter before this Court on an expedited basis. Defendants shall continue to diligently implement FDA's order, unless the Court sets aside, stays, reverses, vacates, or modifies FDA's order. Any review of FDA's order under this paragraph shall be made in accordance with the terms set forth in paragraph 27.

16. Any cessation of operations or other actions described in paragraph 13 shall continue until Defendants receive written notification from FDA that Defendants appear to be in compliance with this Decree, the Act, and the QS, CR, and MDR regulations, and that Defendants may, therefore, resume operations. After receiving Defendants' written request to resume operations, FDA will determine whether it needs to inspect any of Defendants' facilities to determine Defendants' compliance with this Decree, the Act, and the QS, CR, and MDR regulations. If FDA determines that an inspection is necessary, it shall conduct the inspection and determine whether Defendants appear to be in compliance with this Decree, the Act, and the QS, CR, and MDR regulations and, if so, FDA will issue to Defendants a written notification permitting resumption of operations. With regard to U.S. facilities, FDA will decide within forty-five (45) days after receipt of the request whether Defendants appear to be in compliance

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and, if so, issue to Defendants a written notification permitting resumption of actions described in paragraph 13. With regard to facilities located outside of the United States, FDA will, as soon as reasonably practicable, act on the request whether Defendants appear to be in compliance and, if so, issue to Defendants a written notification permitting resumption of actions described in paragraph 13.

17. Representatives of FDA shall be permitted, without prior notice and as and when FDA deems necessary, to make inspections of any of the Specified or Additional Facilities, collect samples, and, without prior notice, take any other measures necessary to monitor and ensure continuing compliance with the terms of this Decree, the Act, and the QS, CR, and MDR regulations. During such inspections, FDA representatives shall be permitted ready access to the Specified and Additional Facilities including, but not limited to, all buildings, equipment, finished and unfinished materials and products, containers and packaging materials, and labeling; to take photographs and make video recordings; to take samples (without charge to FDA) of Defendants' finished and unfinished materials and products, containers and packaging materials, and labeling; and to examine and copy all records relating to the manufacture, processing, packing, labeling, receiving, holding, installing, and distribution of any and all devices in order to ensure continuing compliance with this Decree, the Act, and the QS, CR, and MDR regulations. FDA will provide Defendants with a receipt for any samples taken pursuant to 21 U.S.C. § 374 and with copies of any photographs and video recordings made, upon a written request by Defendants and at Corporate Defendants' expense. The inspections shall be permitted upon presentation of a copy of this Decree and appropriate credentials. The inspection authority granted by this Decree is separate from, and in addition to, the authority to conduct inspections under the Act, 21 U.S.C. § 374.

18. Corporate Defendants shall reimburse FDA for the costs of all FDA inspections, investigations, supervision, analyses, examinations, and reviews that FDA deems necessary to evaluate Defendants' compliance with any part of this Decree at the standard rates prevailing at the time the costs are incurred. As of the date of entry of this Decree, these rates are: $88.45 per hour or fraction thereof per representative for inspection and investigative work; $106.03 per hour or fraction thereof per representative for analytical or review work; $0.56 per mile for travel expenses by automobile; government rate or the equivalent for travel by air or other means; and the published government per diem rate for subsistence expenses where necessary. FDA shall submit a reasonably detailed bill of costs to Corporate Defendants. In the event that the standard rates applicable to FDA supervision of court-ordered compliance are modified, these rates shall be increased or decreased without further order of the Court.

19. Within ten (10) business days after entry of this Decree, Defendants shall post a copy of this Decree in a common area at each of the Specified and Additional Facilities and shall ensure that the Decree remains posted for as long as the Decree remains in effect.

20. Within ten (10) business days after the entry of this Decree, Defendants shall provide a copy of this Decree, by electronic means, personal service, or registered mail, to each and all Associated Persons. Within thirty (30) days after entry of this Decree, Defendants shall provide to FDA an affidavit of compliance stating the fact and manner of compliance with this paragraph and identifying the names, addresses, and positions of all Associated Persons located in the U.S. who have received a copy of this Decree.

21. In addition to the requirements in paragraph 8, Defendants shall notify FDA at least ten (10) business days before any change in ownership or character of their business, such as dissolution, assignment, bankruptcy, or sale resulting in emergence of a successor corporation,

the creation or dissolution of subsidiaries, or any other change in the corporate structure of any Corporate Defendant, or the sale or assignment of any business assets, such as buildings, equipment, or inventory, that, in each case, may affect compliance with this Decree. Defendants shall provide a copy of this Decree to any proposed successor or assignee at least thirty (30) business days prior to making any assignment or transferring any interest in the company as described in this paragraph. Defendants shall furnish FDA with an affidavit of compliance with this paragraph no later than ten (10) business days prior to such assignment or change in ownership.

22. In the event that any of the Defendants becomes associated with any additional Associated Person(s) at any time after entry of this Decree, Defendants shall within ten (10) business days of the commencement of such association provide a copy of this Decree, by electronic mail, personal service, or certified mail (restricted delivery, return receipt requested), to such Associated Person(s). Every six (6) months, if during that time Defendants become associated with any such additional Associated Person(s), Defendants shall provide to FDA an affidavit stating the fact and manner of their compliance with this paragraph, identifying the names, addresses, and positions of all Associated Person(s) who received a copy of this Decree pursuant to this paragraph. Within ten (10) business days after receiving a request from FDA for any information or documentation that FDA deems necessary to evaluate Defendants' compliance with this paragraph, Defendants shall provide such information or documentation to FDA.

23. In the event Defendants replace any third-party expert or auditor required under this Decree, Defendants shall notify FDA in writing of the successor to such third-party expert or auditor and Defendants' reasons for replacing the expert or auditor within ten (10) business days

after such replacement. In satisfying the requirements of this Decree, any third-party expert or auditor may review the previous expert's or auditor's work, and refer to such work to satisfy the requirements of the Decree; however, when such work is referenced by the new expert or auditor, s/he shall identify the specific prior work referenced.

24. Unless otherwise specified, all notifications, certifications, reports, correspondence, and other communications to FDA required by the terms of this Decree shall be addressed to the Director, FDA New England District Office, One Montvale Avenue, Stoneham, MA 02180. All notifications, correspondence, and communications required to be sent to Defendants or Corporate Defendants by the terms of the Decree shall be addressed to the General Counsel's Office, Maquet/Atrium Shared Legal Group, 1300 MacArthur Boulevard, Mahwah, NJ 07430.

25. Should Defendants fail to comply with any provision of this Decree, including any time frame imposed by this Decree, at any Specified or Additional Facility, then Corporate Defendants shall pay to the United States of America: fifteen thousand dollars ($15,000) in liquidated damages for each day such violation continues; an additional sum of fifteen thousand dollars ($15,000) in liquidated damages per day, per violation for each violation of the Act, its implementing regulations, and/or this Decree. In addition, should Defendants distribute from any Specified or Additional Facility after entry of this Decree any device that violates this Decree, the Act, or its implementing regulations, Corporate Defendants shall, in addition to the foregoing, also pay to the United States as liquidated damages a sum equal to two times the retail value of such devices. The amount of liquidated damages imposed under this paragraph shall not exceed ten million dollars ($10,000,000) in any one calendar year. The parties acknowledge that any payments to the government under any provision of this Decree are not a fine, penalty,

forfeiture, or payment in lieu thereof. The remedy in this paragraph shall be in addition to any other remedies available to the United States under this Decree or the law.

26. Should the United States bring and prevail in a contempt action to enforce the terms of this Decree, Corporate Defendants shall, in addition to other remedies, reimburse the United States for its attorneys' fees (including overhead), investigational and analytical expenses, expert witness fees, and court costs relating to such contempt proceedings.

27. Defendants shall abide by the decisions of FDA, and FDA's decisions shall be final. All decisions conferred upon FDA in this Decree shall be vested in FDA's discretion and, if contested, shall be reviewed by this Court under the arbitrary and capricious standard set forth in 5 U.S.C. § 706(2)(A). Review by the Court of any FDA decision rendered pursuant to this Decree shall be based exclusively on the written record before FDA at the time the decision was made. No discovery shall be taken by either party.

28. The parties may at any time petition each other in writing to modify any deadline provided herein; and, if the parties mutually agree in writing to modify a deadline, such modification may be granted without seeking leave of Court.

29. If any deadline in this Decree falls on a weekend or federal holiday, the deadline shall be continued to the next business day.

30. If, and for as long as, an individual Defendant ceases to be employed by or to act on behalf of Corporate Defendants or any of their subsidiaries, franchises, affiliates and/or "doing business as" entities (the "Corporate Defendant Entities"), then, without further order of the Court, that individual Defendant shall not be subject to the terms of this Decree but shall continue to be liable for such individual Defendant's act(s) or failure(s) to act under this Decree prior to the time such individual ceased to be employed by or to act on behalf of all of the

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Corporate Defendant Entities. An individual Defendant shall notify FDA within thirty days after said Defendant ceases to be employed by or to act on behalf of all of the Corporate Defendant Entities. Once an individual Defendant ceases to be employed or otherwise act for all of the Corporate Defendant Entities, Corporate Defendants shall petition the Court to formally remove that individual Defendant's name from the caption of this Decree and the United States will not oppose such a motion, so long as FDA has sufficient evidence or information that the individual Defendant to be removed is no longer directly or indirectly working for or with, or in any way influencing, Corporate Defendant Entities. If Defendant Gail Christie's responsibilities are materially reduced, or the position of Corporate Chief Quality Assurance/Regulatory Affairs and Compliance Officer is eliminated, Corporate Defendants shall petition the Court to substitute for her as an individual Defendant either her successor as Corporate Chief Quality Assurance/Regulatory Affairs and Compliance Officer or the individual vested with responsibility for all quality system functions, as described in paragraph 12 ("Christie Substitute Defendant"). The United States will not oppose such a motion, so long as FDA has sufficient evidence or information that the Christie Substitute Defendant is vested with responsibility for all quality system functions, as described in paragraph 12. If removing an individual Defendant would result in no individual Defendant being subject to this Decree, Corporate Defendants shall designate an individual of similar position and responsibility to be substituted as an individual Defendant ("Substitute Individual Defendant"). Corporate Defendants shall petition the Court to add the Substitute Individual Defendant to the Decree and the United States will not oppose such a motion so long as FDA has sufficient evidence or information regarding the Substitute Individual Defendant's position and responsibilities. The obligations under this Decree of each individual named herein and any Substitute Defendant shall apply only to the extent of his or her

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authority, responsibilities, and conduct within Maquet Holding B.V. & Co. KG and/or the Corporate Defendant Entities.

31. This Court retains jurisdiction over this action and the parties thereto for the purpose of enforcing and modifying this Decree and for the purpose of granting such additional relief as may be necessary or appropriate.

IT IS SO ORDERED.

DATED: February 3, 2015

UNITED STATES DISTRICT JUDGE

DocuSign Envelope ID: 0FF12DAC-D75C-4E6A-8D29-CFE52ADF9A4F

Case 1:15-cv-00041-SM Document 2-1 Filed 02/03/15 Page 29 of 30

We hereby consent to the entry of the foregoing Decree:

FOR THE DEFENDANTS:

HEINZ JACQUI
Individually, and on behalf of Corporate Defendants, as Chief Executive Officer and Managing Director of Maquet Holding B.V. & Co. KG

GAIL CHRISTIE
Individually, and as Corporate Chief Quality Assurance/Regulatory Affairs and Compliance Officer of Maquet Holding B.V. & Co. KG

JOHN R. FLEDER
Hyman, Phelps & McNamara, P.C.
700 Thirteenth Street, N.W., Suite 1200
Washington, D.C. 20005

Attorney for Corporate Defendants

FOR THE PLAINTIFF:

JOYCE R. BRANDA
Acting Assistant Attorney General
U.S. Department of Justice
Civil Division

JONATHAN F. OLIN
Deputy Assistant Attorney General
U.S. Department of Justice
Civil Division

MICHAEL S. BLUME
Director
U.S. Department of Justice
Consumer Protection Branch

DANIEL M. BAEZA
Trial Attorney
Consumer Protection Branch
United States Department of Justice
450 Fifth Street, N.W., 6th Floor
Washington, DC 20001

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ROBERT A. DORMER
Hyman, Phelps & McNamara, P.C.
700 Thirteenth Street, N.W., Suite 1200
Washington, D.C. 20005

Attorney for Corporate Defendants

JAMES G. MCCARNEY
Law Offices of James G. McCarney
29 Broadway, Suite 2700
New York, New York 10006

Attorney for Defendant Heinz Jacqui

RICHARD M. COOPER
Williams & Connolly LLP
725 Twelfth Street, N.W.
Washington, DC 20005

Attorney for Defendant Gail Christie

OF COUNSEL:

WILLIAM B. SCHULTZ
General Counsel

ELIZABETH H. DICKINSON
Chief Counsel, Food and Drug Division

ANNAMARIE KEMPIC
Deputy Chief Counsel for Litigation

SHANNON M. SINGLETON
Associate Chief Counsel
United States Department of
Health and Human Services
Office of the General Counsel
Food and Drug Administration
Building 32, Room 4312
10903 New Hampshire Avenue
Silver Spring, MD 20993

11

11A

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: Elko Community Health Center, LLC

Physical Address: 2098 Idaho Street

City: Elko State: NV Zip: 89801

Mailing Address (if different from physical address): 222 S. Meramec Ave, Suite 202-1002

City: St Louis State: MO Zip: 63105

Telephone: 801-859-6828 Fax: _____

Contact Email: jesica.ford@elkochc.com Website _____

Nevada Business License # NV20201746294

Employed/Contracted Pharmacist Name: Mary Grear NV Pharmacist License #: 10687

Medical Director Name: John Gull, 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: Elko Community Health Center, LLC

Mailing Address: 222 S. Meramec Ave., Ste. 202-1002

City: St. Louis State: MO Zip: 63105

Telephone: 314-356-2309 Email: david.kilper@communityhdp.com

Contact Person Name: David Kilper, Authorized Representative

Please check type of partnership (NAC 639.214) ☐ General ☒ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☒ Yes ☐ No

Section 6: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 7: Employed/Contracted Pharmacist (MUST BE COMPLETED BY the Employed/Contracted Pharmacist)

Pharmacist Name: Mary Grear NV Pharmacist License #: 10687

As the employed/contracted pharmacist, for (ASC/RC Name): Elko Community Health 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	

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. to Mary Grear, Executive Director. The Board of Pharamcy sent notice of a request for hearing to the wrong mailing address even though the correct address was on file at the Board of Pharmacy. 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 discrpensies in the funds granted by the Board of Pharmacy to PRN and the expense record under my administration. A rehearing was held and the case was closed finding all monies were accouted for the PRN, Inc. grants.

Mary Grear, RPh

Original signature of Employed/Contracted Pharmacist (copies or stamps not accepted)

3/14/2022

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.

DAVID W. KILPER, AUTHORIZED REPRESENTATIVE

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

D W. K

Original signature of Authorized Person (copies or stamps not accepted)

4/8/2022

Date

Board Use Only	Date Received: _____	Amount: 500	Check # 1007

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: Elko Community Health Center, LLC

Physical Address: 2098 Idaho St.

City: Elko State: NV Zip: 89801

Mailing Address (if different from physical address): 222 S. Meramec Ave., Ste. 202-1002

City: St. Louis State: MO Zip: 63105

Telephone: 314-356-2309 Website:

Licensing Company Email:

Section 2: Personal Information

First: David Middle: K Last: Lutz

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] S 99th Avenue

City: Omaha State: NE Zip: 68124

Telephone: [redacted] Email: david.lutz@communityhdp.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)	
New York University School of Law		08/04 - 05/05	
Address	**City**	**State**	**Zip**
40 Washington Square South	New York	NY	10012
Diploma/Degree obtained, if any			
LLM (taxation)			
School Name		**From - To (MM/YY – MM/YY)**	
Chicago-Kent College of Law		08/01 - 05/04	
Address	**City**	**State**	**Zip**
565 West Adams Street	Chicago	IL	60661
Diploma/Degree obtained, if any			
Juris Doctor (JD)			
School Name		**From - To (MM/YY – MM/YY)**	
Creighton University		08/99 - 05/00	
Address	**City**	**State**	**Zip**
2500 California Plaza	Omaha	NE	68178
Diploma/Degree obtained, if any			
BA (Political Science)			
School Name		**From - To (MM/YY – MM/YY)**	
University of Nebraska - Omaha		08/97 - 05/99	
Address	**City**	**State**	**Zip**
6001 Dodge Street	Omaha	NE	68182
Diploma/Degree obtained, if any			
n/a - transferred to Creighton University			
School Name		**From - To (MM/YY – MM/YY)**	
Millard North High School		08/93 - 5/97	
Address	**City**	**State**	**Zip**
1010 S 144th Street	Omaha	NE	68154
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 - current	[redacted]S 99th Avenue	Omaha	NE	68124
04/10 - 10/16	[redacted]Ridgewood Avenue	Omaha	NE	68114

Applicant's initials _____ 2

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Community Health Development Parners			01/20-Present
Business Address	**City**	**State**	**Zip**
4727 Center Street	Omaha	NE	68106
Phone	**Title**		
402-590-2121	Principal and Senior Managing Director		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Stinson LLP			10/14-Present
Business Address	**City**	**State**	**Zip**
1299 Farnam Street, #1500	Omaha	NE	68102
Phone	**Title**		
402-342-1700	Partner		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Husch Blackwell			09/09-09/14
Business Address	**City**	**State**	**Zip**
13330 California Street, #200	Omaha	NE	68154
Phone	**Title**		
402-964-5000	Partner		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Applicant's initials _____

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's Initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Applicant's Initials DR

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to 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 Lutz

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/26/2022
Date

Please have this section completed in the presence of a Notary Public.

State of Nebraska, ss. County of Douglas

I, DAVID R. LUTZ, 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

4/26/2022
Date

Subscribed and Sworn to before me this 26th day of April 2022

Notary Public Signature

GENERAL NOTARY-State of Nebraska
WILLIAM C. ANDERSON
My Comm. Exp. June 14, 2025

(Seal)

Applicant's initials

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Elko Community Health Center, LLC

Physical Address: 2098 Idaho St.

City: Elko State: NV Zip: 89801

Mailing Address (if different from physical address): 222 S. Meramec Ave., Ste. 202-1002

City: St. Louis State: MO Zip: 63105

Telephone: 314-356-2309 Website:

Licensing Company Email:

Section 2: Personal Information

First: Jarrett Middle: Wayne Last: Portz

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted] Monterey Dr.

City: Lake Havasu City State: AZ Zip: 86406

Telephone: [redacted] Email: jarrett.portz@communityhdp.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: JP

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Lake Havasu High School		1994-1997	
Address	**City**	**State**	**Zip**
2675 Palo Verde Blvd S.	Lake Havasu City	AZ	86403
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Northern Arizona University		1997-1998	
Address	**City**	**State**	**Zip**
S San Francisco St	Flagstaff	AZ	86011
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
2019-present	[redacted] Monterey Dr.	Lake Havasu City	AZ	86406
2018-2019	[redacted] Hogan Ln	Lake Havasu City	AZ	86405
2010-2018	[redacted] Palmtree	Lake Havasu City	AZ	86404
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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 JH

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)
Community Health Development Partners			2019-present
Business Address	**City**	**State**	**Zip**
4727 Center St	Omaha	NE	68106
Phone	**Title**		
402-590-2123	Principal & Senior Managing Director		
Description of Duties			
Managing Partner			

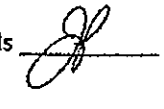
Business Name			From - To (MM/YY - MM/YY)
LBJ Enterprises			2017-present
Business Address	**City**	**State**	**Zip**
500 Lake Havasu Ave, Suite D-104	Lake Havasu City	AZ	86403
Phone	**Title**		
928-486-8848	Manager		
Description of Duties			
Managing Partner			

Business Name			From - To (MM/YY - MM/YY)
Sky Distributing			
Business Address	**City**	**State**	**Zip**
4320 Hinson St	Las Vegas	NV	89119
Phone	**Title**		
702-339-0149	Manager		
Description of Duties			
Partner			

Business Name			From - To (MM/YY - MM/YY)
Rigz, LLC			2018-present
Business Address	**City**	**State**	**Zip**
500 Lake Havasu Ave, Suite D-104	Lake Havasu City	AZ	86403
Phone	**Title**		
805-835-3360	Manager		
Description of Duties			
Managing Partner			

Business Name			From - To (MM/YY - MM/YY)
PF Opportunity Fund			2019-Present
Business Address	**City**	**State**	**Zip**
5801 Hwy 95 N, Suite 730	Lake Havasu City	AZ	86404
Phone	**Title**		
805-835-3360	Manager		
Description of Duties			
Managing Partner			

Continue on next page if additional space is needed.

Applicant's Initials 

Business Name			From - To (MM/YY – MM/YY)
Canyon Holdings, LLC			2017-2022
Business Address	**City**	**State**	**Zip**
6680 Cobra Way	San Diego	CA	92121
Phone	**Title**		
858-646-0444	Partner		
Description of Duties			
Partner			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**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 # 5. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
02/14/2022	Ongoing	AZ	Phoenix	Maricopa
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
CV2022-001813		Superior Court of the State of Arizona in and for the County of Maricopa		
Reason/Charge				
To recover damages against an individual and an entity related to breach of contract and malpractice of an architecture professional				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Plaintiff			Lawsuit	
Name of Business/Industry/Entity				
As a member of Quick Shine Pahrump Operations, LLC				

Provide explanation below:

With the assistance of counsel, and as Plaintiff in this case, I am seeking to recover damages associated with the defendants' breach of contract and malpractice of an architecture professional. This case is ongoing and no order, agreement, or other disposition is available for the entirety of the case.

Original Signature (electronic, copies or stamps not accepted)

4-26-22
Date

Applicant's initials

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
05/27/2021	Ongoing	AZ	Phoenix	Maricopa
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
CV2021-008689		Superior Court of the State of Arizona in and for the County of Maricopa		
Reason/Charge				
To recover damages against individuals and entities related to fraud and breach of contract				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Plaintiff			Lawsuit	
Name of Business/Industry/Entity				
As a member of PC Building Investments LLC and individually				

Provide explanation below:

With the assistance of counsel, and as Plaintiff in this case, I am seeking to recover damages associated with the defendants' fraudulent acts and breach of contract. This case is ongoing and no order, agreement, or other disposition is available for the entirety of the case.

Original Signature (electronic, copies or stamps not accepted)

4-26-22
Date

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.

4 & 5

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
2011		NJ	Newark	Essex County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
2:06-cv-05455-MCA-LDW		United States District Court of New Jersey		
Reason/Charge				
18:1964 Racketeering				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Plaintiff			Civil Lawsuit	
Name of Business/Industry/Entity				
International Wholesale Service, Inc/ International Wholesale Supply, Inc/ Jarrett W. Portz				

Provide explanation below:

In 2011 there was a distributor of nutritional supplements that had internal employees that were allegedly diverting product inappropriately. There were a substantial number of named defendants. The case against our companies, and the individuals was dismissed with out prejudice.

Original Signature (electronic, copies or stamps not accepted)

4-26-22

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.

Jarrett Portz

Jarrett Portz

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4-26-22

Date

Please have this section completed in the presence of a Notary Public.

State of Arizona, ss. County of Mohave

I, Jarrett Portz, 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

4-26-22

Date

Subscribed and Sworn to before me this 26th day of April 2022

Vonna L Zacher

Notary Public Signature

VONNA L ZACHER
Notary Public - Arizona
Mohave County
Commission # 618179
My Comm. Expires Dec 22, 2025

(Seal)

Applicant's initials

UNITED STATES DISTRICT COURT
DISTRICT OF NEW JERSEY

N.V.E., INC., ***Plaintiff,*** **v.** **JESUS J. PALMERONI, et al.,** ***Defendants.***	**Civil Action No. 06-5455** **ORDER AND JUDGMENT**
JESUS J. PALMERONI, ***Third-Party Plaintiff,*** **v.** **ROBERT OCCHIFINTO and WALTER ORCUTT,** ***Third-Party Defendants.***	

THIS MATTER comes before the Court on motions by (1) Defendants Darren Householder and Brand New Energy, Inc. (the "Householder Defendants"), Dkt. No. 582; (2) Defendants Ronald Sumicek and Sunbelt Marketing (the "Sumicek Defendants"), Dkt. No. 583; (3) Jesus Palmeroni, National Retail Consulting Group, and Global Marketing & Sales Group, LLC (the "Palmeroni Defendants"), Dkt. No. 585; and (4) Counterclaim Defendant N.V.E., Inc. and Third-Party Defendants Robert Occhifinto and Walter Orcutt, Dkt. No. 590;

and the Court having held oral argument on the motions on January 26, 2017;

and for the reasons set forth on the record on that date;

IT IS, on this 27th day of January, 2017,

ORDERED that the Householder Defendants' motion for summary judgment, Dkt. No. 582, is **GRANTED** and judgment is entered in their favor on Count 9 (Civil Conspiracy); and it is

ORDERED that the Sumicek Defendants' motion for summary judgment, Dkt. No. 583,[1] is **GRANTED** and judgment is entered in their favor on Count 7 (Fraud) and Count 9 (Civil Conspiracy); and it is

ORDERED that the Palmeroni Defendants' motion for judgment on the pleadings, Dkt. No. 585, is **GRANTED** and judgment is entered in their favor on Count 1 (Federal Racketeering Influenced and Corrupt Organizations ("RICO") Act, 18 U.S.C. §§ 1961, et seq.), Count 2 (Federal RICO), Count 3 (N.J. RICO, N.J.S.A. §§ 2C:41-1, et seq.), Count 4 (N.J. RICO), and Count 5 (N.J. RICO Conspiracy); and it is

ORDERED that N.V.E., Mr. Occhifinto, and Mr. Orcutt's motion for summary judgment, Dkt. No. 590, is **GRANTED** and judgment is entered in their favor on all counterclaims and third-party claims asserted by Jesus Palmeroni and the Sumicek Defendants; and it is further

ORDERED that N.V.E. shall file any supplemental papers by **Friday, February 3, 2017**, and Defendants shall file their response by **Friday, February 10, 2017**.

/s Madeline Cox Arleo
MADELINE COX ARLEO
United States District Judge

[1] The Sumicek Defendants filed their motion as one for judgment on the pleadings under Fed. R. Civ. P. 12(c), but the Court converted it to a motion for summary judgment at N.V.E.'s request. See N.V.E. Opp'n Br. at 2-5, Dkt. No. 610; see also Hilinski v. Gordon Terminal Serv. Co. of N.J., 265 F. App'x 66, 68 (3d Cir. 2008) (affirming conversion of Rule 12(c) motion into summary judgment motion).

Clerk of the Superior Court
*** Electronically Filed ***
C. Cuellar, Deputy
2/14/2022 10:00:23 AM
Filing ID 13934151

Person/Attorney Filing: Lonnie J Williams
Mailing Address: 1850 N. Central Ave. Suite 2100
City, State, Zip Code: Phoenix, AZ 85004
Phone Number: (602)212-8505
E-Mail Address: michelle.gallegos@stinson.com
[☐] Representing Self, Without an Attorney
(If Attorney) State Bar Number: 005966, Issuing State: AZ

IN THE SUPERIOR COURT OF THE STATE OF ARIZONA

IN AND FOR THE COUNTY OF MARICOPA

Quick Shine Pahrump Operations, LLC
c/o Lonnie J. Williams
Plaintiff(s),
v.
John B. Reddell JR, et al.
Defendant(s).

Case No. CV2022-001813

CERTIFICATE OF COMPULSORY ARBITRATION

I certify that I am aware of the dollar limits and any other limitations set forth by the Local Rules of Practice for the Maricopa County Superior Court, and I further certify that this case IS NOT subject to compulsory arbitration, as provided by Rules 72 through 77 of the Arizona Rules of Civil Procedure.

RESPECTFULLY SUBMITTED this

By: Lonnie J Williams /s/
Plaintiff/Attorney for Plaintiff

AZturboCourt.gov Form Set #6535190

Clerk of the Superior Court
*** Electronically Filed ***
C. Cuellar, Deputy
2/14/2022 10:00:23 AM
Filing ID 13934149

Lonnie J. Williams, Jr. (SBN AZ 005966)
STINSON LLP
Firm Identification (# 00462400)
1850 N. Central Avenue
Suite 2100
Phoenix, Arizona 85004
Telephone: 602.279.1600
Facsimile: 602.240.6925
lonnie.williams@stinson.com

Attorneys for Plaintiffs

SUPERIOR COURT OF ARIZONA

MARICOPA COUNTY

QUICK SHINE PAHRUMP OPERATIONS, LLC., a Nevada limited liability company,

Plaintiff,

v.

JOHN B. REDDELL, JR., an individual and JOHN REDDELL ARCHITECTS, INC., an inactive Arizona corporation,

Defendants.

Case No. CV2022-001813

COMPLAINT

For its Complaint against Defendants John B. Reddell ("Mr. Reddell") and John Reddell Architects ("JRA") (collectively "Defendants"), Quick Shine Pahrump Operations, LLC. ("Quick Shine" or "Plaintiff"), alleges as follows:

JURISDICTION AND VENUE

1. Quick Shine is a Nevada Limited Liability Company authorized to conduct business throughout Nevada.

2. Mr. Reddell is a citizen of Arizona in the county of Maricopa.

3. JRA is a company in Arizona in the county of Maricopa with an inactive status but that has nevertheless entered into business contracts in Arizona, concerning a project in Nevada, giving rise to the claims in this Complaint.

4. This Court has jurisdiction to hear this case under Article VI, § 14 of the Arizona Constitution and A.R.S. § 12-122.

5. According to A.R.S. § 12-401, venue is appropriate because the events described in the Complaint occurred throughout Arizona, and Defendants reside in Maricopa county.

GENERAL ALLEGATIONS

6. JRA was organized under the laws of Arizona on May 2, 1988.

7. JRA was administratively dissolved for not filing an annual report when due in 2013.

8. JRA continues to transact business in Arizona.

9. Mr. Reddell is an active Arizona licensed architect practicing under the license number 17664 and serves as JRA's president.

10. As the president, Mr. Reddell is responsible for the JRA. A.A.C. R4-30-31.

11. In September 2020, Mr. Reddell, on behalf of JRA, entered into a contract with Quick Shine for services in connection with a project in Pahrump, Nevada (the "Contract"). **Exhibit A.**

12. In the Contract, JRA agreed to provide architectural services for an Express Car Wash with one tunnel and equipment room, including a vacuum enclosure and vacuum canopies. *See* **Exhibit A.**

13. JRA also agreed to provide submittals during a schematic design phase, a design development phase, and a construction document phase and participate in a bidding phase and construction administration phase. *See* **Exhibit A.**

14. In exchange, Quick Shine agreed to pay JRA an architectural and engineering fee in the amount of $43,000.00.

15. However, although more than a year has passed, JRA has not performed its end of the bargain.

16. Specifically, JRA has not submitted Schematic Design Phase, which required a schematic floor plan and site plan, city pre-application filing, and a pre-application meeting.

17. JRA's failure has resulted in substantial damages Quick Shine.

18. Despite Quick Shine's numerous attempts to demand performance, JRA has not performed.

19. As a result of JRA's failure to perform the Contract, Quick Shine has suffered irreparable harm that includes, but is not limited to, an interest charge of approximately $84,000, which continues to accrue at approximately $7,000.00 per month; an increase in equipment costs from the time of when Quick Shine should have been able to buy equipment; lost revenue; and reputational damage.

COUNT ONE

(BREACH OF CONTRACT)

1. Quick Shine incorporates the preceding paragraphs as though fully set forth herein.

2. Quick Shine had a valid existing contract with Defendants, whereas Quick Shine agreed to pay $43,000.00 in exchange for Defendants' architectural services.

3. Defendants agreed to the terms of the Contract.

4. Quick Shine upheld its end of the bargain and paid Defendants a retainer of $43,000.00.

5. Defendants breached the contract by failing to perform any part of the Contract for more than a year.

6. Quick Shine has been damaged by interest costs, an increase in equipment costs, and lost revenue.

COUNT TWO

(MALPRACTICE)

7. Quick Shine incorporates the preceding paragraphs as though fully set forth herein.

8. Commencing in September 2020, Plaintiff retained Defendants to provide professional architectural and related services for Plaintiff pursuant to a written contract. **Exhibit A.**

9. As Plaintiff's architect, Defendants, as professionals, agreed to use, and were required to exercise, such skill, prudence, and diligence as other members of the architectural profession commonly possess and exercise in the State of Arizona. Defendants' professional services (or lack thereof) fell below the applicable standard of care.

10. The Defendants' negligent acts and omissions were below the standard of care for

comparable architects who practice in this community. Defendants' professional negligence was a substantial factor in causing Plaintiff's damages.

11. As a direct and proximate result of Defendants' incompetence and professional negligence, Plaintiff has suffered compensatory damages in an amount to be proven according to proof presented at trial, but upon information and belief exceeds $500,000.00.

CERTIFICATION PURSUANT TO A.R.S. § 12-2602(D)

Plaintiff certifies that expert testimony is not required for Count 2 of its Complaint. Plaintiff's rationale is that the failure to meet the standard of care by completely failing to provide the services agreed to can be established under the concept of *res ipsa loquitur*.

PRAYER FOR RELIEF

WHEREFORE, Plaintiffs pray for judgment against Defendants, jointly and severally, as follows:

a) For an award of compensatory damages in an amount to be proven at trial;

b) For an award of punitive damages in an amount to be proven at trial;

c) For an award of reasonable attorneys' fees and costs incurred; and

d) For an award of prejudgment and post-judgment interest; and

Such other relief that the Court may deem just and proper.

RESPECTFULLY SUBMITTED this 14th day of February, 2022.

STINSON LLP

By: */s/Lonnie J. Williams, Jr.*
Lonnie J. Williams, Jr.
1850 N. Central Avenue
Suite 2100
Phoenix, Arizona 85004
Attorneys for Plaintiffs

ORIGINAL e-filed via Turbo Court
this 14th day of February, 2022:

Clerk of the Court
Maricopa County Superior Court
101/201 West Jefferson
Phoenix, Arizona 85003

/s/Michelle T. Gallegos

EXHIBIT A

EXHIBIT A

John Reddell Architects, Inc.

Architecture Interiors Land Planning

September 28, 2020

Quick Shine Car Wash (Pahrump)
Les Lamastus
Jarrett Portz
5601 Hwy 95 N. Suite 730
Lake Havasu City

Attn: Les and Jarrett

RE: Architectural services proposal for a Express Car Wash in Pahrump, Nevada 89048

Dear Les,

We are submitting this proposal for providing the following architectural services for an Express Car Wash with one tunnel and equipment room inc. vacuum enclosure and vacuum canopies and as required by the City of Pahrump, Nevada.

Items that might be required by the financial institution, county and our firm and are the clients responsibility:

1) Alta, Survey / topography map and Civil Engineering.
2) Traffic study (if required by city)
3) Noise study (if required by city)
4) Soils Report (as required by the city)

Schematic Design Phase (submittals and meetings for Pre application on project submittal filing):

1) Schematic floor plan and site plan
2) City Preap filing
3) Preap meeting

Design Development Phase (submittals and meetings for Site Plan and Use Permit):

1) Submit for Site Plan and Use Permit as required by the City
2) Finalize floor plan and site plan (inc. meetings with equipment supplier and owner)
3) Finalize elevations
4) Attending and presenting project to city as required for Site plan review and Use Permit approval.
5) Coordination with equipment supplier of plans for engineer designs

Construction Document Phase:

Prepare and complete drawings for construction of the Project (including architectural, structural, mechanical, plumbing, electrical, and landscape architecture). Co-ordination of civil engineering and soils report for submittal. Submittal to the city for plan check as required by the city for approval.

Bidding Phase:

Distribute documents to the Contractors, answer field questions, receive and evaluate bids with recommendations and oversee the preparation of contract.

Construction Administration:

As needed jobsite visits, contractor RFI's responses, monthly pay request review, punch list and verification of complete Owners warranties and operational manual.

Architectural and Engineering Fees:

Architectural and Engineering (Electrical, Mechanical, Plumbing, Structural	and	Landscape
Architecture.	$43,000.00	Tot

al Fee including the stated engineering: $43,000.00

Survey /Topo	Estimated Fee	$2,000.00
Soils Report	Estimated Fee	$2,000.00
Civil Engineering	Estimated Fee	$8,000.00
Special Inspections:	As required by the City of Pahrump	

This fee does not include cost of City Rezoning fees, Use Permit fees, Design Review fees, Building Department Review fees, Building Permits, Renderings and Colored Elevations, Model, Printing and Plotting , special inspections as required by the city. All reimbursables shall be invoiced at 1.2 times the actual cost. All payments are due upon presentation. Accounts past-due 30 days or more shall accrue interest at the rate of 1 1/2% per month compounded monthly.

Included are up to (2) two site / city trips and additional will be charged hourly.

Additional services and site visits, if requested, will be charged for with the hourly rates as follows:

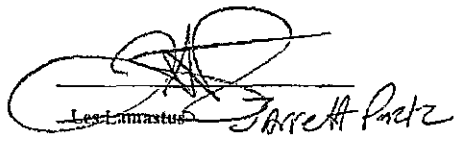
Project Architect	$105.00/per hour
Draftsman & Special Inspections	$65.00/per hour
Clerical	$45.00/per hour

Payment Schedule:

Retainer	$ 6,000.00
Schematic Design	$ 6,000.00
Design Development	$ 6,000.00
50% completion of construction documents	$11,000.00
100% completion of construction documents	$11,000.00
Bidding Phase	$ 1,000.00
Construction Administration (4 months)	$ 2,000.00
	Total: $43,000.00

If you have any questions please don't hesitate to call me. If this proposal is acceptable, please sign one copy and return to our office along with the retainer. This will represent Notice to Proceed.

Thank you.



John B. Reddell Jr.
Principal Architect
Les Limastus Garrett Pratz Quick Shine Express Car Wash
4992 S. 158th Street Gilbert, Arizona 85298
Phone: 602-531-2854 E-mail:john@reddellarchitects.com

Clerk of the Superior Court
*** Electronically Filed ***
A. Beard, Deputy
3/17/2022 3:54:05 PM
Filing ID 14063660

Christopher D.C. Hossack (SBN 003420)
Wesley M. Cox (SBN 034055)
CLARK HILL PLC
14850 North Scottsdale Road, Suite 500
Scottsdale, Arizona 85254
Telephone: (480) 684-1128
Facsimile: (480) 684-1199
Email: chossack@clarkhill.com
wmcox@clarkhill.com
Attorneys for Defendants

IN THE SUPERIOR COURT OF THE STATE OF ARIZONA

IN AND FOR THE COUNTY OF MARICOPA

QUICK SHINE PAHRUMP OPERATIONS, LLC., a Nevada limited liability company, Plaintiff, v. JOHN B. REDDELL, JR., an individual and JOHN REDDELL ARCHITECTS, INC., an inactive Arizona corporation, Defendants.	**Case No.: CV2022-001813** **CERTIFICATE OF COMPULSORY ARBITRATION** **(Assigned to the Honorable Sally Duncan)**

Defendants John B. Reddell, Jr. and John Reddell Architects, Inc. (collectively "JRA" or "Defendants") by and through their undersigned attorneys, hereby **DO NOT** controvert that Certificate of Compulsory Arbitration filed by Plaintiff.

DATED this 17th day of March, 2022.

CLARK HILL PLC

By: */s/ Christopher D.C. Hossack, Esq.*
Christopher D.C. Hossack, Esq.
Wesley M. Cox, Esq.
Attorneys for Defendants

ORIGINAL of the foregoing e-filed through TurboCourt this 17th day of March, 2022, with:

The Clerk of Court
Maricopa County Superior Court

COPY of the foregoing electronically served this same day to:

Lonnie J. Williams, Jr.
STINSON LLP
1850 N. Central Avenue
Suite 2100
Phoenix, AZ 85004
Lonnie.Williams@stinson.com
Attorneys for Plaintiff

By: */s/ Kathy Lesage*

Clerk of the Superior Court
*** Electronically Filed ***
S. LaSpaluto, Deputy
5/27/2021 9:21:22 AM
Filing ID 12944424

Lonnie J. Williams, Jr. (SBN AZ 005966)
STINSON LLP
Firm Identification (# 00462400)
1850 N. Central Avenue
Suite 2100
Phoenix, Arizona 85004
Telephone: 602.279.1600
Facsimile: 602.240.6925
lonnie.williams@stinson.com

Attorneys for Plaintiffs

SUPERIOR COURT OF ARIZONA

MARICOPA COUNTY

PC BUILDING INVESTMENTS LLC, an Arizona limited liability company; JESSE CRAWLEY, an individual; and JARRET PORTZ, an individual, Plaintiffs, v. ROBERT DUSTIN ROWE and JANE DOE ROWE, individually and as husband and wife; DAVID MILLSAPS and JANE DOE MILLSAPS, individually and as husband and wife; PODIUM MINING, L.L.C., a Kentucky limited liability company; RDR COAL HOLDINGS LLC, a Kentucky limited liability company and ALLOY ENERGY, L.L.C., a Kentucky limited liability company, Defendants.	Case No. **CV2021-008689** **COMPLAINT**

For their Complaint against Defendants Robert Dustin Rowe and Jane Doe Rowe (collectively "Rowe"), David Millsaps and Jane Doe Millsaps (collectively "Millsaps"), Podium Mining, L.L.C. ("Podium"), R.D.R. Coal Holdings L.L.C. ("R.D.R."), and Alloy Energy, L.L.C. ("Alloy") (collectively, Rowe, Millsaps, Podium, R.D.R., and Alloy will be referred to as "Defendants"), Plaintiffs P.C. Building Investments L.L.C. ("P.C.B.I."), Jarrett Portz ("Portz") and Jesse Crawley ("Crawley") (collectively, P.C.B.I., Portz, and Crawley will be referred to as "Plaintiffs") allege as follows:

JURISDICTION AND VENUE

1. PC BUILDING INVESTMENTS LLC ("P.C.B.I.") is an Arizona limited liability company authorized to conduct business throughout Arizona.

2. Jesse Crawley is a citizen of Arizona who conducts business throughout Arizona.

3. Jarret Portz is a citizen of Arizona who conducts business throughout Arizona.

4. Rowe are individuals who have caused events to occur in Arizona, giving rise to the claims in this Complaint.

5. Millsaps are citizens of Arizona and have caused events to occur in Arizona, giving rise to the claims in this Complaint.

6. R.C.R. Mining is a member-managed Kentucky limited liability company and has caused events to occur in Arizona, giving rise to the claims in this Complaint.

7. Podium Mining, L.L.C. is a manager-managed Kentucky limited liability company and has caused events to occur in Arizona, giving rise to the claims in this Complaint.

8. Alloy Energy, L.L.C. is a member-managed Kentucky limited liability company and has caused events to occur in Arizona, giving rise to the claims in this Complaint.

9. This Court has jurisdiction to hear this case under Article VI, § 14 of the Arizona Constitution, A.R.S. § 12-122, and Arizona's long-arm statute, A.R.C.P. 4.2(b).

10. According to A.R.S. § 12-401, venue is appropriate because the events described in the Complaint occurred throughout Arizona, and Defendants caused events to occur in Arizona.

GENERAL ALLEGATIONS

11. Portz and Crawley are members of P.C.B.I.

12. R.D.R. is a company organized on June 4, 2020, at 1:13 pm under the laws of Kentucky.

13. Podium is a company organized on June 4, 2020, at 1:33 pm under the laws of Kentucky.

14. As Kentucky limited liability companies, Podium must adhere to the Kentucky Limited Liability Company Act codified at Ky. Rev. Stat. Ann. § 275.001, *et. seq.*

15. Rowe is the registered agent of R.D.R.

16. R.D.R. is the registered agent of Podium.

17. Rowe is the manager of Podium.

18. At 1:45 pm on October 7, 2020, Rowe acting as R.D.R., changed the registered agent address for Podium to 8346 Mine Fork Rd, Salyersville, KY 41465.

19. At 2:00 pm on October 7, 2020, Rowe changed the registered agent address for R.D.R. to 8346 Mine Fork Rd, Salyersville, KY 41465.

20. At 9:25 pm on January 10, 2021, Rowe acting as R.D.R., changed the registered agent address for Podium to 128 Cedar Creek Rd. A4, Pikeville, KY 41501.

21. At 9:29 pm on January 10, 2021, Rowe changed the registered agent address for R.D.R. to 128 Cedar Creek Rd. A4, Pikeville, KY 41501.

22. Rowe had total control over the management and activities of R.D.R.

23. Rowe and R.D.R. are unified as one, whereas Rowe is effectively R.D.R.

24. Observance of R.D.R.'s corporate form would sanction a fraud or promote injustice.

25. R.D.R. is the alter ego of Rowe.

26. Any communication to Rowe was the same as communicating with R.D.R.

27. Any action of Rowe was effectively an action by R.D.R.

28. Rowe purported to be an owner of Alloy.

29. By information and belief, Millsaps is also an owner of Alloy.

30. Millsaps acted on behalf of Alloy, Podium, and Rowe to solicit Portz and Crawley, as owners of P.C.B.I., to invest in Alloy and Podium.

31. Millsaps is an agent of Rowe.

32. Millsaps is an agent of Podium.

33. Millsaps is an agent of Alloy.

34. Any communication to Millsaps was the same as communicating to Rowe, Podium, and Alloy.

35. On May 19, 2020, Millsaps texted Crawley in Arizona, "Hey you ever do

investments?"

36. When Crawley asked what kind, Millsaps responded, "I could literally make you set for life."

37. The next day, Crawley called Millsaps about the investment.

38. Millsaps also texted Crawley a spreadsheet containing specific purported financials related to Alloy, stating, "[t]hese are worst case numbers so you can look at it all."

39. Millsaps also stated, "In private you can tell your partner I will Give [sic] up an extra 5% of my equity for you and him so you Guys [sic] would have 15%."

40. In their communications with Plaintiffs, Defendants were referring to selling percentages of Alloy to P.C.B.I.

41. Based on representations from Defendants, the initial investment would be into Alloy, with the ultimate intent being to create a new company that would either take over for Alloy and the members of Alloy would become members of the new company.

42. During the initial discussions, Defendants told Plaintiffs they were working on the contract we have at the moment, and if it needs to be changed, we can have attorneys change it and get it done.

43. Many of the Defendants' communications occurred while one or more of the individuals were in Arizona.

44. Millsaps texted Crawley on May 20, 2020, "[Rowe] sent you the agreements."

45. At one point, Defendants sent Plaintiffs a document entitled, Alloy Energy, L.L.C. Limited Liability Company Purchase Agreement.

46. This "Purchase Agreement" stated, "Alloy Energy, L.L.C. is a valid existing L.L.C. recognized by the Commonwealth of Kentucky, and Whereas (65%) of the interest of the L.L.C. is owned by Robert Dustin Rowe of Lexington Kentucky."

47. In May 2020, Defendants provided Plaintiffs a video, stating, "this gives you an idea of what we are trying to buy."

48. Defendants also represented that they would get Plaintiffs the balance sheet in the morning and again there is 0 debt on the company."

49. One of the people mentioned during these discussions was Kyle Smith, who, according to the Kentucky Secretary of State's website, is the registered agent of Alloy.

50. Again, a few days later, Defendants represented that Plaintiffs should have the balance sheet soon.

51. On May 22, 2020, Rowe sent an email containing two documents with the subject line "FWD: Alloy Energy" to Portz, Crawley, and Millsaps.

52. The first document was titled "Alloy Energy L.L.C. Project." It included a summary of the company operations that stated, "Alloy Energy L.L.C. specializes in extracting a unique coal called High Vol. B metallurgical coal," by using "a continuous miner" and "[t]his coal is extracted from the Lower Alma seam in at the Alloy Energy L.L.C. mine in Blackberry, KY."

53. The document included details of expected projections of coal output and touted Rowe's expertise in the industry.

54. The second document included a list of individuals and their percentages of ownership in Alloy.

55. Based on the representations made by Millsaps and Rowe, P.C.B.I. agreed to invest in Alloy.

56. Millsaps and Rowe pushed to receive the investment money before memorializing the investment with formal documents.

57. As of result of Millsaps and Rowe's representations, on May 26, 2020, P.C.B.I. transferred $250,000.00 to Rowe's bank in Oklahoma.

58. The consideration for the wire transfer was the receipt, review, and execution of the documentation of the sale of 20% of Alloy and any new company that might take over for Alloy.

59. Rowe and Millsaps also represented that they would verify that this business is all-encompassing of the mining opportunity, that there were no other businesses or claims, leases or otherwise in the same line of business exist that are not being included in the deal.

60. On June 4, 2020, Rowe created Podium.

61. On June 4, 2020, Rowe created R.D.R.

62. Podium was the company Rowe, Millsaps, and Alloy, intended to ultimately take over or otherwise step in the shoes of Alloy, and the members of Alloy would also become members of Podium.

63. Since its investment, P.C.B.I. has made multiple requests of Defendants to finalize the documentation of the transaction and provide the materials they promised.

64. Those requests started soon after transferring the investment funds and continued through the first quarter of 2021.

65. Those requests included the documentation for the deal and company documents Defendants represented would be forthcoming.

66. None of the documents Defendants represented would be forthcoming have been produced.

67. On April 7, 2021, Plaintiffs again demanded that Defendants turn over Podium documents according to Ky. Rev. Stat. § 275.185.

68. Defendants responded acknowledging receipt of the letter, but again he failed to turn over the documents.

69. To date, Defendants have not provided the documentation for the transaction or information required to be supplied by Ky. Rev. Stat. § 275.185

70. By information and belief, P.C.B.I. is a member of both Alloy and Podium.

COUNT ONE

(FRAUD)

71. Plaintiffs incorporate the preceding paragraphs as though fully set forth herein.

72. Defendants represented to Plaintiffs that he would handle the investment transaction with professionalism, trustworthiness, and care.

73. Defendants represented that in exchange for the $250,000, Defendants would immediately provide Plaintiffs the documentation for the investment alleged above.

74. Defendants represented that P.C.B.I.'s investment into Alloy was all-encompassing of the mining opportunity and that no other businesses or claims, leases, or

otherwise in the same line of business exist that are not being included in the deal."

75. Defendants represented that in exchange for the $250,000, Defendants would provide detailed information about each of the Defendants' limited liability companies soon after the investment funding.

76. At the time of these representations, Defendants knew or should have known that their representations were false.

77. The Defendants' representations were material to the Plaintiffs' decision to fund the investment.

78. Plaintiffs relied upon Defendants' representations at the time Plaintiffs made the wire transfer.

79. At the time of the Plaintiffs' decision to wire the investment, the Plaintiffs had no reason to believe the Defendants' representations were false.

80. Plaintiffs' reliance on the Defendants' representation was reasonable.

81. The Defendants intended Plaintiffs to rely on their representations and wire the funds.

82. The Plaintiffs were harmed as a result of the false representations of the Defendants.

83. As a result of relying on the Defendants' false representation of professionalism, trustworthiness, and care in connection with the investments, Plaintiffs have been damaged for no less than $250,000.00, and interest accruing thereon.

84. Because Rowe and Millsaps acted intentionally with evil intention, Plaintiffs are also entitled to punitive damages in an amount to be determined a trial.

COUNT TWO

(ALTER EGO)

85. Plaintiffs incorporate the preceding paragraphs as though fully set forth herein.

86. Rowe is the registered agent of R.D.R.

87. R.D.R. is the listed registered agent of Podium.

88. Rowe exercised substantially total control over the management and activities of

R.D.R.

89. Changes made to the Kentucky Secretary of State website for both Podium and R.D.R. happened on the same day and nearly the same time as each other.

90. Rowe controlled the management of R.D.R. to make changes to Podium.

91. Observance of R.D.R.'s corporate form would sanction Rowe's fraud and promote injustice.

92. Because Rowe and R.D.R. are the same, R.D.R.'s corporate form cannot be recognized, and any relief against Rowe should be relief against R.D.R., and any relief against R.D.R. should be relief against Rowe.

COUNT THREE

(VIOLATION OF KY. R.E.V. STAT. § 275.185)

93. Plaintiffs incorporate the preceding paragraphs as though fully set forth herein.

94. Under Ky. Rev. Stat. § 275.185, a member may, "upon reasonable written request to the limited liability company . . . inspect and copy during ordinary business hours any limited liability company record, where the record is located or at a reasonable location[,]" including the following:

a. A current list, and all past lists, setting forth the full name and last known mailing address of each member and manager;

b. A copy of the articles of organization and all amendments thereto, together with the executed copies of any power of attorney pursuant to which the articles of the amendment have been executed;

c. Copies of the L.L.C.'s federal, state, and local income tax returns and financial statements, which include reasonable detail of the company's assets and liabilities and the results of its operations, for the three most recent years or, if those returns and statements were not prepared, copies of the information and statements provided to, or that should have been provided to, the members;

d. Copies of any effective written operating agreements and all amendments thereto, and copies of any written operating agreements no longer in effect;

e. A writing setting forth the amount of cash, and a statement of the agreed value of other property or services, contributed by each member and the times at which or events upon the happening of which any additional contributions are to be made;

f. A writing stating events, upon the happening of which the L.L.C. is to be dissolved, and its affairs wound up;

g. Other writings, prepared according to all other requirements, in the operating agreement; and

h. All other true and complete information of all matters affecting the members.

95. At all relevant times, P.C.B.I. was a member of Podium Mining, L.L.C.

96. At all relevant times, P.C.B.I. was a member of Alloy Energy, L.L.C.

97. As a member of Podium and Alloy, P.C.B.I. made multiple demands and requests in writing to inspect documents subject to Ky. Rev. Stat. § 275.185, but Defendants have not provided any documents to P.C.B.I., in violation of the statute.

98. Members of a Kentucky limited liability company may file a lawsuit seeking a court order requiring that the limited liability company permit the members to inspect the documents subject to the statute. *Tavadia v. Mitchell*, 564 S.W.3d 322, 328 (Ky. Ct. App. 2018).

99. As such, Defendants are in violation of Ky. Rev. Stat. § 275.185, and P.C.B.I. is entitled to an order from this Court enforcing the statute and requiring Defendants to turn over the documents to P.C.B.I.

COUNT FOUR

(BREACH OF CONTRACT)

100. Plaintiffs incorporate the preceding paragraphs as though fully set forth herein.

101. Plaintiffs had a valid existing contract with Defendants, whereas P.C.B.I. agreed to invest $250,000.00 so long as the deal is memorialized in writing, and Defendants agreed to give P.C.B.I. ownership into the companies and provide company documents.

102. Defendants agreed to the terms of the contract.

103. P.C.B.I. upheld its end of the bargain and invested $250,000.00.

104. Defendants breached the contract by failing to turn over any company documents

or memorialize the agreement.

105. Plaintiffs have been damaged by at least $250,000.00.

PRAYER FOR RELIEF

WHEREFORE, Plaintiffs pray for judgment against Defendants, jointly and severally, as follows:

a) An order requiring Podium Mining, L.L.C. and Alloy Energy, L.L.C. to provide access to P.C.B.I. of all company documents listed above;

b) For an award of compensatory damages of no less than $250,000;

c) For an award of punitive damages in an amount to be proven at trial;

d) For an award of reasonable attorneys' fees and costs incurred; and

e) For an award of prejudgment and post-judgment interest; and

Such other relief that the Court may deem just and proper.

RESPECTFULLY SUBMITTED this 27th day of May, 2021.

STINSON LLP

By: */s/Lonnie J. Williams, Jr.*
Lonnie J. Williams, Jr.
1850 N. Central Avenue
Suite 2100
Phoenix, Arizona 85004
Attorneys for Plaintiffs

ORIGINAL e-filed via Turbo Court
this 27th day of May, 2021:

Clerk of the Court
Maricopa County Superior Court
101/201 West Jefferson
Phoenix, Arizona 85003

/s/Michelle T. Gallegos

UNITED STATES DISTRICT COURT
DISTRICT OF NEW JERSEY

N.V.E., INC.,

Plaintiff,

v.

JESUS J. PALMERONI, et al.,

Defendants.

JESUS J. PALMERONI,

Third-Party Plaintiff,

v.

ROBERT OCCHIFINTO and WALTER ORCUTT,

Third-Party Defendants.

Civil Action No. 06-5455

ORDER AND JUDGMENT

Community Health
ELKO

THIS MATTER comes before the Court on motions by (1) Defendants Darren Householder and Brand New Energy, Inc. (the "Householder Defendants"), Dkt. No. 582; (2) Defendants Ronald Sumicek and Sunbelt Marketing (the "Sumicek Defendants"), Dkt. No. 583; (3) Jesus Palmeroni, National Retail Consulting Group, and Global Marketing & Sales Group, LLC (the "Palmeroni Defendants"), Dkt. No. 585; and (4) Counterclaim Defendant N.V.E., Inc. and Third-Party Defendants Robert Occhifinto and Walter Orcutt, Dkt. No. 590;

and the Court having held oral argument on the motions on January 26, 2017;

and for the reasons set forth on the record on that date;

IT IS, on this 27th day of January, 2017,

ORDERED that the Householder Defendants' motion for summary judgment, Dkt. No. 582, is **GRANTED** and judgment is entered in their favor on Count 9 (Civil Conspiracy); and it is

ORDERED that the Sumicek Defendants' motion for summary judgment, Dkt. No. 583,[1] is **GRANTED** and judgment is entered in their favor on Count 7 (Fraud) and Count 9 (Civil Conspiracy); and it is

ORDERED that the Palmeroni Defendants' motion for judgment on the pleadings, Dkt. No. 585, is **GRANTED** and judgment is entered in their favor on Count 1 (Federal Racketeering Influenced and Corrupt Organizations ("RICO") Act, 18 U.S.C. §§ 1961, et seq.), Count 2 (Federal RICO), Count 3 (N.J. RICO, N.J.S.A. §§ 2C:41-1, et seq.), Count 4 (N.J. RICO), and Count 5 (N.J. RICO Conspiracy); and it is

ORDERED that N.V.E., Mr. Occhifinto, and Mr. Orcutt's motion for summary judgment, Dkt. No. 590, is **GRANTED** and judgment is entered in their favor on all counterclaims and third-party claims asserted by Jesus Palmeroni and the Sumicek Defendants; and it is further

ORDERED that N.V.E. shall file any supplemental papers by **Friday, February 3, 2017**, and Defendants shall file their response by **Friday, February 10, 2017**.

/s Madeline Cox Arleo
MADELINE COX ARLEO
United States District Judge

[1] The Sumicek Defendants filed their motion as one for judgment on the pleadings under Fed. R. Civ. P. 12(c), but the Court converted it to a motion for summary judgment at N.V.E.'s request. See N.V.E. Opp'n Br. at 2-5, Dkt. No. 610; see also Hilinski v. Gordon Terminal Serv. Co. of N.J., 265 F. App'x 66, 68 (3d Cir. 2008) (affirming conversion of Rule 12(c) motion into summary judgment motion).

Clerk of the Superior Court
*** Electronically Filed ***
C. Cuellar, Deputy
2/14/2022 10:00:23 AM
Filing ID 13934151

Person/Attorney Filing: Lonnie J Williams
Mailing Address: 1850 N. Central Ave. Suite 2100
City, State, Zip Code: Phoenix, AZ 85004
Phone Number: (602)212-8505
E-Mail Address: michelle.gallegos@stinson.com
[☐] Representing Self, Without an Attorney
(If Attorney) State Bar Number: 005966, Issuing State: AZ

IN THE SUPERIOR COURT OF THE STATE OF ARIZONA

IN AND FOR THE COUNTY OF MARICOPA

Quick Shine Pahrump Operations, LLC
c/o Lonnie J. Williams
Plaintiff(s),

v.

John B. Reddell JR, et al.
Defendant(s).

Case No. CV2022-001813

CERTIFICATE OF COMPULSORY ARBITRATION

I certify that I am aware of the dollar limits and any other limitations set forth by the Local Rules of Practice for the Maricopa County Superior Court, and I further certify that this case IS NOT subject to compulsory arbitration, as provided by Rules 72 through 77 of the Arizona Rules of Civil Procedure.

RESPECTFULLY SUBMITTED this

By: Lonnie J Williams /s/
Plaintiff/Attorney for Plaintiff

AZturboCourt.gov Form Set #6535190

Liddy Legal Support Services
PO Box 2007, Phoenix, AZ 85001
63 E. Pennington St., #102, Tucson, AZ 85702
2700 Woodlands Village Blvd., #300-420, Flagstaff, AZ 86001
Phoenix 602-297-0676, Tucson 520-628-2824, Flagstaff 928-225-7737

CLERK OF THE
SUPERIOR COURT
FILED
R. MERINO, DEP

2022 FEB 17 PM 12:08

Client Matter 3502907.0008
Account # 0778
Invoice # 31828
Liddy # 393969-1

IN THE SUPERIOR COURT OF THE STATE OF ARIZONA
IN AND FOR THE COUNTY OF MARICOPA

QUICK SHINE PAHRUMP OPERATIONS, LLC,

Plaintiff(s) / Petitioner(s),

vs

JOHN B. REDDELL, et al.,

Defendant(s) / Respondent(s).

CERTIFICATE OF SERVICE
BY PRIVATE PROCESS SERVER
Case No. CV2022-001813

ORIGINAL

ENTITY/PERSON TO BE SERVED: John B. Reddell, Jr.

PLACE OF SERVICE: 4992 S 158th Street, Gilbert, AZ, 85298

DATE OF SERVICE: On the 15th day of February, 2022 at 5:07 PM County Maricopa

[X] PERSONAL SERVICE [ ] Left a copy with a person authorized to accept service. [ ] At this usual place of abode, I left a copy with a person of suitable age and discretion residing therein.

Name of Person Served and Relationship/Title Personally Served John B. Reddell, Jr.

on 02/15/2022 we received the following documents for service:
Summons | Complaint | Certificate of Compulsory Arbitration | and Civil Cover Sheet

Received from STINSON, LLP, (LONNIE J. WILLIAMS #005966)

PROCESS SERVER: Mason Legate, #8497

The undersigned states: That I am a certified private process server in the county of Maricopa and am an Officer of the Court.

SIGNATURE OF PROCESS SERVER: _____ Date: 2/16/2022

Item	Amount
Service of Process	$16.00
Copies	$3.00
Doc. Prep Fee	$10.00
Total	$29.00

Tax ID# 90-0533870
I declare under penalty of perjury that the foregoing is true and correct and was executed on this date.

Liddy Legal Support Services

PO Box 2007, Phoenix, AZ 85001
63 E. Pennington St., #102, Tucson, AZ 85702
2700 Woodlands Village Blvd., #300-420, Flagstaff, AZ 86001
Phoenix 602-297-0676, Tucson 520-628-2824, Flagstaff 928-225-7737

Client Matter 3502907.0008
Account # 0778
Invoice # 31827
Liddy # 393895-1

CLERK OF THE
SUPERIOR COURT
FILED
R. MERINO, DEP

2022 FEB 17 PM 12:08

IN THE SUPERIOR COURT OF THE STATE OF ARIZONA
IN AND FOR THE COUNTY OF MARICOPA

QUICK SHINE PAHRUMP OPERATIONS, LLC,

Plaintiff(s) / Petitioner(s),

vs

JOHN B. REDDELL, et al.,

Defendant(s) / Respondent(s).

CERTIFICATE OF SERVICE
BY PRIVATE PROCESS SERVER
Case No. CV2022-001813

ORIGINAL

ENTITY/PERSON TO BE SERVED: John Reddell Architects, Inc. c/o John B. Reddell, Jr., Member / Manager

PLACE OF SERVICE: 4992 S 158th Street, Gilbert, AZ, 85298

DATE OF SERVICE: On the 15th day of February, 2022 at 5:07 PM County Maricopa

[ ] PERSONAL SERVICE [X] Left a copy with a person authorized to accept service.

[ ] At this usual place of abode, I left a copy with a person of suitable age and discretion residing therein.

Name of Person Served and Relationship/Title Served on John B. Reddell, Jr., Corporate Member / Manager.

on 02/15/2022 we received the following documents for service:

Summons | Complaint | Certificate of Compuslory Arbitration | and Civil Cover Sheet

Received from STINSON, LLP, (LONNIE J. WILLIAMS #005966)

PROCESS SERVER: Mason Legate, #8497

The undersigned states: That I am a certified private process server in the county of Maricopa and am an Officer of the Court.

SIGNATURE OF PROCESS SERVER: _____ Date: 2/16/2022

Item	Amount
Service of Process	$16.00
Mileage	$86.40
Copies	$3.00
Doc. Prep Fee	$10.00
Total	$115.40

Tax ID# 90-0533870
I declare under penalty of perjury that the foregoing is true and correct and was executed on this date.

In the Superior Court of the State of Arizona
In and For the County of Maricopa

Clerk of the Superior Court
*** Electronically Filed ***
C. Cuellar, Deputy
2/14/2022 10:00:23 AM
Filing ID 13934150

Plaintiff's Attorney:
Lonnie J Williams
Bar Number: 005966, issuing State: AZ
Law Firm: Stinson, LLP
1850 N. Central Ave. Suite 2100
Phoenix, AZ 85004
Telephone Number: (602)212-8505
Email address: michelle.gallegos@stinson.com

CV2022-001813

Plaintiff:
Quick Shine Pahrump Operations, LLC c/o Lonnie J. Williams
1850 N. Central Ave. Suite 2100
Phoenix, AZ 85004
Telephone Number: (602)279-1600
Email address: lonnie.williams@stinson.com

Defendants:
John B. Reddell JR
4992 S 158th Street
Gilbert, AZ 85298

John Reddell Architects, Inc.
4992 S 158th Street
Gilbert, AZ 85298

Discovery Tier t3

Case Category: Other Civil Case Categories
Case Subcategory: Breach of Contract

AZTurboCourt.gov Form Set #6535190

In the Superior Court of the State of Arizona
In and For the County of Maricopa

Clerk of the Superior Court
*** Electronically Filed ***
C. Cuellar, Deputy
2/14/2022 10:00:23 AM
Filing ID 13934150

Plaintiff's Attorney:

Lonnie J Williams
Bar Number: 005966, issuing State: AZ
Law Firm: Stinson, LLP
1850 N. Central Ave. Suite 2100
Phoenix, AZ 85004
Telephone Number: (602)212-8505
Email address: michelle.gallegos@stinson.com

CV2022-001813

Plaintiff:

Quick Shine Pahrump Operations, LLC c/o Lonnie J. Williams
1850 N. Central Ave. Suite 2100
Phoenix, AZ 85004
Telephone Number: (602)279-1600
Email address: lonnie.williams@stinson.com

Defendants:

John B. Reddell JR
4992 S 158th Street
Gilbert, AZ 85298

John Reddell Architects, Inc.
4992 S 158th Street
Gilbert, AZ 85298

Discovery Tier t3

Case Category: Other Civil Case Categories
Case Subcategory: Breach of Contract

AZTurboCourt.gov Form Set #6535190

Clerk of the Superior Court
*** Electronically Filed ***
C. Cuellar, Deputy
2/14/2022 10:00:23 AM
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Lonnie J. Williams, Jr. (SBN AZ 005966)
STINSON LLP
Firm Identification (# 00462400)
1850 N. Central Avenue
Suite 2100
Phoenix, Arizona 85004
Telephone: 602.279.1600
Facsimile: 602.240.6925
lonnie.williams@stinson.com

Attorneys for Plaintiffs

SUPERIOR COURT OF ARIZONA

MARICOPA COUNTY

QUICK SHINE PAHRUMP OPERATIONS, LLC., a Nevada limited liability company, Plaintiff, v. JOHN B. REDDELL, JR., an individual and JOHN REDDELL ARCHITECTS, INC., an inactive Arizona corporation, Defendants.	Case No. **CV2022-001813** **COMPLAINT**

For its Complaint against Defendants John B. Reddell ("Mr. Reddell") and John Reddell Architects ("JRA") (collectively "Defendants"), Quick Shine Pahrump Operations, LLC. ("Quick Shine" or "Plaintiff"), alleges as follows:

JURISDICTION AND VENUE

1. Quick Shine is a Nevada Limited Liability Company authorized to conduct business throughout Nevada.

2. Mr. Reddell is a citizen of Arizona in the county of Maricopa.

3. JRA is a company in Arizona in the county of Maricopa with an inactive status but that has nevertheless entered into business contracts in Arizona, concerning a project in Nevada, giving rise to the claims in this Complaint.

4. This Court has jurisdiction to hear this case under Article VI, § 14 of the Arizona Constitution and A.R.S. § 12-122.

5. According to A.R.S. § 12-401, venue is appropriate because the events described in the Complaint occurred throughout Arizona, and Defendants reside in Maricopa county.

GENERAL ALLEGATIONS

6. JRA was organized under the laws of Arizona on May 2, 1988.

7. JRA was administratively dissolved for not filing an annual report when due in 2013.

8. JRA continues to transact business in Arizona.

9. Mr. Reddell is an active Arizona licensed architect practicing under the license number 17664 and serves as JRA's president.

10. As the president, Mr. Reddell is responsible for the JRA. A.A.C. R4-30-31.

11. In September 2020, Mr. Reddell, on behalf of JRA, entered into a contract with Quick Shine for services in connection with a project in Pahrump, Nevada (the "Contract"). **Exhibit A**.

12. In the Contract, JRA agreed to provide architectural services for an Express Car Wash with one tunnel and equipment room, including a vacuum enclosure and vacuum canopies. *See* **Exhibit A**.

13. JRA also agreed to provide submittals during a schematic design phase, a design development phase, and a construction document phase and participate in a bidding phase and construction administration phase. *See* **Exhibit A**.

14. In exchange, Quick Shine agreed to pay JRA an architectural and engineering fee in the amount of $43,000.00.

15. However, although more than a year has passed, JRA has not performed its end of the bargain.

16. Specifically, JRA has not submitted Schematic Design Phase, which required a schematic floor plan and site plan, city pre-application filing, and a pre-application meeting.

17. JRA's failure has resulted in substantial damages Quick Shine.

18. Despite Quick Shine's numerous attempts to demand performance, JRA has not performed.

19. As a result of JRA's failure to perform the Contract, Quick Shine has suffered irreparable harm that includes, but is not limited to, an interest charge of approximately $84,000, which continues to accrue at approximately $7,000.00 per month; an increase in equipment costs from the time of when Quick Shine should have been able to buy equipment; lost revenue; and reputational damage.

COUNT ONE

(BREACH OF CONTRACT)

1. Quick Shine incorporates the preceding paragraphs as though fully set forth herein.

2. Quick Shine had a valid existing contract with Defendants, whereas Quick Shine agreed to pay $43,000.00 in exchange for Defendants' architectural services.

3. Defendants agreed to the terms of the Contract.

4. Quick Shine upheld its end of the bargain and paid Defendants a retainer of $43,000.00.

5. Defendants breached the contract by failing to perform any part of the Contract for more than a year.

6. Quick Shine has been damaged by interest costs, an increase in equipment costs, and lost revenue.

COUNT TWO

(MALPRACTICE)

7. Quick Shine incorporates the preceding paragraphs as though fully set forth herein.

8. Commencing in September 2020, Plaintiff retained Defendants to provide professional architectural and related services for Plaintiff pursuant to a written contract. **Exhibit A**.

9. As Plaintiff's architect, Defendants, as professionals, agreed to use, and were required to exercise, such skill, prudence, and diligence as other members of the architectural profession commonly possess and exercise in the State of Arizona. Defendants' professional services (or lack thereof) fell below the applicable standard of care.

10. The Defendants' negligent acts and omissions were below the standard of care for

comparable architects who practice in this community. Defendants' professional negligence was a substantial factor in causing Plaintiff's damages.

11. As a direct and proximate result of Defendants' incompetence and professional negligence, Plaintiff has suffered compensatory damages in an amount to be proven according to proof presented at trial, but upon information and belief exceeds $500,000.00.

CERTIFICATION PURSUANT TO A.R.S. § 12-2602(D)

Plaintiff certifies that expert testimony is not required for Count 2 of its Complaint. Plaintiff's rationale is that the failure to meet the standard of care by completely failing to provide the services agreed to can be established under the concept of *res ipsa loquitur*.

PRAYER FOR RELIEF

WHEREFORE, Plaintiffs pray for judgment against Defendants, jointly and severally, as follows:

a) For an award of compensatory damages in an amount to be proven at trial;

b) For an award of punitive damages in an amount to be proven at trial;

c) For an award of reasonable attorneys' fees and costs incurred; and

d) For an award of prejudgment and post-judgment interest; and

Such other relief that the Court may deem just and proper.

RESPECTFULLY SUBMITTED this 14th day of February, 2022.

STINSON LLP

By: */s/Lonnie J. Williams, Jr.*
Lonnie J. Williams, Jr.
1850 N. Central Avenue
Suite 2100
Phoenix, Arizona 85004
Attorneys for Plaintiffs

ORIGINAL e-filed via Turbo Court
this 14th day of February, 2022:

Clerk of the Court
Maricopa County Superior Court
101/201 West Jefferson
Phoenix, Arizona 85003

/s/Michelle T. Gallegos

EXHIBIT A

EXHIBIT A

John Reddell Architects, Inc.

Architecture Interiors Land Planning

September 28, 2020

Quick Shine Car Wash (Pahrump)
Les Lamastus
Jarrett Portz
5601 Hwy 95 N. Suite 730
Lake Havasu City

Attn: Les and Jarrett

RE: Architectural services proposal for a Express Car Wash in Pahrump, Nevada 89048

Dear Les,

We are submitting this proposal for providing the following architectural services for an Express Car Wash with one tunnel and equipment room inc. vacuum enclosure and vacuum canopies and as required by the City of Pahrump, Nevada.

Items that might be required by the financial institution, county and our firm and are the clients responsibility:

1) Alta, Survey / topography map and Civil Engineering.
2) Traffic study (if required by city)
3) Noise study (if required by city)
4) Soils Report (as required by the city)

Schematic Design Phase (submittals and meetings for Pre application on project submittal filing):

1) Schematic floor plan and site plan
2) City Preap filing
3) Preap meeting

Design Development Phase (submittals and meetings for Site Plan and Use Permit):

1) Submit for Site Plan and Use Permit as required by the City
2) Finalize floor plan and site plan (inc. meetings with equipment supplier and owner)
3) Finalize elevations
4) Attending and presenting project to city as required for Site plan review and Use Permit approval.
5) Coordination with equipment supplier of plans for engineer designs

Construction Document Phase:

Prepare and complete drawings for construction of the Project (including architectural, structural, mechanical, plumbing, electrical, and landscape architecture). Co-ordination of civil engineering and soils report for submittal. Submittal to the city for plan check as required by the city for approval.

Bidding Phase:

Distribute documents to the Contractors, answer field questions, receive and evaluate bids with recommendations and oversee the preparation of contract.

Construction Administration:

As needed jobsite visits, contractor RFI's responses, monthly pay request review, punch list and verification of complete Owners warranties and operational manual

Architectural and Engineering Fees:

Architectural and Engineering (Electrical, Mechanical, Plumbing, Structural	and	Landscape
Architecture.	$43,000.00	Tot
al Fee including the stated engineering:	**$43,000.00**	

Survey /Topo	Estimated Fee	$2,000.00
Soils Report	Estimated Fee	$2,000.00
Civil Engineering	Estimated Fee	$8,000.00
Special Inspections:	As required by the City of Pahrump	

This fee does not include cost of City Rezoning fees, Use Permit fees, Design Review fees, Building Department Review fees, Building Permits, Renderings and Colored Elevations, Model, Printing and Plotting , special inspections as required by the city. All reimbursables shall be invoiced at 1.2 times the actual cost. All payments are due upon presentation. Accounts past-due 30 days or more shall accrue interest at the rate of 1 1/2% per month compounded monthly.

Included are up to (2) two site / city trips and additional will be charged hourly.

Additional services and site visits, if requested, will be charged for with the hourly rates as follows:

Project Architect	$105.00/per hour
Draftsman & Special Inspections	$65.00/per hour
Clerical	$45.00/per hour

Payment Schedule:

Retainer	$ 6,000.00
Schematic Design	$ 6,000.00
Design Development	$ 6,000.00
50% completion of construction documents	$11,000.00
100% completion of construction documents	$11,000.00
Bidding Phase	$ 1,000.00
Construction Administration (4 months)	$ 2,000.00
	Total: $43,000.00

If you have any questions please don't hesitate to call me. If this proposal is acceptable, please sign one copy and return to our office along with the retainer. This will represent Notice to Proceed.

Thank you.

John B. Reddell Jr.
Principal Architect

~~Les Lamastus~~ Garrett Peltz
Quick Shine Express Car Wash

4992 S. 158th Street
Gilbert, Arizona 85298
Phone: 602-531-2854
E-mail:john@reddellarchitects.com

Clerk of the Superior Court
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M. De La Cruz, Deputy
3/17/2022 3:50:55 PM
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Christopher D.C. Hossack (SBN 003420)
Wesley M. Cox (SBN 034055)
CLARK HILL PLC
14850 North Scottsdale Road, Suite 500
Scottsdale, Arizona 85254
Telephone: (480) 684-1128
Facsimile: (480) 684-1199
Email: chossack@clarkhill.com
wmcox@clarkhill.com
Attorneys for Defendants

IN THE SUPERIOR COURT OF THE STATE OF ARIZONA

IN AND FOR THE COUNTY OF MARICOPA

QUICK SHINE PAHRUMP OPERATIONS, LLC., a Nevada limited liability company, Plaintiff, v. JOHN B. REDDELL, JR., an individual and JOHN REDDELL ARCHITECTS, INC., an inactive Arizona corporation, Defendants.	**Case No.: CV2022-001813** **ANSWER TO COMPLAINT** **(Assigned to the Honorable Sally Duncan)**

Defendants John B. Reddell, Jr. and John Reddell Architects, Inc. (collectively "JRA" or "Defendants") answer the Complaint with the following admissions, denials, affirmative allegations and affirmative defenses.

1. JRA expressly denies any allegation in the Complaint that has not been expressly admitted in this Answer.

JURISDICTION AND VENUE

2. Answering Paragraph 1 of the Complaint, JRA does not have sufficient information available to admit the allegations contained in this Paragraph, so the allegations contained therein are denied at this time.

3. JRA admits the allegations in Paragraph 2.

4. Answering Paragraph 3 of the Complaint, JRA admits that the corporate entity entered into a contract with Plaintiff and admits that the status of the corporate entity is inactive with the Arizona Corporation Commission, but denies the remaining allegations in this Paragraph.

5. JRA admits the allegations of Paragraph 4 of the Complaint.

6. JRA denies the allegations contained in Paragraph 5 of the Complaint.

GENERAL ALLEGATIONS

7. JRA admits the allegations contained in Paragraphs 6, 7, 8 and 9 of the Complaint.

8. JRA denies the allegations contained in Paragraphs 10 and 11 of the Complaint.

9. JRA admits the allegations contained in Paragraphs 12, 13 and 14 of the Complaint.

10. JRA denies the allegations contained in Paragraphs 15, 16, 17, 18 and 19 of the Complaint.

COUNT ONE

(BREACH OF CONTRACT)

1. Answering Paragraph 1 of this Count of the Complaint, JRA incorporates and reasserts the admissions, denials and affirmative allegations made in the preceding Paragraphs of this Answer.

2. JRA admits the allegations made in Paragraphs 2 and 3 of this Count of the Complaint.

3. JRA denies the allegations contained in Paragraphs 4, 5 and 6 of this Count of the Complaint.

COUNT TWO

(MALPRACTICE)

4. Answering Paragraph 7 of this Count of the Complaint, JRA incorporates and reasserts the admissions, denials and affirmative allegations made in the preceding Paragraphs of this Answer.

5. JRA admits the allegations contained in Paragraph 8 of this Count of the Complaint.

6. JRA denies the allegations contained in Paragraphs 9, 10 and 11 of this Count of the Complaint.

CERTIFICATION PURSUANT TO A.R.S. §12-2602(D)

JRA affirmatively alleges that expert testimony will be required pursuant to A.R.S. §12-2602 (A) and (B) to prove both breach of contract and "malpractice" as alleged in the Complaint.

AFFIRMATIVE DEFENSES

1. JRA affirmatively alleges that the Complaint fails to state a claim upon which relief may be granted.

2. JRA affirmatively alleges that Plaintiff has failed to comply with A.R.S. §12-2602 and the Complaint should be dismissed.

3. JRA affirmatively alleges that Count Two of the Complaint is barred by the Economic Loss Doctrine and must be dismissed.

4. JRA affirmatively alleges that all professions services furnished under the contract fully met the professional standard of care.

5. JRA affirmatively alleges that Plaintiff has failed to comply with its contractual duties and this failure has caused delay in completion of the design documents under the contract.

6. In order that such defenses are not waive, JRA affirmatively alleges that the events and damages alleged in the Complaint were proximately caused by Plaintiff or by other

non-parties at fault and according Plaintiff and such non-parties at fault bear the sole comparative fault for such events or damages.

7. JRA affirmatively alleges that Plaintiff has failed to allege a basis for the award of punitive damages against JRA and that such claim must be dismissed.

8. In order that such defenses are not waived, JRA affirmatively alleges the defenses of Economic Waste, impracticability, frustration and any defense set forth in Rules 8 and 12 Ariz.R.Civ.Proc. that may appear in disclosure or discovery.

9. JRA has incurred, and will incur reasonable attorneys' fees in the defense of this action and alleges that it is entitled to recover such reasonable attorneys' fees pursuant to A.R.S. §12-341.01.

DEMAND FOR JURY TRIAL

JRA demands a trial by jury.

PRAYER FOR RELIEF

WHEREFORE having fully answered the Complaint Defendants respectfully request that the Complaint be dismissed with prejudice, that JRA be awarded its reasonable attorneys' fees and taxable costs incurred, and such other and further relief as is just and proper.

DATED this 17th day of March, 2022.

CLARK HILL PLC

By: */s/ Christopher D.C. Hossack, Esq.*
Christopher D.C. Hossack, Esq.
Wesley M. Cox, Esq.
Attorneys for Defendants

ORIGINAL of the foregoing e-filed through TurboCourt this 17th day of March, 2022, with:

The Clerk of Court
Maricopa County Superior Court

COPY of the foregoing electronically served this same day to:

Lonnie J. Williams, Jr.
STINSON LLP
1850 N. Central Avenue
Suite 2100
Phoenix, AZ 85004
Lonnie.Williams@stinson.com
Attorneys for Plaintiff

By: */s/ Kathy Lesage*

Clerk of the Superior Court
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Filing ID 14063660

Christopher D.C. Hossack (SBN 003420)
Wesley M. Cox (SBN 034055)
CLARK HILL PLC
14850 North Scottsdale Road, Suite 500
Scottsdale, Arizona 85254
Telephone: (480) 684-1128
Facsimile: (480) 684-1199
Email: chossack@clarkhill.com
wmcox@clarkhill.com
Attorneys for Defendants

IN THE SUPERIOR COURT OF THE STATE OF ARIZONA

IN AND FOR THE COUNTY OF MARICOPA

QUICK SHINE PAHRUMP OPERATIONS, LLC., a Nevada limited liability company, Plaintiff, v. JOHN B. REDDELL, JR., an individual and JOHN REDDELL ARCHITECTS, INC., an inactive Arizona corporation, Defendants.	**Case No.: CV2022-001813** **CERTIFICATE OF COMPULSORY ARBITRATION** **(Assigned to the Honorable Sally Duncan)**

Defendants John B. Reddell, Jr. and John Reddell Architects, Inc. (collectively "JRA" or "Defendants") by and through their undersigned attorneys, hereby **DO NOT** controvert that Certificate of Compulsory Arbitration filed by Plaintiff.

DATED this 17th day of March, 2022.

CLARK HILL PLC

By: */s/ Christopher D.C. Hossack, Esq.*
Christopher D.C. Hossack, Esq.
Wesley M. Cox, Esq.
Attorneys for Defendants

ORIGINAL of the foregoing e-filed through TurboCourt this 17th day of March, 2022, with:

The Clerk of Court
Maricopa County Superior Court

COPY of the foregoing electronically served this same day to:

Lonnie J. Williams, Jr.
STINSON LLP
1850 N. Central Avenue
Suite 2100
Phoenix, AZ 85004
Lonnie.Williams@stinson.com
Attorneys for Plaintiff

By: */s/ Kathy Lesage*

11B

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)

Y

Type of Facility

- ■ Ambulatory Surgical Center (ASC)
- ☐ Recovery Center (RC)

Type of Application (check applicable box)

- ☐ New ASC/RC
- ■ Ownership Change*
- ☐ Location Change *
- ☐ Name Change*

* If making a change, provide current license number: ASC03820

Ownership Type (check applicable box)

- ☐ Publicly Traded (complete sections 1, 2, 3, 7, 8, 9)
- ☐ Non-Publicly Traded (complete sections 1, 2, 4, 7, 8, 9)
- ■ Partnership (complete sections 1, 2, S, 7, 8, 9)
- ☐ Sole Owner (complete sections 1, 2, 6, 7, 8, 9)

Section 1: General Information

ASC/RC Name: Silver State Surgery Center West LLC

Physical Address: 5950 South Durango Drive Suite 101

City: Las Vegas State: Nevada Zip: 89113

Mailing Address (if different from physical address): same as above

City: _____ State: _____ Zip: _____

Telephone: 702-808-5476 Fax: _____

Contact Email: ro.johnson@silverstateasc.com Website _____

Nevada Business License # NV20212213392

Employed/Contracted Pharmacist Name: Mary Greer ✓ NV Pharmacist License #: 10687

Medical Director Name: Dr. Michael Fishell MD

■ 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: Silver State Surgery Center West LLC

Mailing Address: 5950 South Durango Drive Suite 101

City: Las Vegas State: Nevada Zip: 89113

Telephone: 702-808-5476 Email: ro.johnson@silverstateasc.com

Contact Person Name: Ro' Johnson' LeFevre

Please check type of partnership (NAC 639.214) ☐ General ■ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ■ No

Section 6: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 7: Employed/Contracted Pharmacist (MUST BE COMPLETED BY the Employed/Contracted Pharmacist)

Pharmacist Name: Mary Grear RPh NV Pharmacist License #: 10687

As the employed/contracted pharmacist, for (ASC/RC Name): Silver State Surgery Center :

I understand that I am responsible for establishing policies and procedures which (NAC 639.4996):

a) Are consistent with the policies and procedures developed pursuant to NAC 639.447;
b) Require to maintain records in accordance with the provisions of NAC 639.485 and 639.485;
c) Address the purchase, storage, maintenance of records and dispensing of drugs and investigational drugs;
d) Require maintenance of a perpetual inventory of all controlled substances;
e) Prescribe the procedure for quarantining and destroying drugs and investigational drugs that are expired, adulterated, mislabeled or otherwise unsafe for human use;
f) Require the storage of drugs and investigational drugs in accordance with the specifications of the manufacturer;
g) Ensure that the ASC and RC dispenses drugs and investigational drugs pursuant to chart orders and in accordance with applicable state and federal laws; and
h) Ensure that all compounding is
    a. Performed by a registered pharmacist in accordance with the provisions of NRS and NAC 639; or
    b. If performed by an employee of the ASC or RC, other than a registered pharmacist, performed:
        i. In accordance with the provisions of NRS and NAC 639;
        ii. In a location designated for compounding that is clean and disinfected before each act of compounding; and
        iii. By a person who has completed training for the type of compounding that will be performed.

I understand that I shall (NAC 639.4998):

a) Visit the ASC or RC at least once each month to:
    a. Evaluate the effectiveness of the policies and procedures established pursuant to NAC 693.4996; and
    b. Confirm that the ASC or RC is complying with those policies and procedures, the below provisions.
b) Maintain documentation of each visit that the pharmacist makes;
c) Conduct an audit at least once each month using a sufficient number of records of the ASC or RC, including, without limitation, records of patients and records relating to the purchasing, storing and dispensing of drugs and investigational drugs, which must be randomly selected, to determine whether:
    a. The records indicate that the drugs and investigational drugs are dispensed in a safe and effective manner in accordance with accepted standards of practice and the specifications of the manufacturer;
    b. Drugs and investigational drugs are diluted in accordance with accepted standards of practice or pursuant to the specifications of the manufacturer;
    c. The records demonstrate:
        i. That a discrepancy does not exist in the number of drugs and investigational drugs that are in vials designated by the manufacturer for a single use which are dispensed and the number of patients who receive such drugs and investigational drugs; and
        ii. That drugs, not including investigational drugs, which are in vials designated by the manufacturer for a single use and any remaining medication in those vials are discarded after use;
    d. The records demonstrate that drugs, not including investigational drugs, which are in vials designated by the manufacturer for more than one use are discarded when the medication in the vials has expired or not more than 28 days after the initial breach of the vial;
    e. The employees of the ASC or RC properly maintain accurate records relating to drugs and investigational drugs; and
    f. The employees of the ASC or RC properly monitor and maintain the perpetual inventory required pursuant to paragraph (d) of subsection 1 of NAC 639.4996; and
d) Submit a written report, including, without limitation, a written explanation, to the Board not later than 5 business days after the pharmacist determines that:
    a. The ASC or RC is violating a state or federal law which affects the care and safety of a patient;
    b. There is a discrepancy of 5 percent or more between the actual quantity of a controlled substance in the possession of the ASC or RC and the amount of the controlled substance that should be in the possession of the ASC or RC according to the records of the ASC or RC, including, without limitation:
        i. Purchase orders and invoices for the controlled substance;
        ii. Records which indicate the removal of the controlled substance from the storage area;
        iii. Patient records;
        iv. Records which indicate the return of the controlled substance to the manufacturer;
        v. Records which indicate that the controlled substance was destroyed; and
        vi. Any other record for the controlled substance;
    c. The recovery center or surgical center has intentionally or recklessly failed to create or maintain a record required by the policies and procedures established pursuant to NAC 639.4996;
    d. The recovery center or surgical center is administering a drug or an investigational drug in violation of accepted standards of practice or the specifications of the manufacturer; or
    e. The recovery center or surgical center is engaged in a practice which endangers the health, safety or welfare of a patient or employee of the recovery center or surgical center.

Section 8: Personal and Professional History of the Employed/Contracted Pharmacist	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	✔	
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
4/24/2002	May 2002	NV	Las Vegas	Clark
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
02-036-RPH-S		NV State Board of Pharmacy		
Reason/Charge				
Complaint concerning records of PRN,Inc				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Mary Grear				
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 to Mary Grear, Executive Divector. 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 subsequesntly 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 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)

4/26/2022

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.

Ro Johnson' LeFevre

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

04-28-22

Date

Board Use Only	Date Received: _____	Amount: 500 cc ✓ 4/16/22

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, **Silver State Surgery Center West 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 08/27/2021, 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 05/24/2022.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202205242690471

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

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Silver State Surgery Center West LLC

Physical Address 5950 S. Durango Dr. #101

City Las Vegas State NV Zip 89113

Mailing Address (if different from physical address) (Same)

City _____ State _____ Zip _____

Telephone 702-808-9776 Website _____

Licensing Company Email _____

Section 2: Personal Information

First MICHAEL Middle L Last FISHELL

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] Village Walk Dr

City HENDERSON State NV Zip 89052

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		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)
UNIVERSITY OF UTAH, SCHOOL OF MEDICINE		09/86 - 05/90
Address	**City / State / Zip**	
30 North 1900 East	SALT LAKE CITY UT 84132	
Diploma/Degree obtained, if any		
DOCTOR OF MEDICINE MD		

School Name		From - To (MM/YY – MM/YY)
PACIFIC UNION COLLEGE		01/1975 - 08/1979
Address	**City / State / Zip**	
ONE ANGWIN AVE	ANGUIN CA 94508	
Diploma/Degree obtained, if any		
MASTERS OF ARTS (MA)		

School Name		From - To (MM/YY – MM/YY)
PACIFIC UNION COLLEGE		01/75 - 08/79
Address	**City / State / Zip**	
ONE ANGWIN AVE	ANGUIN CA 94508	
Diploma/Degree obtained, if any		
BACHELOR OF ARTS (BA)		

School Name		From - To (MM/YY – MM/YY)
Address	**City / 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
06/94 - 07/91	[redacted] MEDICAL CENTER Dr.	LEBANON	NH	03756
From - To (MM/YY – MM/YY)	Address	City L	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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: 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)
ADVANCED PAINCARE		01/03 - PRESENT
Business Address	**City**	**State / Zip**
2505 ANTHEM VILLAGE DR #E625	HENDERSON	NV 89052
Phone	**Title**	
702 932 0606	OWNER	
Description of Duties	SEE PATIENTS FOR TREATMENT OF PAIN MANAGEMENT	

Business Name		From - To (MM/YY – MM/YY)
SIENA HEIGHTS SURGERY CENTER		10/14 - PRESENT
Business Address	**City**	**State / Zip**
2865 SIENA HEIGHTS DR. #200	HENDERSON	NV 89052
Phone	**Title**	
702 586 3211	MEDICAL DIRECTOR	
Description of Duties	MEDICAL DIRECTOR OF AMBULATORY SURGICAL CENTER, PERFORM PAIN MGMT PROCEDURES	

Business Name		From - To (MM/YY – MM/YY)
QUALITY BILLING SERVICES		10/16 - PRESENT
Business Address	**City**	**State / Zip**
2865 SIENA HEIGHTS DR #120	HENDERSON	NV 89052
Phone	**Title**	
702 776 7164	PARTNER	
Description of Duties	PARTNER IN MEDICAL BILLING COMPANY	

Business Name		From - To (MM/YY – MM/YY)
ANESTHESIA ASSOCIATES		08/2000 - 01/03
Business Address	**City**	**State / Zip**
129 W LAKE MEAD DRIVE	HENDERSON	NV 89015
Phone	**Title**	
702 564 4440	ANESTHESIOLOGIST	
Description of Duties	PERFORMED ANESTHESIA 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 MF

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Applicant's initials MF

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)

5/9/22

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.

MICHAEL FISHELL MD

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

5/10/22

Date

Please have this section completed in the presence of a Notary Public.

State of Neveda, ss. County of Clark

I, MICHAEL L FISHELL, 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

5/10/22

Date

Subscribed and Sworn to before me this 10th day of May, 2022

Sharon Mitchell

Notary Public Signature

SHARON MITCHELL
Notary Public-State of Nevada
Appointment No. 21-2715-01
My Appointment Expires 08-08-2025

(Seal)

Applicant's initials MF

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 Silver State Surgery Center West LLC

Physical Address 5950 South Durango Dr. Suite 101

City Las Vegas State NV Zip 89113

Mailing Address (if different from physical address) (Same)

City _____ State _____ Zip _____

Telephone 702-808-5476 Website _____

Licensing Company Email _____

Section 2: Personal Information

First JOHN Middle Robert Last Petroni

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN _____ Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] Liege Drive

City Henderson State NV Zip 89012

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 JN

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name: San Juan High School		From - To (MM/YY – MM/YY)	
Address	City: Citrus Heights	State: CA	Zip: 95610
Diploma/Degree obtained, if any: High school Degree			
School Name: St Mary's College of California		From - To (MM/YY – MM/YY)	
Address	City: Moraga	State: CA	Zip
Diploma/Degree obtained, if any: B.A – 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
7/21 - current	[redacted] Liege Dr.	Henderson	NV	89012
1/17 - 7/21	[redacted] Bunker Hollow ct	Henderson	NV	89002
From - To (MM/YY – MM/YY)	[redacted] ~~Botticelli Dr~~	~~Henderson~~	~~NV~~	~~89052~~
6/15 - 1/17	[redacted] Regents Gate Dr.	Henderson	NV	89012
6/02 - 5/15	[redacted] Botticelli Dr.	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 _____

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: BIOTRONIK.			From - To (MM/YY – MM/YY): 1-2022 – Current
Business Address: 5024 JEAN Rd	City: Lake Oswego	State: OR	Zip: 97035
Phone: (702) 755 4079.	Title: REGIONAL SALE Manager		
Description of Duties: Regional Sales Manager - Manage, Hire, Train, and Grow Neuromodulation Business in 6 STATES.			

Business Name: ABBOTT NEURO modulation			From - To (MM/YY – MM/YY): 10/09 – 12/2021
Business Address: 8701 Bee CAVE ROAD.	City: AUSTIN	State: TX	Zip: 78746
Phone: 972-309-4100	Title: Territory MANAGER.		
Description of Duties: ~~Manage Sell Money~~ Self, manage and grow ABBOTT Neuro modulation portfolio in Las Vegas NV.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Continue on next page if additional space is needed.

Applicant's initials

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 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.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Applicant's initials _____

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

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.

JOHN PETRONI

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

5/19/2022

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, John Robert Petroni, 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

5/19/2022

Date

State of Nevada County of Clark

Subscribed and Sworn to before me this 19 day of May, 2022.

Notary Public Signature

TONI LAIRD-WISE
Notary Public - State of Nevada
County of Clark
APPT. NO. 15-3393-1
My App. Expires Nov. 20, 2023

(Seal)

Applicant's initials JP

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 Silver State Surgery Center West LLC

Physical Address 5950 South Durango Dr. #101

City LV State NV Zip 89113

Mailing Address (if different from physical address) (Same)

City _____ State _____ Zip _____

Telephone 702-808-8470 Website _____

Licensing Company Email _____

Section 2: Personal Information

First Jack Middle _____ Last Diep

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted] Avienda de Los Foothills

City Lake Havasu City State AZ Zip 86406

Telephone [redacted] Email drdiep@nvpain.com

Are you a citizen of the United States? ☐ Yes ■ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		N/A

Applicant's initials JD

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Cleveland Clinic Foundation		07/17 - 06/18	
Address	**City**	**State**	**Zip**
9500 Euclid Ave	Cleveland	OH	44195
Diploma/Degree obtained, if any			
Pain Medicine Fellowship			

School Name		From - To (MM/YY – MM/YY)	
Rutgers New Jersey Medical School		07/14 - 06/17	
Address	**City**	**State**	**Zip**
185 W S Orange Ave	Newark	NJ	07103
Diploma/Degree obtained, if any			
Resident in Anesthesiology			

School Name		From - To (MM/YY – MM/YY)	
Rutgers New Jersey Medical School		07/13 - 06/14	
Address	**City**	**State**	**Zip**
185 S Orange Ave	Newark	NJ	07103
Diploma/Degree obtained, if any			
Resident in General Surgery			

School Name		From - To (MM/YY – MM/YY)	
Ross University School of Medicine		01/09 - 01/13	
Address	**City**	**State**	**Zip**
2300 SW 145th Ave	Miramar	FL	33027
Diploma/Degree obtained, if any			
Doctor of Medicine (MD)			

School Name		From - To (MM/YY – MM/YY	
Simon Fraser University		01/03 - 08/08	
Address	**City**	**State**	**Zip**
8888 University Dr	Burnaby	BC	V5A 1S6
Diploma/Degree obtained, if any			
Bachelor of Science (Biology)			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/21 - present	[redacted]Avienda de Los Foothills	Lake Havasu City	AZ	86406
07/18 - 07/21	[redacted]Grand Island Dr	Lake Havasu City	AZ	86403
07/17 - 06/18	[redacted]Euclid Ave, Apt 707	Cleveland	OH	44115
07/14 - 06/17	[redacted]Clinton St	Hoboken	NJ	07030
07/13 - 06/14	[redacted]Brook Ave, Apt G-19	Passaic	NJ	07055
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	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 TD

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)
Lakeside Orthopedic Institute dba Lakeside Spine & Pain		03/20-PRESENT
Business Address	**City / State / Zip**	
25 Riviera Blvd	Lake Havasu City AZ 86403	
Phone	**Title**	
(928) 505-5555	Physician	

Description of Duties

Interventional pain management physician. To develop a treatment plan to relieve, reduce, or manage pain and help patients return to everyday activities quickly without surgery or heavy reliance on medication.

Business Name		From - To (MM/YY – MM/YY)
Tri-State Medical Specialists		07/18-01/20
Business Address	**City / State / Zip**	
1987 McCulloch Boulevard Suite 101	Lake Havasu City AZ 86403	
Phone	**Title**	
(928) 788-3333	Physician	

Description of Duties

Interventional pain management physician. To develop a treatment plan to relieve, reduce, or manage pain and help patients return to everyday activities quickly without surgery or heavy reliance on medication.

Business Name		From - To (MM/YY – MM/YY)
Business Address	**City / State / Zip**	
Phone	**Title**	

Description of Duties

Business Name		From - To (MM/YY – MM/YY)
Business Address	**City / State / 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 JD

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:

N/A

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials JD

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

JACK DIEP

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04/26/2022

Date

Please have this section completed in the presence of a Notary Public.

State of Arizona, ss. County of Mohave

I, Jack Diep, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

04/27/22

Date

Subscribed and Sworn to before me this 27 day of April.

SUSAN NESS
Notary Public - Arizona
Mohave County
Commission # 568030
My Comm. Expires Aug 31, 2023

Notary Public Signature

(Seal)

Applicant's initials JO.

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 Silver State Surgery Center West LLC

Physical Address 5950 South Durango Dr. #101

City LV State NV Zip 89113

Mailing Address (if different from physical address) (Same)

City _____ State _____ Zip _____

Telephone 702-808.9176 Website _____

Licensing Company Email _____

Section 2: Personal Information

First Selaiman Middle Ahmad Last Noori

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITI[redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] McCulloch Blvd N, [redacted]

City Lake Havasu City State AZ Zip 86403

Telephone [redacted] Ema[redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve 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 SN

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
New York Medical College		08/2010-06/2014	
Address	**City**	**State**	**Zip**
40 Sunshine Cottage Road	Valhalla	NY	10595
Diploma/Degree obtained, if any			
Doctor of Medicine (M.D.)			

School Name		From - To (MM/YY – MM/YY)	
Loyola University Chicago		08/2006-05/2007	
Address	**City**	**State**	**Zip**
1032 W Sheridan Road	Chicago	IL	60660
Diploma/Degree obtained, if any			
Master of Arts in Medical Sciences			

School Name		From - To (MM/YY – MM/YY)	
University of California, Davis		09/2003-06/2005	
Address	**City**	**State**	**Zip**
1 Shields Ave.	Davis	CA	95616
Diploma/Degree obtained, if any			
Bachelor of Science in Biochemistry & Molecular 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			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/2021-Present	[redacted]Grand Island Drive	Lake Havasu City	AZ	86403
03/2021-09/2021	[redacted]Grand Island Drive	Lake Havasu City	AZ	86403
07/2019-02/2021	[redacted]E Ranch Vista Drive, 209	Scottsdale	AZ	85251
07/2018-06/2019	[redacted]Chester Parkway	Cleveland	OH	44103
07/2014-06/2018	[redacted]E 70th Street	New York	NY	10021
07/2012-06/2014	[redacted]2nd Ave, 9T	New York	NY	10128
08/2010-06/2012	Old Farm Rd	Valhalla	NY	10595

Applicant's initials SN

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)
Lakeside Orthopedic Institute dba Lakeside Spine & Pain			03/2021-Present
Business Address	**City**	**State**	**Zip**
25 Riviera Blvd	Lake Havasu City	AZ	
Phone	**Title**		
928-505-5555	Pain Management Physician and Partner		
Description of Duties			
Evaluate and treat patients suffering from acute and chronic pain conditions.			

Business Name			From - To (MM/YY – MM/YY)
Arizona Pain Relief			07/2019-02/2022
Business Address	**City**	**State**	**Zip**
2340 W Parkside Lane	Phoenix	AZ	85027
Phone	**Title**		
609-709-2725	Pain Management Physician		
Description of Duties			
Evaluate and treat patients suffering from acute and chronic pain conditions.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**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 SN

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
1/26/2022	3/3/2022	AZ	Lake Havasu City	Mohave

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
MCM 2022 000076	Lake Havasu City Municipal Court

Reason/Charge
DUI

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
State of Arizona	

Name of Business/Industry/Entity

Provide explanation below:

I work in private practice in Lake Havasu City, AZ and Bullhead City, AZ where I practice outpatient chronic pain management. My schedule is Monday-Thursday 8:00 A.M. to 5:00 P.M. and Friday 8:00 A.M. to 2-3:00 P.M. I do not have on-call or inpatient hospital responsibilities.

On Wednesday, January 26, 2022, I started work at 8:30 A.M. and saw my last patient at 4:30 P.M. I had an 8:00 A.M. meeting with my team before clinic started for the day. After work, I got a haircut and then joined some colleagues at Shugrue ' s Restaurant (1425 McCulloch Blvd, Lake Havasu City, AZ 86403) at 6:30 P.M. for a dinner meeting. At the restaurant I had a meal consisting of appetizers, entrée and dessert. I consumed two cocktails that contained gin. I also had 1-2 glasses of water and a half cup of coffee.

I left the restaurant around 9:30 P.M. to head home (646 Grand Island Drive). On the way home, I was arrested for DUI after failing a field breathalyzer test. I was also cited for speeding at 45 mph in a 35 mph zone. I was released the following morning. On March 3, 2022 I pled guilty to DUI and the terms of plea are listed in the attached court orders.

I have complied with all court and ADOT orders:
- I completed 30 days of random urine alcohol screening at Averhealth in Lake Havasu City.
- I completed online Arizona Defensive Driving program on January 29th.
- I completed in person Traffic Survival School on March 27th.
- I completed in person DUI screening/counseling with a licensed counselor on April 28th.

Original Signature (electronic, copies or stamps not accepted)

5/3/22
Date

Applicant's initials SW

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Selaiman Noori

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

5/3/22

Date

Please have this section completed in the presence of a Notary Public.

State of Arizona, ss. County of Mohave

I, Selaiman Noori, 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

5/12/22

Date

Subscribed and Sworn to before me this 12th day of May.

Notary Public Signature

SUSAN NESS
Notary Public - Arizona
Mohave County
Commission # 568030
My Comm. Expires Aug 31, 2023

(Seal)

Applicant's initials SN

LAKE HAVASU CITY MUNICIPAL COURT
2001 COLLEGE DR. SUITE 152, LAKE HAVASU CITY, AZ 86403 Phone (928)453-0748 Fax (928) 680-0193

STATE OF ARIZONA, PLAINTIFF vs. NOORI, SELAIMAN AHMAD DEFENDANT	CASE NUMBER MCM 2022 000076	**ORDER IMPOSING TERMS OF PROBATION** STIPULATED GUILTY PLEA

IT IS ORDERED suspending the imposition of sentence and placing Defendant on unsupervised probation for a period of 2 YEARS from this date. IT IS ORDERED that those terms and regulations of probation which are checked below are applicable, and therefore the **Defendant shall - at all times be a law- abiding citizen, have no further arrests, notify the court of any change of address, and keep in contact with the court.**

1. **Count 1:** DUI A1 - C1M Fine of $____
Be confined in jail for a period of DISMISSED BY THE STATE.

Count 2: DUI A2 - C1M Fine of $ 3,000.00
Be confined in jail for a period of 10 DAYS, 9 SUSPENDED, 1 DAY CREDIT FOR TIME SERVED.

Count 3: CRIMINAL DAMAGE - C1M Fine of $____
Be confined in jail for a period of DISMISSED BY THE STATE.

Count 4: ____ Fine of $____
Be confined in jail for a period of ____.

Count 5: ____ Fine of $____
Be confined in jail for a period of ____.

2. Prosecution Fee $ 100.00 ☐ Attorney Fee $____ Warrant Fee $____
☑ Jail Cost $ 66.00 ☑ LHCPD Jail ☐ MCSO County Jail ☐ MCSO Intake Fee $ ____
Restitution $ 721.00 Restitution Open for 30 DAYS Other $____

3. SET UP CONTRACT TODAY- OR IF IN CUSTODY, CONTACT COURT WITHIN ____ DAYS OF RELEASE. $20.00 state mandated service charge will be added on all fines not paid on sentencing date - IF FINE IS NOT PAID IN FULL, **MONTHLY PAYMENTS ARE MANDATORY – KEEP FINE PAYMENTS CURRENT AT ALL TIMES.**

4. Participate in any specified counseling, drug or alcohol rehabilitative program, as directed by the Court. At defendant's own expense. **Provide Proof of Enrollment to Court within 15 days and Proof of Completion within 90 days.**
*** Online counseling will NOT be accepted without prior court approval.**
☑ DUI-Alcohol/Drug Screening and Counseling ☐ Domestic Violence Counseling
☐ Substance/Alcohol Abuse Counseling ☐ Anger Management ☐ Other: ____

☐ Enroll in a(n) Alcohol/drug testing and/or monitoring program within ____
Random Urinalysis testing ____

5. ____ Hours Community Restitution with Court approved agency. Complete by: ____

6. Do not possess/use any drugs not prescribed by a licensed physician or in violation of any law.
☑ Do not drink intoxicating liquors at any time for term of probation.

7. ☐ Exonerate Bond ☐ Quash Warrant ☐ Remove Alcohol/GPS Monitor or Patch ☐ Vacate U/A Requirement
☐ Lift Suspension ☐ Restricted License ☐ Waive Mandatory Insurance Suspension ☐ Counsel Withdraw

8. **Additional Conditions:** Upon checkout, setup payment contract or pay in full.

I ACKNOWLEDGE RECEIPT OF A COPY OF THE FOREGOING TERMS AND REGULATIONS OF PROBATION. I UNDERSTAND THAT IF I VIOLATE ANY TERM OR CONDITION, THE COURT MAY REVOKE AND TERMINATE MY PROBATION AND IMPOSE ON ME A MAXIMUM SENTENCE IN ACCORDANCE WITH THE LAW.

03/03/2022
DATE

DA
Clerk

Dunbar
JUDGE

DEFENDANT

Rev. 11/2021

LAKE HAVASU CITY MUNICIPAL COURT
2001 COLLEGE DR. SUITE 152, LAKE HAVASU CITY, AZ 86403 (928) 453-0748 Fax (928) 680-0193

STATE OF ARIZONA, PLAINTIFF VS. NOORI, SELAIMAN AHMAD DEFENDANT	CASE NUMBER MCM 2022 000076	**GUILTY/NO CONTEST PLEA PROCEEDING**

Defendant personally appearing before me, I have ascertained the following facts, noting each by initialing it:

1. That Defendant understands the nature of the charge(s) against him/her, namely, DUI A2 - C1M

2. That Defendant understands the range of penalties to be: (state minimum and maximum possible sanctions)

OTHER LEGAL CONSEQUENCES, IF APPLICABLE: ☐ Subsequent Offenses ☐ Possible Loss of Drivers License ☐ Miscellaneous

3. That Defendant understands the following constitutional rights which he/she gives up by pleading guilty:
   (a) the right to trial by jury, if any, or trial to the Court.
   (b) the right to the assistance of an attorney at all stages of the proceeding, and in certain cases to an appointed attorney, to be furnished free of charge, if Defendant cannot afford one.
   (c) the right to confront the witnesses against him/her and to cross-examine them as to the truthfulness of their testimony.
   (d) the right to present evidence on his/her own behalf, and to have the state compel witnesses of his/her choosing to appear and testify.
   (e) the right to remain silent and to be presumed innocent until proven guilty beyond a reasonable doubt.

4. That there exists a basis in fact for believing Defendant guilty of the offenses charged.

5. Immigration Consequences: If you are not a citizen of the United States, pleading guilty or no contest to a crime may affect your immigration status. Admitting guilt may result in deportation even if the charge is later dismissed. Your plea or admission of guilt could result in your deportation or removal, could prevent you from being able to get legal status in the United States, or could prevent you from becoming a United States citizen.

6. That Defendant wishes to give up the constitutional rights of which he/she has been advised.

7. That Defendant and the prosecutor have entered into a plea agreement and that Defendant understands and consents to its terms.

8. That the plea is voluntary and the Defendant was not forced, threatened or promised anything not contained in the plea agreement.

9. That Defendant is satisfied with the services of his/her attorney.

I CERTIFY THAT THE JUDGE PERSONALLY ADVISED ME OF THE MATTERS NOTED ABOVE: THAT I FULLY UNDERSTAND, AGREE WITH, AND APPROVE THE FINDINGS MADE BY THE JUDGE; THAT I UNDERSTAND THE CONSTITUTIONAL RIGHTS WHICH I GIVE UP BY ENTERING THIS PLEA; AND THAT I STILL DESIRE TO PLEAD STIPULATED GUILTY.

DEFENDANT: _____

DEFENSE ATTORNEY (IF ANY): _____

ON THE BASIS OF THESE FINDINGS, I CONCLUDE THAT DEFENDANT KNOWINGLY, VOLUNTARILY, AND INTELLIGENTLY ENTERS A PLEA TO THE ABOVE CHARGES, AND I ACCEPT HIS/HER PLEA.

DATE: 03/03/2022 JUDGE: _____

(Rev. 10/21)

LAKE HAVASU CITY MUNICIPAL COURT
2001 COLLEGE DR. SUITE 152, LAKE HAVASU CITY, AZ 86403 (928) 453-0748 Fax (928) 680-0193

STATE OF ARIZONA, PLAINTIFF vs. *NOORI, SELAIMAN AHMAD* DEFENDANT	CASE NUMBER *MCM 2022 000076*	**JUDGMENT & SENTENCE ORDER PURSUANT TO ARS 13-607.**

Date of Birth: [redacted] Attorney for State: *YAGER*

The Defendant, appearing before the Court: ☐ Pro Per ☑ Attorney for Defendant *FRAME*

☑ **DEFENDANT UNDERSTANDS PENALTIES:** The Defendant has been advised of all mandatory penalties that must be imposed for a conviction of the offense(s), and the maximum penalties that could be imposed, as well as enhanced penalties for subsequent convictions.

☐ **WAIVER OF COUNSEL:** The Defendant knowingly, intelligently, and voluntarily waived his/her right to be represented by counsel, after being advised of the right to be represented by counsel, including the right to have counsel appointed free of charge if the Defendant is indigent and facing a jail sentence.

☑ **WAIVER OF JURY TRIAL:** The Defendant knowingly, intelligently and voluntarily waived his/her right to a trial by jury, after having been advised of his/her right to the same.

☑ **PLEA TO THE COURT:** Having been advised of the following rights, the Defendant knowingly, intelligently, and voluntarily waived his/her right to a trial with or without jury, including the right to confront and cross examine witnesses, the right to testify and have the court require the presence of any witnesses who would not appear voluntarily to present evidence, the right to remain silent and be presumed innocent until proven guilty beyond a reasonable doubt, the right to appeal the conviction that will result from a voluntary plea of guilty or no contest. The determination of guilt was based upon a Defendant's plea of ☑ Guilty ☐ No Contest.

☐ **TRIAL:** The determination of guilt was based upon a ☐ Bench Trial ☐ Jury Verdict finding the defendant guilty beyond a reasonable doubt.

☐ **DANGEROUS OR REPETITIVE:** The offense was of a dangerous or repetitive nature pursuant to A.R.S. 13-703, 13-704 or 13-708.

Having found no legal cause to delay judgment and sentence, and the Defendant having been given an opportunity to speak, **IT IS THE JUDGMENT** of the Court that the Defendant is guilty of the following crime(s):

- ☐ §13-1802, Theft, C1M
- ☐ §13-1805, Shoplifting, C1M
- ☐ §28-1381A1, DUI of Intoxicating Liquor and/or Drugs, C1M
- ☑ §28-1381A2, DUI with BAC .08 or More, C1M
- ☐ §28-1381A3, DUI with Drug or Metabolite in Body, C1M
- ☐ §28-1382A1, DUI Extreme BAC, .15-.199, C1M
- ☐ §28-1382A2, DUI Super Extreme BAC, .20 or more, C1M
- ☐ §_____
- ☐ §13-3601 Domestic Violence Designated Offense
- ☐ §5-395A1, OUI. of Intoxicating Liquor, C1M
- ☐ §5-395A2, OUI with BAC .08 or More, C1M
- ☐ §5-395A3, OUI with Drug or Metabolite in Body, C1M
- ☐ §5-397A1, OUI Extreme BAC, .15-.199, C1M
- ☐ §5-397A2, OUI Super Extreme BAC, .20 or more, C1M

IT IS ORDERED that the Defendant is sentenced as follows:

☑ Defendant placed on *2* ☐ months ☑ years Probation ☑ Unsupervised ☐ Supervised (see attached conditions)
☑ Fine: *3,000.00* Attorney Fees: _____ Restitution: *721.00* Jail Fees: _____ Total: *3,721.00*
☐ Defendant shall complete Community Restitution: _____ Hours
☑ Defendant shall participate, cooperate, complete and pay for a State approved counseling program (see attached Counseling Order)
☑ Special Conditions: *SEE TERMS OF PROBATION*

I certify that the Defendant's fingerprint was permanently affixed to this document at the time of sentencing and in open court.



Right Index Fingerprint

Date: *03/03/22* Judge: _____

Date: *03/03/22* Defendant: _____

Rev. 06/2020

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DocuSign Envelope ID: 70653619-7E1C-4553-A21C-49CB8990AB54

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521

PHARMACEUTICAL TECHNICIAN IN TRAINING APPLICATION

Registration Fee: $50.00 – (non-refundable check or credit card only)

4

Complete Name **(no abbreviations)**:

First: James Middle: Last Taylor

Home Address: [redacted]. Nellis Blvd Apt#: [redacted]

City: Las Vegas State: NV Zip Code: 89121

Telephone: [redacted] Social Security Number: [redacted]

Date of Birth: [redacted] Place of Birth: California Sex: ☒ M or ☐ F

E-mail Address: james.taylor@northwestcareercollege.edu

A licensee is not required to have a Nevada State Business License, however, if you, personally, have one, please provide the number: 1405784984

I am requesting registration at the following pharmacy:

Pharmacy: Northwest Career College Store #: n/a

Address: 7398 Smoke Ranch Rd

City: Las Vegas State: NV Zip Code: 89128

Signature of Managing Pharmacist: Lic #: PT 206006 Date:

(Without the signature of the managing pharmacist, the application will be returned.)

1. Are you 18 years of age or older? Yes ☒ No ☐
2. Are you a high school graduate or the equivalent? Yes ☒ No ☐

(IF YOU ANSWERED "NO" TO QUESTION 1 AND/OR 2, YOU CAN NOT SUBMIT THIS APPLICATION)

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?	☐	☒
3. Been charged, arrested or convicted of a felony or misdemeanor in any state?	☒	☐
4. Been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☒
5. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☒

If you marked YES to any of the numbered questions (3-5) above, include the following information & provide an explanation & documentation:

Board Administrative Action:	State	Date:	Case #:
		/ /	

Criminal Action:	State	Date:	Case #:	County	Court
	NV	4/20/2018	C-18-331006-1	Clark	Department 10

The Nevada Legislature requires that we include the following questions as part of all applications (NRS639.129)

	Yes	No
Are you the subject of a court order for the support of a child?	☐	☒
IF you marked YES to the question, above are you in compliance with the court order?	☐	☒

I hereby certify that the information furnished on this document is true and correct. I agree to abide by all the statutes, rules and regulations governing pharmaceutical technicians and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit. I understand that Nevada law requires a licensed PTT who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Original Signature, no copies or stamps accepted

4/13/2022
Date

Board Use Only Date Processed: Amount: 50 Check# 1005729203

To: Nevada State Board of Pharmacy April 26, 2022

My name is James Lee Taylor Jr. I am currently attending the Pharmacy Technician program at Northwest Career College in Las Vegas, NV. I am writing to provide details about two felonies I was convicted of in 2018 and 2019.

Case No: C-19-345000-1 and C-18-331606-1
City, State: Las Vegas, NV
Arrest Date: 4/26/2018 and 11/21/2019

In 2017 I moved to Nevada. After living here for about a year, in 2018, I decided to purchase a few four-wheelers and off-roading vehicles. I was not aware the buying and selling process and documents required in Nevada and that the requirements were different from those I was accustomed to in California. Prior when purchasing in California, I was only required to have a Bill of Sale, not a title, upon purchase. I was arrested shortly after buying the vehicles and informed that I was in possession of the stolen property. The police searched my residence and discovered that I had no additional stolen property related to the four-wheelers.

I was charged with a felony of theft and given probation—the court-ordered probation for up to three years. In May of 2021, I was honorably discharged from probation.

While on Probation in 2019, I was the supervisor for a moving company. While working for the company, it was discovered that one of the employees I was managing was stealing. I was unaware of his actions. I was called into a weekly meeting where I was informed and arrested. A hold was put on my probation, and I was charged with Grand Larceny.

Due to my Probation status, I was in jail for three months and put on probation for up to three years following the charge. I am currently on probation for this charge.

From my experiences, I have learned to pay more attention and be more aware. Regardless of how well you may know someone, you do not really know what they are capable of. While in court, the judge told me if it is too good to be true, it probably is. I completely agree with his statement and have learned to be more cautious and aware of the situations around me and not put myself in potential situations that are not beneficial for myself or my family.

My reasoning for pursuing a career as a Pharmacy Technician includes that I want to give back to my community. I want to work for a community shop that helps my community and the people I have come to grow and love. During my time in Las Vegas, so many people have helped me grow and learn. I am currently working at the convenience store 711 to support my family, and it is here that I have gotten the opportunity to interact with many people within my community. I plan to continue to work my hardest to support my family and give back in a positive way.

I appreciate your time and consideration regarding my license. Thank you again for considering me,

REGISTER OF ACTIONS

CASE NO. C-19-345000-1

State of Nevada vs James Taylor, Jr.

Case Type:	**Felony/Gross Misdemeanor**
Date Filed:	**11/21/2019**
Location:	**Department 10**
Cross-Reference Case Number:	**C345000**
Defendant's Scope ID #:	**7765233**
Lower Court Case # Root:	**19FH1547**
Lower Court Case Number:	**19FH1547X**

PARTY INFORMATION

Defendant **Taylor, James Lee, Jr.** DOB: [redacted]

Lead Attorneys
Michael P Printy
Retained
7027597899(W)

Plaintiff **State of Nevada**

Steven B Wolfson
702-671-2700(W)

CHARGE INFORMATION

Charges: Taylor, James Lee, Jr.	Statute	Level	Date
1. GRAND LARCENY	205.222.3	Felony	06/14/2019

EVENTS & ORDERS OF THE COURT

DISPOSITIONS

12/02/2019 **Plea** (Judicial Officer: Hardy, Joe)
1. GRAND LARCENY
Guilty

06/23/2020 **Disposition** (Judicial Officer: Hardy, Joe)
1. GRAND LARCENY
Guilty

06/23/2020 **Sentence** (Judicial Officer: Hardy, Joe)
1. GRAND LARCENY
Sentenced to Nevada Dept. of Corrections
Term: Minimum:19 Months, Maximum:48 Months
Consecutive: Case Number C331605
Credit for Time Served: 0 Day
Suspended-Period of Probation: Indeterminate, Not To Exceed: 5 Years
Condition
1. Standard Conditions
2. Digital Storage Media, You shall submit your digital storage media or any digital storage media that you have or use, including computers, handheld communication device and any network applications associated with those devices, including social media and remote storage services to a search and shall provide all passwords, unlock codes and account information associated with those items, with or without a search warrant, by the Division of Parole and Probation or its agents.
3. Pay Restitution
4. No Contact, with the victim, or the victim's family; have no contact with the victim business.
5. Comply With Curfew Imposed By Probation Officer
6. Maintain Full-Time Employment, Beginning the week of June 29, 2020, complete thirty (30) hours per week of work, job training, community service, or educational coursework.

Other Fees
Fee Totals:

Administrative Assessment Fee $25	$25.00
Genetic Marker Analysis AA Fee $3	$3.00
Fee Totals $	$28.00
$150 Waived	

OTHER EVENTS AND HEARINGS

11/21/2019 Criminal Bindover - Confidential **Doc ID# 1**
11/21/2019 Criminal Bindover **Doc ID# 2**
11/25/2019 Information **Doc ID# 3**
12/02/2019 Initial Arraignment (10:00 AM) (Magistrate Wittenberger, Shannon)
Parties Present

	Minutes
	Result: Plea Entered
12/02/2019	**Guilty Plea Agreement** **Doc ID# 4**
12/10/2019	**Reporters Transcript** **Doc ID# 5**
02/10/2020	**PSI** **Doc ID# 6**
06/09/2020	**Sentencing** (3:30 PM) (Judicial Officer Hardy, Joe)
	06/09/2020, 06/23/2020
	Parties Present
	Minutes
	03/31/2020 Reset by Court to 05/07/2020
	05/07/2020 Reset by Court to 06/09/2020
	06/09/2020 Reset by Court to 06/09/2020
	Result: Continued
06/29/2020	**Judgment of Conviction** **Doc ID# 7**
01/04/2021	**Case Reassigned to Department 23**
09/07/2021	**Case Reassigned to Department 9**
01/18/2022	**Case Reassigned to Department 10**

Financial Information

	Defendant Taylor, James Lee, Jr.	
	Total Financial Assessment	28.00
	Total Payments and Credits	0.00
	Balance Due as of 04/04/2022	**28.00**
06/30/2020	Transaction Assessment	28.00

REGISTER OF ACTIONS

CASE NO. C-18-331606-1

State of Nevada vs James Taylor

Case Type:	**Felony/Gross Misdemeanor**
Date Filed:	**04/26/2018**
Location:	**Department 10**
Cross-Reference Case Number:	**C331606**
Defendant's Scope ID #:	**7765233**
ITAG Case ID:	**2130221**
Lower Court Case # Root:	**18FN0572**
Lower Court Case Number:	**18FN0572X**

PARTY INFORMATION

Defendant **Taylor, James** DOB: [redacted]

Lead Attorneys
Michael P Printy
Retained
7027597899(W)

Plaintiff **State of Nevada**

Steven B Wolfson
702-671-2700(W)

CHARGE INFORMATION

Charges: Taylor, James	**Statute**	**Level**	**Date**
1. THEFT	205.0835.3	Felony	02/21/2018

EVENTS & ORDERS OF THE COURT

DISPOSITIONS

05/02/2018 **Plea** (Judicial Officer: Jones, David M)
1. THEFT
Guilty

09/13/2018 **Disposition** (Judicial Officer: Jones, David M)
1. THEFT
Guilty

09/13/2018 **Sentence** (Judicial Officer: Jones, David M)
1. THEFT
Sentenced to Nevada Dept. of Corrections
Term: Minimum:12 Months, Maximum:34 Months
Suspended-Period of Probation: Indeterminate, Not To Exceed: 3 Years
Condition
1. Additional Condition, Standard Conditions
2. Comply With Curfew Imposed By Probation Officer
3. Substance Abuse Evaluation
4. Impulse Control Counseling
5. No Contact, with the victim or victim's family.
6. Pay All Fines, Fees, & Costs
Fee Totals:

Administrative Assessment Fee $25	$25.00
DNA Analysis Fee $150	$150.00
Genetic Marker Analysis AA Fee $3	$3.00
Fee Totals $	$178.00

08/20/2019 **Amended Sentence** (Judicial Officer: Jones, David M) Reason: Probation Reinstated, Condition(s) Added
1. THEFT
Sentenced to Nevada Dept. of Corrections
Term: Minimum:12 Months, Maximum:34 Months
Suspended-Period of Probation: Indeterminate, Not To Exceed: 3 Years
Condition
1. Additional Condition, Standard Conditions
2. Comply With Curfew Imposed By Probation Officer
3. Substance Abuse Evaluation
4. Impulse Control Counseling
5. No Contact, with the victim or victim's family.
6. Pay All Fines, Fees, & Costs

Fee Totals:
Administrative Assessment Fee $25 $25.00
DNA Analysis Fee $150 $150.00
Genetic Marker Analysis AA Fee $3 $3.00
Fee Totals $ $178.00
Comment (Probation Reinstated on 8/20/19.)
Condition
1. CCDC Confinement, 45 days flat time

OTHER EVENTS AND HEARINGS

04/26/2018 Criminal Bindover - Confidential Doc ID# 1
04/26/2018 Criminal Bindover Doc ID# 2
04/30/2018 Information Doc ID# 3
05/02/2018 Initial Arraignment (10:00 AM) (Judicial Officer De La Garza, Melisa)
Parties Present
Minutes
Result: Plea Entered
05/02/2018 Guilty Plea Agreement Doc ID# 4
06/07/2018 PSI Doc ID# 5
07/02/2018 Case Reassigned to Department 29
08/28/2018 Sentencing (8:30 AM) (Judicial Officer Jones, David M)
08/28/2018, 09/13/2018
Parties Present
Minutes
08/28/2018 Reset by Court to 08/28/2018
Result: Matter Continued
09/24/2018 Judgment of Conviction Doc ID# 6
10/12/2018 Order Admitting Defendant to Probation & Fixing Terms Doc ID# 7
06/17/2019 Criminal Order to Statistically Close Case Doc ID# 8
07/25/2019 Probation Violation Report Doc ID# 9
08/20/2019 Revocation of Probation (8:30 AM) (Judicial Officer Jones, David M)
Parties Present
Minutes
Result: Probation Reinstated
08/27/2019 Amended Judgment of Conviction Doc ID# 10
01/15/2020 Order Admitting Defendant to Probation & Fixing Terms Doc ID# 11
01/21/2020 Motion Doc ID# 12
01/22/2020 Clerk's Notice of Hearing Doc ID# 13
02/04/2020 Motion (8:30 AM) (Judicial Officer Jones, David M)
Parties Present
Minutes
Result: Granted
01/04/2021 Case Reassigned to Department 18
03/17/2021 Motion Doc ID# 14
03/19/2021 Clerk's Notice of Nonconforming Document Doc ID# 15
04/09/2021 Motion Doc ID# 16
04/09/2021 Clerk's Notice of Hearing Doc ID# 17
04/27/2021 Motion (12:30 PM) (Judicial Officer Holthus, Mary Kay)
04/27/2021, 05/25/2021
Parties Present
Minutes
Result: Matter Continued
05/26/2021 Order Honorably Discharging Probationer Doc ID# 18
09/07/2021 Case Reassigned to Department 6
01/18/2022 Case Reassigned to Department 10

FINANCIAL INFORMATION

Defendant Taylor, James
Total Financial Assessment 178.00
Total Payments and Credits 0.00
Balance Due as of 04/04/2022 **178.00**

02/07/2019 Transaction Assessment 178.00

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Temporary Pharmacist Registration Request Application

Rev (08/04/2021)

Section 1: General Information

First: Michael Middle: John Last: Schember

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted] N 41st Ave 85308

City: Glendale State: AZ Zip: ~~85308~~

Telephone: [redacted] Email: [redacted]

Reason for Temporary License: employer request

Section 2: Employment Information

Pharmacy Name: Chewy NV Pharmacy License # (if applicable): PH04030

Address: 255 S. 143rd Ave

City: Goodyear State: AZ Zip: 85338

Telephone: 623-932-8110 Email: DL-PHX1-HR@chewy.com

Section 3: License/Registration Reciprocation Information.

Original State of licensure/registration you will be reciprocating from must be active and issued by exam (passing NAPLEX and that state's MPJE).

State: Michigan Date of issuance: 8-3-1987

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to 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.

Michael Schember

Original Signature, no copies or stamps accepted

10-19-2021

Date

21960

Board Use Only	Date Received:	
	Temporary License Issued: NOV 10 2021	Temporary License Expiry: MAY 10 2022

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521

APPLICATION BY RECIPROCATION AS A PHARMACIST

If you are requesting licensure by reciprocation (i.e. You have a current pharmacist license from another state and wish to transfer license information and only need to take the Nevada MPJE), complete this application:

Total Fee: $250.00 (Non-refundable check or credit card. Credit Cards are charged a 5% processing fee)

Made payable to: **Nevada State Board of Pharmacy**

Complete Name (no abbreviations):

First: Michael Middle: John. Last: Scheinber

Mailing Address: [redacted] N 41st Ave

City: Glendale State: AZ Zip Code: 85308

Telephone: [redacted] E-mail Address: [redacted]

Date of Birth: [redacted] Place of Birth: Pigeon, MI 48755

SS# or ITIN: [redacted] Sex: ☒ M or ☐ F

(Full Number Required)

Original State of Licensure you are reciprocating from must be active and issued by exam; State: Michigan Date of Issuance: Aug 1987

College of Pharmacy Information

Graduation Date: 05-24-1987 (mm/dd/yy)

Degree Received: ☐ PharmD ☒ BS in Pharmacy ☐ Other (check one)

Name of Pharmacy School: Ferris State University

Location of School: Big Rapids, MI 49307

If you are a **foreign graduate** you must attach a copy of your FPGEC certificate to THIS APPLICATION. You also need to complete the college of pharmacy information

Board Use Only

Processed: _____ Amount: 250 00 Entity #: _____

Email _____ MPJE _____

Other states where you are (or were) licensed as a pharmacist or print "none"

State	Lic#	Is the license Active?	State	Lic #	Is the License Active?
IL	05128108S	Yes ☒ No ☐			Yes ☐ No ☐
AZ	50163447	Yes ☒ No ☐			Yes ☐ No ☐

**Attach separate sheet if needed

Have you ever served in the military, either active, reserve or retired? Yes ☐ No ☒

Branch: _____

Military Occupation/Specialty: _____

Dates of Service: _____

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: _____

	Yes	No
1. Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☒
2. Been charged, arrested or convicted of a felony or misdemeanor in any state?	☐	☒
3. Been the subject of a board citation or an administrative action or board citation whether completed or pending in any state?	☐	☒
4. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☒

If you marked YES to any of the numbered questions (1-3) above, include the following information & provide an explanation & documentation:

Board Administrative Action:	State	Date:	Case #:
		/ /	

Criminal Action:	State	Date:	Case #:	County	Court
		/ /			

FEDERALLY MANDATED REQUIREMENTS

In response to Federally mandated requirements, the Nevada Legislature and Attorney General require that we include this questions as part of all applications.

4. Are you the subject of a court order for the support of a child?.....Yes ☐ No ☐

4a. If you marked Yes, to the question 4, are you in compliance with the court order?.....Yes ☐ No ☐

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of my business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

No liability of any sort or kind shall attach to the said Nevada State Board of Pharmacy, its members, servants or employees because or by reason of the use of the authorization.

I attest to knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices.

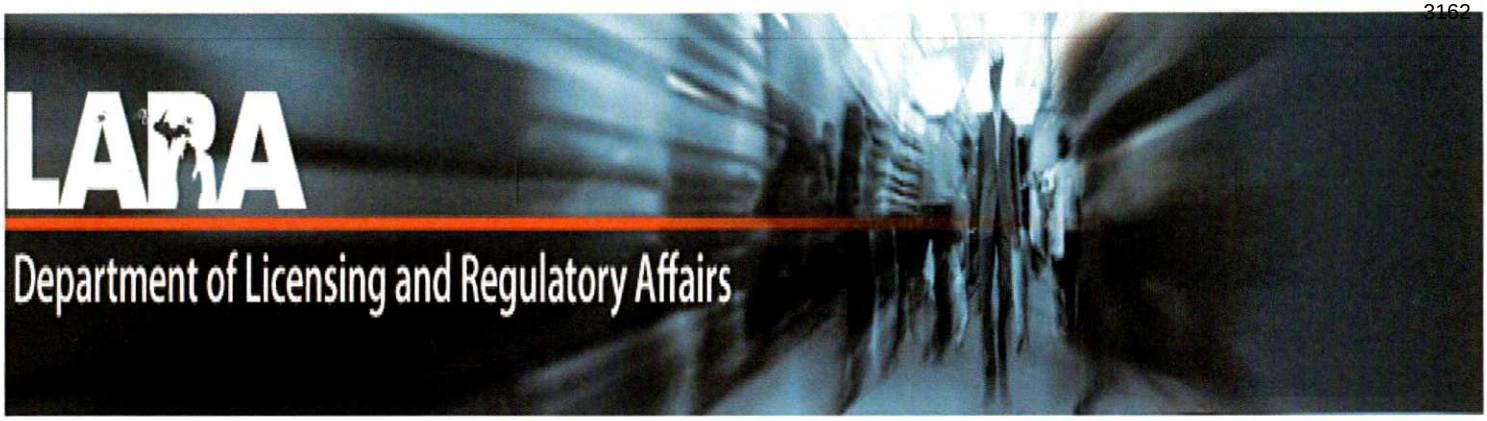
I understand that Nevada law requires a licensed pharmacist who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Michael J. Scheel

Original Signature, no copies or stamps accepted

10-19-2021

Date



Home Search New Help

Register for an Account Login

NOTE: If you would like to Renew your license follow these instructions:

- You must use a desktop or laptop computer to complete the registration and renewal process.
- Login to MiPLUS.
- Click on the "My Records" tab.
- Find your License Number under the "Record Number" column. Click on the "Click Here to Renew License" link located under the "Action" column. Do NOT click the checkbox.

Home Licenses Enforcement

Advanced Search

Licensed Professional Information: Pharmacist 5302410885

Condition:

Click HERE to view additional detail

Licensee Detail

License Type:

Pharmacist

License Number:
5302410885

Name:
Michael John Schember

License Issue Date:
08/03/1987

License Expiration Date:
08/03/2023

License Status:
Active

County:
Non-Michigan County

SPECIALTY CERTIFICATION

Specialty Certification: Preceptor

Status: Active

Issue Date: null

Expiration Date: 08/03/2023

CONTROLLED SUBSTANCE LIST

City: Chicago

State or Province: Illinois

ZIP or Postal Code: 60613

CS Record Number: 5315106244

CS Status: Lapsed

CS Expiration Date: 06/30/2001

City: Phoenix

State or Province: Arizona

ZIP or Postal Code: 85042

CS Record Number: 5315096511

CS Status: Lapsed

CS Expiration Date: 06/30/2017

City: Phoenix

State or Province: Arizona

ZIP or Postal Code: 85023

CS Record Number: 5315211625

CS Status: Active

CS Expiration Date: 08/03/2023

▸ <--- Click to view Public Documents

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e-Profile ID : 260852 Michael John Schember Customer ID : 157157

PHARMACIST'S LICENSES

State	License Number	Exam Name	Obtained By	Issue Date	Expiration Date	Board Action	License Status
Arizona	S016347	MPJE	License Transfer	10/20/2007	10/31/2023	Yes	Active/Good Standing
Illinois	051287085	State Law	License Transfer	04/16/1999	07/31/2022	Yes	Active/Good Standing
Michigan	5302410885	Integrated NABPLEX	Exam	08/03/1987	08/03/2023	Yes	Active/Good Standing

DISCLOSURES

Question	Answer
1. Have you ever voluntarily surrendered your pharmacist license or any pharmacist registration issued by a federal or state controlled substance authority? If yes, provide details.	No
2. Has your pharmacist license in any jurisdiction ever been revoked, suspended, restricted, terminated, or otherwise been subject to disciplinary action (public or private) by any board of pharmacy or other state authority? If yes, provide details.	Yes
Applicants Explanation: Disciplined for error in Arizona 2008. Was fined $1500 and needed to complete 9 hours CE in error prevention over a six month time frame.	
3. Are you presently under investigation or is there any disciplinary action pending against you by any licensing jurisdiction, the federal Food and Drug Administration, the federal Drug Enforcement Administration, or any state drug enforcement authority for violation of any state or federal pharmacy, liquor, or drug laws? If yes, provide details.	No
4. Have you ever been charged or convicted (including a nolo contendere plea or guilty plea) of a felony or misdemeanor (other than minor traffic offenses) whether or not sentence was imposed, suspended, expunged, or whether you were pardoned from any such offense? If yes, provide details.	No
5. Do you currently have any condition or impairment including, but not limited to, substance or alcohol abuse or dependency, that in any way affects your ability to practice pharmacy in a safe and competent manner? If yes, provide details.	No
6. Have you ever had any application for initial licensure, renewal licensure, or licensure by transfer denied by any licensing authority whether in pharmacy or any other profession? If yes, provide details.	No

The National Association of Board of Pharmacy (NABP) hereby certifies that information submitted in this application has been verified under verification procedures established by NABP through the Disciplinary Clearinghouse maintained by NABP, including license and disciplinary information, which is verified through the appropriate state Board of Pharmacy or Regulatory agency

Lemrey "Al" Carter, Executive Director/Secretary

NABP National Association of Boards of Pharmacy

Date Completed : 4/26/2022

To : Nevada Board of Pharmacy

The applicant below is seeking Licensure in your State

State(s) of Examination : Michigan		**License No :**	5302410885
License Being Used as the Basis of Transfer : Michigan		**Date of Issue :**	08/03/1987

APPLICANT DETAILS

e-Profile ID:	260852	**Customer ID:**	157157
Name:	Michael John Schember	**Mailing Address:**	[redacted] N 41st Ave Glendale, AZ 85308
Maiden and / or Other Name(s):	Michael J Schember	**Phone Number:**	[redacted]
		Email Address:	[redacted]
Sex:	Male	**Citizenship:**	United States Citizen
Date of Birth:	[redacted]		
SSN:	[redacted]		

PHARMACY EDUCATION

Name/Location of First Pharmacy School:	Ferris State Univ Coll of Pharm/Grand Rapids - 3 year	**Name/Location of Additional Pharmacy School:**	
Graduation Date:	05/23/1987	**Graduation Date:**	
Degree Received:	Bachelors (BPharm or BS in Pharmacy)	**Degree Received:**	
Intern Hours:	1000		
EE Number:		**FPGEC Certified:** No	**FPGEC Certification Date:**

PHARMACY EXAM INFORMATION

State	Date of Exam	NAPLEX	Five-Part NABPLEX: Integrated NABPLEX	Chemistry	Mathematics	Pharmocology	Pharmacy	Practice of Pharmacy
	Exam Date	Result	Result	Result	Result	Result	Result	Result
MI	6/24/1987		82.00					

MPJE: AZ-80, NV-PASS

Note(s) for Board Staff: This applicant has prior action on one or more pharmacist license. Please review the action(s) in the NABP e-Profile Connect Portal.

EMPLOYMENT HISTORY

Last Three Years of Employment

Name of Employer	Address	Job Title	Start Date	End Date
Chewy	255 S 143rd Ave Ste B Goodyear, Arizona 85338	Pharmacist	06-2021	Present
Unemployed		N/A	11-2018	05-2019

NABP
National Association of Boards of Pharmacy

Multistate Pharmacy Jurisprudence Examination®
Candidate Performance Report

This report shows your result on the Multistate Pharmacy Jurisprudence Examination® (MPJE®). Results are reported as "PASS" or "FAIL".

Candidate Information

Name:	Mr. Michael John Schember	**NABP e-Profile ID: 260852**
Address:	[redacted] N 41st Ave Glendale, Arizona 85308	
Date of Birth:	[redacted]	
Social Security Number:	[redacted]	
School of Pharmacy:	Ferris State Univ Coll of Pharm	

Examination Information

Exam Result	**PASS**
Test ID Number:	M2202NV4443977
Date:	3/19/2022
Jurisdiction:	Nevada

Overall pass or fail decisions are based on your total score. These results are a reliable reflection of your expected performance until you gain further competence. You may consider contacting your pharmacy school to request assistance. For further details on topics covered in each of the Competency Areas, please refer to https://nabp.pharmacy/programs/examinations/mpje/competency-statements/.

E 3/28
5/10

14

14A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

CONTROLLED SUBSTANCE APPLICATION

Non-Refundable $200 fee

Rev (05/19/2021)

(This application cannot be used by PA's or APRN's)

Section 1: Personal Information

First: DAVID Middle: ALLEN Last: EDWARDS

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Home Address: [redacted] Alpine Creek Rd

City: Reno State: NV Zip: 89519

Telephone: [redacted] Email: info@biohealthcenter.com

Degree: MD Practitioner License #: 2957 Specialty: Int Med

(You MUST have a current and active license with your respective BOARD to apply for and maintain a controlled substance registration.)

Section 2: Practice Information (A practice address is required for processing of your application.)

Practice Name (if any):

Practice Address: 615 Sierra Rose Drive Suite #: 3

City: Reno State: NV Zip: 89511

Telephone: 775 828-4055 Fax: 775 828 4255 Email: info@biohealthcenter.com

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		X
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		X
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		X

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to 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 EDWARDS
Print Name (First, Last)

5-23-22
Date

David A. Edwards
Original Signature (electronic, copies or stamps not accepted)

5-23-22
Date

Board Use Only: Date Processed: _____ Amount: 200 check # 2670

David Allen EDWARDS

License Number:	2957
License Type:	Medical Doctor
License Status:	Active
Initial License Date:	Jun-04-1975
Expiration Date:	Jun-30-2023
Public Address:	2969 Alpine Creek Road
Public City:	Reno
Public State:	Nevada
Public ZIP Code:	89519
Public Country:	United States
Public Phone Number:	(775) 824-5114
Credential:	M.D.

Specialties

Specialty
General Practice

Education History

Institution	Degree/Certificate	Date Enrolled	Date To
Creighton University / Omaha, NE	Medical Doctor Degree	N/A	May-20-1972

Postgraduate Training

Institution	Program Type	Specialty Type	Start Date	End Date
Creighton University Hospital / Omaha, NE	Internship	Rotating	Jun-01-1972	Jun-30-1973
Creighton University Hospital / Omaha, NE	Residency	Internal Medicine	Jun-01-1973	Jul-01-1975

Board Actions

Summary

Powered by Thentia Cloud (https://www.thentia.com)

Attachments

Summary

Attachments

None.

Current Employment Status / Conditions / Restrictions on License / Prior Malpractice Claims

Summary

Attachments

None.

Malpractice Information

Summary

Attachments

None.

14B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

CONTROLLED SUBSTANCE APPLICATION

Non-Refundable $200 fee

Rev (05/19/2021)

(This application cannot be used by PA's or APRN's)

Section 1: Personal Information

First: GRAHAM Middle: DUNDAS Last: SIMPSON

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Home Address: [redacted] WINDMILL CROFT DV

City: LAS VEGAS State: NV Zip: 89148.

Telephone [redacted] Email: [redacted]

Degree: MD Practitioner License #: 3723 Specialty: INTERNAL MEDICINE

(You MUST have a current and active license with your respective BOARD to apply for and maintain a controlled substance registration.)

Section 2: Practice Information (A practice address is required for processing of your application.)

Practice Name (If any): ETERNITY MEDICINE

Practice Address: 4815 WEST RUSSEL RD Suite #: 15-O

City: LAS VEGAS State: NV Zip: 8914 8

Telephone: 702 445 6667 Fax: N/A. Email:

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		N/A.

Section 5: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		✓
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		✓

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

GRAHAM SIMPSON
Print Name (First, Last)

10/5/22
Date

Simpson
Original Signature (electronic, copies or stamps not accepted)

10/5/22.
Date

Board Use Only: Date Processed: _____ Amount: $200 check 1153

CONTROLLED SUBSTANCE REGISTRATION APPLICATION

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Suite 206 - Reno, NV 89521

Registration Fee: $80.00 (non-refundable money order or cashier's check only)
(This application cannot be used by PA's or APRN's)

First: GRAHAM Middle: DUNDAS Last: SIMPSON Degree: MD

SS#: [redacted] Date of Birth: [redacted]

Practice Name (if any): American Male Wellness.

Nevada Address: 2725 South Jones Blvd Suite #: 102

(This must be a practicing address, we will not issue a license to a home address or to a PO Box only)

City: LAS VEGAS State: NV Zip Code: 89146

E-mail: [redacted] Contact E-mail: grahamdsimpson@gmail.com

Work Telephone: 3036672619 Fax:

Practitioner License Number: 3723 Specialty: INTERNAL MEDICINE

Sex: ☒ M or ☐ F

You must have a current Nevada license with your respective BOARD before we will process this application. The Nevada license must remain current to keep the controlled substance registration.

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?....	☐	☒
1. Been charged, arrested or convicted of a felony or misdemeanor in any state?	☐	☒
2. Been the subject of a board citation or an administrative action whether completed or pending in any state? ...	☐	☒
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?.....	☐	☒

If you marked **YES** to any of the numbered questions **(1-3)** above, include the following information & provide an explanation and documentation:

Board Administrative Action:	State	Date:	Case #:
		/ /	

Criminal Action:	State	Date:	Case #:	County	Court

It is a violation of Nevada law to falsify this application and sanctions will be imposed for misrepresentation. I hereby certify that I have read this application. I certify that all statements made are true and correct.

I understand that Nevada law requires a licensed physician who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Simpson
Original Signature, no copies or stamps accepted.

JUNE 4TH 2019.
Date

57128

Board Use Only: Date Processed: Amount: 80.00

E-MAILED
JUN 26 2019

FS8&2 7359
2/28/22

Graham Dundas SIMPSON

License Number:	3723
License Type:	Medical Doctor
License Status:	Active
Initial License Date:	Jan-01-1979
Expiration Date:	Jun-30-2023
Public Address:	316 Windmill Croft Dv
Public City:	Las Vegas
Public State:	Nevada
Public ZIP Code:	89148
Public Country:	United States
Public Phone Number:	7028820278
Credential:	M.D.

Specialties

Specialty
Family Practice

Education History

Institution	Degree/Certificate	Date Enrolled	Date To
Univ of Witwatersrand / Johannesburg, So. Africa	Medical Doctor Degree	N/A	Nov-26-1975

Postgraduate Training

Institution	Program Type	Specialty Type	Start Date	End Date
Baragwanath Hospital / Johannesburg, South Africa	Internship	Rotating	Jan-01-1976	Dec-31-1976
Berkshire Medical Center / Pittsfield, MA	Residency	Emergency Medicine	Jan-01-1977	Jun-30-1977
Southern NV Memorial Hospital / Las Vegas, NV	Residency	Emergency Medicine	Jun-01-1977	Dec-01-1978
University of NV Affiliated Hospitals / Reno, NV	Fellowship	Internal Medicine	Jul-01-1981	Jun-30-1983

Board Actions

Summary

FORMAL COMPLAINT Case No. 11-5013-1 May 4, 2011

The Investigative Committee (IC) of the Board of Medical Examiners of the State of Nevada (Board) filed a formal complaint against Graham Dundas Simpson, M.D., (Respondent) alleging one violation of Nevada Revised Statutes (NRS) Chapter 630. Count I: Alleges a violation of NRS 630.301(4), malpractice as defined by NAC 630.040

Complaint: five (5) pages

SETTLEMENT, WAIVER AND CONSENT AGREEMENT Case No. 11-5013-1 December 5, 2011

On December 2, 2011, a Settlement, Waiver and Consent Agreement was approved and accepted by the Nevada State Board of Medical Examiners (Board), whereby, Graham Simpson, M.D. (Respondent) hereby agrees: Respondent is aware that the trier of fact, the Board, may find a factual basis in support of the formal Complaint against Respondent. Accordingly, in order to resolve the matter without incurring further costs and expense of providing a defense to the formal Complaint or to any other further amended complaint, and in exchange for the waiver of the Respondent's foregoing rights, Respondent has entered into this Agreement , and agrees: The Board may find that Respondent has engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act, to wit: a violation of Nevada Revised Statute Section 630.301(4) and NAC 630.040 by failing to use the reasonable care, skill, or knowledge as a physician under the same or similar circumstances relating to the diagnosis, treatment and care of Patient A; Respondent shall pay the costs incurred by the Board to investigate and prosecute this matter; The Board shall issue a public reprimand; Respondent shall attend and participate in six (6) hours of CME in hormone therapy and/or hormone prescribing.

Settlement, Waiver and Consent Agreement: 7 pages

Attachments

Complaint 11-5013-1.pdf (/rest/public/data/downloadannotation/index.php?id=6234f69604f43667b8fed155&entity=$2y$10$mDyqP1t6xEee0zwovkzqLu

Settlement Agreement 11-5013-1.pdf (/rest/public/data/downloadannotation/index.php?id=6234f65704f43667b8fed0d7&entity=$2y$10$7bWR/QTjbhkT2f0EIE3QI.nl

Summary	Attachments
COMPLIANCE Case No. 11-5013-1 April 9, 2013 Completed all terms of the Settlement, Waiver and Consent Agreement as of April 9, 2013 for case 11-5013-1.	N/A

Current Employment Status / Conditions / Restrictions on License / Prior Malpractice Claims

Summary	Attachments
None.	

Malpractice Information

Summary	Attachments
None.	

Supervisor To

Licensee	Relationship	Date of Association
Irene BENLIRO	Additional Supervisor	Dec-23-2009

BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF NEVADA

* * * * *

In The Matter of Charges and	**Case No. 11-5013-1**
Complaint Against	FILED
GRAHAM DUNDAS SIMPSON, M.D.,	MAY - 4 2011
Respondent.	NEVADA STATE BOARD OF MEDICAL EXAMINERS By:

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
1105 Terminal Way #301
Reno, Nevada 89502
(775) 688-2559

COMPLAINT

The Investigative Committee of the Nevada State Board of Medical Examiners, composed at the time filing of Charles N. Held, M.D., Chairman, Theodore B. Berndt, M.D., Member, and Valerie J. Clark, BSN, RHU, LUTCF, Member, having a reasonable basis to believe that Graham Dundas Simpson, M.D., hereinafter referred to as Respondent, has violated the provisions of NRS Chapter 630, hereby issues its formal Complaint, stating the Investigative Committee's charges and allegations, as follows:

1. Respondent's license is currently in active status (License No. 3723), and has been so licensed since January 1, 1979 by the Nevada State Board of Medical Examiners pursuant to the provisions of Chapter 630 of the Nevada Revised Statutes.

2. Patient A was a fifty-nine year old (59) male at the time of the incidents in question. His true identity is not disclosed to protect his privacy, but his identity is disclosed in the Patient Designation served on Respondent along with a copy of this Complaint.

3. On August 21, 2008, Patient A presented to Cenegenics Medical Institute and the Respondent primarily for weight loss. During the initial work-up, Patient A admitted to being addicted to pain medications. He admitted to taking Oxycontin, 80 mg 3 tablets 3X per day, and Percocet, 30 mg 8-12 tablets per day. He also told Respondent that he was taking methimazole for a thyroid condition.

4. Despite Patient A taking methimazole, Respondent prescribed Armour thyroid. This was to treat a claimed hypothyroid condition.

5. Respondent also prescribed testosterone cypionate IM 0.4 cc 2X weekly to treat the low testosterone levels. This was a failure by Respondent to recognize that the low testosterone levels of Patient A were due to his chronic dependence on opioids, his obesity and diabetes. Again, despite this, Respondent increased the dosage of testosterone cypionate IM to 0.6 cc 2X weekly. Two weeks later, the dosage was lowered to the initial amount of 0.4 cc 2X weekly.

6. Respondent also initially prescribed supplementation with DHEA for Patient A. This too was unwarranted and unnecessary because Patient A's low DHEA was due to his chronic opioid dependence.

7. Patient A terminated his medical care with Cenegenics Medical Institute and the Respondent on or about February 11, 2009.

Count I

8. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

9. Nevada Administrative Code Section 630.040 defines malpractice as the failure of a physician, in treating a patient, to use the reasonable care, skill, or knowledge ordinarily used under similar circumstances.

10. Nevada Revised Statute Section 630.301(4) provides that malpractice is grounds for initiating disciplinary action against a licensee.

11. Respondent failed to use the reasonable care, skill, or knowledge ordinarily used under the same or similar circumstances by, among other things, when he failed and omitted to recognize that Patient A was already on a course of treatment, methimazole, for hyperthyroidism and then prescribed Armour thyroid to treat hypothyroidism; failed and omitted to recognize that Patient A's low testosterone level(s) were the result of chronic opioid dependence, obesity and diabetes and then prescribed testosterone cypionate to treat the low levels; failed and omitted to recognize that Patient A's low DHEA was also secondary to opioid dependence and then prescribed supplemental DHEA for Patient A.

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
1105 Terminal Way #301
Reno, Nevada 89502
(775) 688-2559

12. By reason of the foregoing, Respondent is subject to discipline by the Nevada State Board of Medical Examiners as provided in Section 630.352 of the Nevada Revised Statutes.

WHEREFORE, the Investigative Committee prays:

1. That the Nevada State Board of Medical Examiners give Respondent notice of the charges herein against him and give him notice that he may file an answer to the Complaint herein as set forth in Section 630.339 of the Nevada Revised Statutes within twenty (20) days of service of the Complaint.

2. That the Nevada State Board of Medical Examiners set a time and place for a formal hearing after holding an Early Case Conference pursuant to NRS 630.339(3);

3. That the Nevada State Board of Medical Examiners determine what sanctions it determines to impose if it determines there has been a violation or violations of the Medical Practice Act (Nevada Revised Statutes Chapter 630) committed by Respondent; and

4. That the Nevada State Board of Medical Examiners make, issue and serve on Respondent its findings of facts, conclusions of law and order, in writing, that includes the sanctions imposed; and

5. That the Nevada State Board of Medical Examiners take such other and further action as may be just and proper in these premises.

DATED this 4th day of May, 2011.

THE INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____
Bradley O. Van Ry, Esq.
Attorney for the Investigative Committee

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
1105 Terminal Way #301
Reno, Nevada 89502
(775) 688-2559

VERIFICATION

STATE OF NEVADA)
: ss.
COUNTY OF DOUGLAS)

Charles N. Held, M.D., hereby deposes and states under penalty of perjury under the laws of the state of Nevada that he is the Chairman of the Investigative Committee of the Nevada State Board of Medical Examiners that authorized the foregoing Complaint against the Respondent herein; that he has read the foregoing Complaint; and that based upon information discovered during the course of the investigation into a complaint against Respondent, that he believes the allegations and charges in the foregoing Complaint against Respondent are true, accurate, and correct.

Dated this 4th day of May, 2011.

CHARLES N. HELD, M.D.

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
1105 Terminal Way #301
Reno, Nevada 89502
(775) 688-2559

CERTIFICATE OF MAILING

I hereby certify that I am employed by Nevada State Board of Medical Examiners and that on 5th day of May 2011, I served a file copy of the COMPLAINT, PATIENT DESIGNATION & Fingerprint Information, by mailing via USPS certified return receipt mail to the following:

Graham Simpson, M.D.
[redacted] Meadowood Mall Circle
Reno, NV 89511

Dated this 5th day of May 2011.

Angelia L. Donohoe
Legal Assistant

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
1105 Terminal Way #301
Reno, Nevada 89502
(775) 688-2559

14C

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

CONTROLLED SUBSTANCE APPLICATION

Non-Refundable $200 fee

Rev (05/19/2021)

(This application cannot be used by PA's or APRN's)

Section 1: Personal Information

First: Kent Middle: Alan Last: Swaine

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Home Address: [redacted] Granada Bluff Ct

City: Las Vegas State: NV Zip: 89135

Telephone: [redacted] Email: [redacted]

Degree: M.D. Practitioner License #: 21803 Specialty: Family Medicine

(You MUST have a current and active license with your respective BOARD to apply for and maintain a controlled substance registration.)

Section 2: Practice Information (A practice address is required for processing of your application.)

Practice Name (if any): CrossRoads of Southern Nevada

Practice Address: 2121 W. Charleston Blvd Suite #:

City: Las Vegas State: NV Zip: 89102

Telephone: 702 382-7746 Fax: 725 237-9664 Email: Kent.S@crossroadsofsonv.com

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	✔	
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?	✔	
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	✔	
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	✔	

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:
License Revocation	Nevada	10/14/2008	07-20873-1

Criminal Action:	State:	Date:	Case #:	County:	Court:
Felony - Guilty Plea	NV	06/09/2015	2:14-cr-00385-RFB-NJK	Clark	US District

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Kent Swaine, M.D.
Print Name (First, Last)

05/01/2022
Date

Original Signature (electronic, copies or stamps not accepted)

05/01/2022
Date

Board Use Only: Date Processed: _____ Amount: $200 check 1016

NEVADA STATE BOARD OF MEDICAL EXAMINERS
9600 Gateway Drive
Reno, NV 89521

Victor M. Muro, M.D.
Board President

Edward O. Cousineau, J.D.
Executive Director

January 3, 2022

Kent Alan Swaine, M.D.
[redacted] Granada Bluff Ct
Las Vegas, NV 89135

Dr. Swaine:

On behalf of the Nevada State Board of Medical Examiners, I want to congratulate you on meeting the requirements for licensure to practice medicine in the State of Nevada. Your license, issued on December 22, 2021, is enclosed. You may print your wallet ID card and receipt for payment of your registration fees within the Board's *licensee portal*, found at medboard.nv.gov. As I am sure you are aware, Nevada has one of the most stringent, if not the most stringent requirements for postgraduate education for licensure in the nation. In addition, the Board performs an in-depth licensing investigation and inquiry on every applicant for licensure in this state. Again, my congratulations for your having met these stringent requirements.

Your license was issued with the following conditions:

1. **Participate in and complete a preceptorship as outlined to the Board**
2. **Complete three (3) more years in your monitoring program**

Failure to comply with the terms of this Order is a failure to comply with an order of the Board, which may result in additional disciplinary action.

Below is the link to the Nevada Revised Statutes, Chapters 630 and 629, and Nevada Administrative Code, Chapter 630.

http://medboard.nv.gov/uploadedFiles/mednvgov/content/Licensees/Law%20Book.pdf

Or you may visit the Board website at medboard.nv.gov. Click on Licensees & Applicants to review NRS Chapters 629 and 630 and NAC 629 and 630.

It is imperative that you keep the Board constantly advised of your mailing address in order that Board newsletters and other educational information can be forwarded to you,

and most important of all, that you receive your notice of registration in order to keep your license in effect. *Please note: your address of record is made public on the Board's website. You may prefer to utilize a P.O. Box or your practice address as your public contact address.* Should you have questions regarding your licensure status in Nevada, please feel free to contact the Board staff in Reno.

Respectfully,

Edward O. Cousineau, J.D.
Executive Director

EOC:mc
Enc.

BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF NEVADA

* * * * *

In the Matter of the License to Practice Medicine of: **KENT ALAN SWAINE, M.D.,** **Respondent.**	**License No. 21803**

FILED
MAR 2 2 2022
NEVADA STATE BOARD OF MEDICAL EXAMINERS
By: _____

ORDER MODIFYING PRECEPTORSHIP

Kent Alan Swaine, M.D. (Dr. Swaine), License No. 21803, appeared before the Nevada State Board of Medical Examiners (Board) at its regularly scheduled meeting on March 4, 2022, regarding a modification to his preceptorship condition for licensure as a physician in the State of Nevada. Dr. Swaine was present and accompanied by his proposed preceptor replacement Praveen Saran, M.D. Board members Victor M. Muro, M.D., President, Aury Nagy, M.D., Vice President, Ms. Maggie Arias-Petrel, Secretary-Treasurer, Bret W. Frey, M.D., Chowdhury H. Ahsan, M.D., Ph.D., FACC, Ms. Pamela Beal, Col. Eric D. Wade, USAF, (Ret.), Nicola (Nick) M. Spirtos, M.D., F.A.C.O.G., and Carl N. Williams, Jr., M.D., FACS were present. After considering Dr. Swaine's request for modification, the Board enters the following Order:

IT IS HEREBY ORDERED that the Board grants Dr. Swaine's request for modification to the preceptorship with the conditions that he continue to participate in and complete the preceptorship as outlined to the Board on December 3, 2021 and that he complete three (3) more years in his monitoring program.

DATED this 22nd day of March, 2022.

NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: V M Muro MD
VICTOR M. MURO, M.D.
President of the Board

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

The Nevada State Board of Medical Examiners

This Certifies That

Kent Alan Swaine

Holding a Medical Degree From: Ross University

Dated: 1998

having fulfilled all the requirements of the laws of Nevada and possessing the prescribed qualifications is hereby licensed to practice medicine in the State of Nevada.

In Witness Whereof The Nevada State Board of Medical Examiners has caused this license to be executed under our hands, and attested by the Seal of this Board.

No. 21803

STATE BOARD OF MEDICAL EXAMINERS ORGANIZED MARCH 15, 1899 NEVADA

Done this 22nd day of December Two Thousand 21

President

Maggie Arias-Petrel

Secretary

Kent Alan Swaine, M.D.

1. **Have you ever been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?**
   Yes

   I have a history of substance abuse disorder. I have received treatment for my substance abuse disorder in the past.

   I am currently in a monitoring program for physicians, Professional Recovery Network, PRN. I have been enrolled with PRN since February 2020.



5/1/2022

Kent Alan Swaine, M.D.

Kent Alan Swaine, M.D.

2. Have you ever been charged, arrested or convicted of a felony or misdemeanor in any state? Yes in Nevada.

05/05/2012 - Arrested for and charged with battery/domestic violence. Charges were dropped and the case was not prosecuted.

On May 5, 2012 my wife and I got into an argument, she then consumed what appeared to be a handful of diphenhydramine. I became concerned and called 911 not knowing how many pills she consumed. I explained to the 911 operator of my concern and gave the operator our home address. My wife became more upset because of my call to 911 and tried to leave by driving away in her vehicle with our five year old daughter. I managed to stop her from driving away by holding her down inside her vehicle and took the key from the ignition. She then told me that she only consumed a couple of diphenhydramine and that she was going to be fine and did not want to deal with the police and asked me to drive away. As I started to drive away with my wife and daughter, the police arrived and pulled us over and questioned us separately. I was then arrested and charged with battery and domestic violence. I posted bail the following day and was released. My wife did not press charges and the case was not prosecuted.

08/06/2014 - Arrested by DEA and federal officials and charged with obtaining controlled substances by fraud and or deceit.

In mid July of 2014 I met with DEA officials at their offices regarding my obtaining controlled substances by fraud or deceit. I admitted to the DEA agents that had obtained controlled substances by fraud or deceit for personal use because of my opiod addiction . Once the meeting concluded, I was advised that I would be notified by the DEA regarding my case sometime soon. On 8/6/2014 several DEA and federal agents came to my home and arrested me. I was released the following day and charged with obtaining controlled substances by fraud or deceit. I plead guilty to this charge and was sentenced to five years supervised federal probation along with a Class E Felony.

06/18/2015 - Criminal conviction, guilty plea to Federal Court and DEA for the felony of acquiring or obtaining possession of controlled substances by fraud or deception. Received a Felony Category Level E along with a five-year supervised federal probation sentence.



5/1/2022

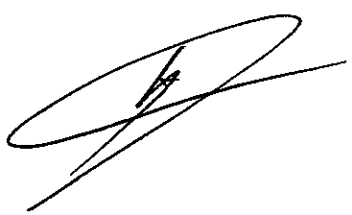
Kent Alan Swaine, M.D

Kent Alan Swaine, M.D.

06/02/2016 - Arrested for federal probation violation.

In early April of 2016 my wife notified my probation officer that I had been going to a methadone clinic on a daily basis to receive methadone. My probation officer was unaware of this and ordered me to come in to see her. On April 6, 2016 I appeared before the judge regarding this matter and was ordered to attend a detox center and a 90 day residential treatment facility for my opioid addiction. I completed the detoxification program on April 19, 2016 but I failed to immediately meet with my probation officer after completing the detoxification treatment. I finally reported to my probation officer on April 26, 2016 and admitted to her that I had gone back to the methadone clinic following the release from the detoxification center.

I was then ordered by the judge to attend a detoxification program once again and then once completed, to enter the inpatient 90 day treatment program for men offered through the WestCare program at Harris Springs Ranch at my own cost of $9,000.00. On May 13, 2016 I reentered the detoxification center at WestCare, however I checked myself out prematurely on May 19, 2016 without notifying my probation officer and once again started back on methadone. I finally contacted my probation officer on June 1, 2016 and she advised me that I need to come in and see her the next day. On June 2, 2016 I reported to my probation officer and was charged with a probation violation. I was arrested and sent to a detention center. I was then ordered by the judge to attend the 90 day inpatient treatment facility for men at WestCare once a bed becomes available at my own expense. On June 27, 2016 I was transferred from the Detention Center in Pahrump, NV to the West Care Facility at Harris Springs Ranch for men. I completed this program on September 27, 2016.



5/1/2022

Kent Alan Swaine, M.D

Kent Alan Swaine, M.D.

08/06/2017 - Arrested and charged with a DUI and for obstruction by giving a false statement to a public official.

On August 6, 2017 I was selected to do a urine drug screen as part of my probation. I drove about twenty miles to do my urine drug screen and completed it. On my way back home, I became drowsy and ran my car into the side of the road. A police officer arrived and I told him I just finished a long shift at the hospital and was on my way home and became sleepy and crashed my car.

I did not notify the officer that I was on probation. He discovered that I had been dishonest with him and notified my probation officer. I failed the field sobriety test and was arrested and charged with a DUI and for obstruction, by giving a false statement to a public official and for driving outside the designated lane. The following day I was released on bail. I then contacted my probation officer and notified him that I entered an Intensive Outpatient Treatment program at Montevista Hospital.

Several days later on 8/11/2017 my probation officer advised me to come see him that day. I was then arrested for another probation violation and my original probation sentence was revoked. I was then sentenced to a 90 day stay at the Detention Center in Pahrump, NV followed by another 90 day stay at the inpatient treatment facility for men at Harris Springs Ranch of WestCare once again. Then to be followed by a six month sentence of supervised federal probation. This judgment occured on 9/10/2017. I completed the 90 day treatment at Harris Springs Ranch of WestCare on January 25, 2018.

03/13/2018 - The charges of a DUI and giving a false statement for obstruction to a public official were dropped. I was convicted of illegal parking and for failing to drive inside the designated lane and fined.

07/16/2018 - Completion and termination of federal supervised probation.

5/1/2022

Kent Alan Swaine, M.D

Kent Alan Swaine, M.D.

3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Yes

11/27/2007 - Nevada medical license suspended by NSBME due to substance use disorder.

03/29/2008 - Nevada medical license placed on probation for a five year period by NSBME due to substance use disorder.

10/04/2008 - Nevada medical license revoked by NSBME due to violations of probation of medical license.

06/10/2011 - Nevada medical license issued with probationary conditions regarding substance use disorder for a period of five years by NSBME.

01/31/2014 - Nevada medical license suspended by NSBME due to probationary violations of medical license.

10/10/2019 - Application for medical license in the state of Hawaii was denied due to my past history with the NSBME, my felony conviction of obtaining controlled substances by fraud and or deceit and for answering "NO" to a question that should have been answered "YES" regarding the revocation of my privileges and staff membership at St. Rose Dominican Hospitals on November 1, 2007.

5/1/2022

Kent Alan Swaine, M.D.

Kent Alan Swaine, M.D.

4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?

06/29/2009 - Voluntarily surrender of my DEA license due to substance use disorder.

01/31/2014 - Restricted/suspended/revoked of my DEA license due to substance use disorder.

Nevada State Board of Medical Examiners (NSBME)

NSMBE suspended my medical license 11/27/2007 due to substance abuse.
NSBME placed my medical license on probation on 03/29/2008.
NSBME revoked my medical license on 10/04/2008 for violation of probation.
NSBME issued a new medical license to me with probationary conditions on 06/10/2011.
NSBME suspended my medical license on 01/31/2014 for violation of said conditions.

All sanctions and conditions placed on my medical license by the NSBME were related to my substance abuse disorder.

Drug Enforcement Agency

I voluntarily surrender my DEA license on 06/29/2009 due to the revocation of my medical license on 10/04/2008 by the NSBME.

Plead guilty to the DEA charge of obtaining controlled substances by fraud or deception and was convicted on 06/18/2015. All controlled substances obtained were for personal consumption.

Plead guilty to the DEA charge of obtaining controlled substance by fraud/deception and was convicted on 6/18/2015. Was placed on a five-year supervised probation by the US Federal Court system in Clark County, Nevada on 06/18/2015. Completed United States District Court, District of Nevada supervised probation on July 16th 2018.

Please see attached letter from the United States District Court, District of Nevada Probation Office, RE: "Expiration of Supervision Term" dated July 16th 2018.

5/1/2022

Kent Alan Swaine, M.D.

NEVADA STATE BOARD OF MEDICAL EXAMINERS

Search

Licensee Details

Person Information	
Name:	Kent Alan SWAINE
Address:	5380 S Rainbow Blvd Ste 120 Las Vegas NV 89118
Phone:	7022333444

License Information			
License Type:	Medical Doctor		
License Number:	9815	Status:	Revoked
Issue Date:	7/1/2001	Expiration Date:	10/14/2008

Scope of Practice

Scope of Practice: Family Practice

Education & Training

School:	Ross University / Portsmouth,Dominica, West Indies
Degree\Certificate:	Medical Doctor Degree
Date Enrolled:	
Date Graduated:	6/5/1998
Scope of Practice:	

School:	JFK Medical Center / Edison, NJ
Degree\Certificate:	Internship
Date Enrolled:	7/1/1998
Date Graduated:	6/30/1999
Scope of Practice:	Family Practice

School:	JFK Medical Center / Edison, NJ
Degree\Certificate:	Residency
Date Enrolled:	7/1/1999
Date Graduated:	6/30/2001
Scope of Practice:	Family Practice

CURRENT EMPLOYMENT STATUS/CONDITIONS/RESTRICTIONS ON LICENSE AND MALPRACTICE INFORMATION

CURRENT CONDITIONS ON LICENSE NO. 13917 Conditions placed on license; contact Board office for details. This is not a disciplinary action and is not reportable to any data bank.

Board Actions

ORDER FOR DISMISSAL WITHOUT PREJUDICE Case # 14-28073-1 August 1, 2018 The Investigative Committee, has considered additional information not available to the IC at the time of the filing of the formal disciplinary Complaint. After consideration of all the facts and circumstances surrounding this matter, the Investigative Committee has determined that it is just and proper to dismiss, without prejudice, the aforementioned Complaint. FINDINGS OF FACT, CONCLUSIONS OF LAW AND ORDER Case No. 07-20873-1 October 14, 2008 (filed) On October 3, 2008, the Nevada State Board of Medical Examiners (Board) considered the materials provided in relation to an Order to Show Cause filed in August 2008 alleging that that Kent Swaine, MD (Respondent) failed to comply with the terms of the Settlement, Waiver and Consent Agreement previously adopted by the Board on March 28, 2008. After consideration of the materials presented the Board found that Dr. Swaine had violated the terms of the previously adopted Settlement, Waiver and Consent Agreement and voted to lift the stay of the revocation contained in the Settlement, Waiver and Consent Agreement. Respondent's Nevada medical license is hereby REVOKED. SR ; amended lb Findings of Fact, Conclusions of Law and Order: 5 Pages

****

MOTION FOR ORDER TO SHOW CAUSE Case No. 07-20873-1 August 6, 2008 The Investigative Committee of the Nevada State Board of Medical Examiners filed a Motion for Order to Show Cause and Motion for Order Shortening Time and Setting Hearing alleging that Kent Alan Swaine, M.D. ("Respondent") was in violation of the terms of the Settlement, Waiver and Consent Agreement approved and adopted by the Board on March 28, 2008 and moved that an order be issued ordering respondent appear before the Board to show cause, if any, why the stay of revocation of his license to practice medicine should not imposed. lb Motion for Order to Show Cause and Motion for Order Shortening Time and Setting Hearing: 5 pages

****

SETTLEMENT, WAIVER AND CONSENT AGREEMENT Case No. 07-20873-1 March 28, 2008 A Settlement, Waiver and Consent Agreement was approved and accepted by the Nevada State Board of Medical Examiners (Board), whereby, Kent Swaine, M.D. (Respondent) agrees that an order may be entered finding that he committed four violations the Medical Practice Act, Nevada Revised Statutes Chapter 630, to wit: two counts of engaging in activity meant to deceive, violations of NRS 630.306(2) (a); one count of having a drug dependency, a violation of NRS 630.306(10); and one count of prescribing a controlled substance or dangerous drug in a manner not authorized by law, a violation of NRS 630.306(3). The Board ordered that Respondent's license to practice medicine be revoked with the revocation stayed and Respondent shall be placed on probation for five (5) years with various terms and conditions. SR; amended lb Settlement, Waiver and Consent Agreement 10 pages

****

SECOND AMENDED COMPLAINT Case No. 07-20873-1 February 20, 2008 The Investigative Committee of the Board of Medical Examiners filed a Second Amended Complaint against Kent Alan Swaine, M.D. (Respondent) alleging four violations of the Medical Practice Act, Nevada Revised Statutes (NRS) Chapter 630. Counts I & II: allege violations of NRS 630.306(2) (a), engaging in any conduct which is intended to deceive; Count III: alleges a violation of NRS 630.306(10), dependency on controlled substances; Count IV: alleges a violation of NRS 630.306(3), administering, dispensing or prescribing any controlled substance, or any dangerous drug as defined by NRS 454 to or for himself or to others except as authorized by law, referencing, NRS 453.381(1) which provides that

a physician shall not prescribe, administer or dispense a controlled substance list in schedule II for himself, his spouse or his children except in cases of emergency. SR; amended lb Second Amended Complaint: 7 pages

****

AMENDED COMPLAINT AND REQUEST FOR SUMMARY SUSPENSION Case No. 07-20873-1 November 28, 2007 The Investigative Committee of the Board of Medical Examiners filed an Amended Complaint and Request for Summary Suspension of License against Kent Alan Swaine, M.D. (Respondent) alleging three violations of the Medical Practice Act, Nevada Revised Statutes (NRS) Chapter 630. Counts I & II: allege violations of NRS 630.306(2), engaging in any conduct which is intended to deceive; Count III: alleges a violation of NRS 630.306(10), dependency on controlled substances. The Investigative Committee called for an Emergency Meeting of the Board of Medical Examiners to consider suspension of Respondent's license to practice medicine in the state of Nevada. SR ; amended lb Complaint 6 Pages

****

ORDER OF SUMMARY SUSPENSION OF LICENSE Case No. 07-20873-1 November 27, 2007 The Nevada State Board of Medical Examiners ("Board") held an Emergency Meeting on November 27, 2007 pursuant to NRS 241.020 to consider the Complaint and Request for Summary Suspension of License against Kent Alan Swaine, M.D. (Respondent). The afound that unforeseen circumstances have arisen and exist that pose a risk to the health and safety of the public and that require immediate Board action. Pursuant to NRS 630.329 the Board ORDERED that the license of Respondent KENT ALAN SWAINE, M.D., to practice medicine in Nevada is hereby SUSPENDED pending proceedings for disciplinary action or until further order of the Board. SR; amended lb Order 2 pages

****

COMPLAINT AND REQUEST FOR SUMMARY SUSPENSION Case No. 07-20873-1 November 26, 2007 The Investigative Committee of the Board of Medical Examiners filed a Complaint and Request for Summary Suspension of License against Kent Alan Swaine, M.D. (Respondent) alleging three violations of the Medical Practice Act, Nevada Revised Statutes (NRS) Chapter 630. Count I & II: allege violations of NRS 630.306(2), engaging in conduct intended to deceive; Count III: alleges a violation of NRS 630.306(10), dependency on controlled substances. The Investigative Committee called for an Emergency Meeting of the Board of Medical Examiners to consider suspension of Respondents license to practice medicine in the state of Nevada. SR ; amended lb Complaint 6 Pages

****

Please note that the settlement of a medical malpractice action may occur for a variety of reasons that do not necessarily reflect negatively on the professional competence or conduct of the provider. Therefore, there may be no disciplinary action appearing for a licensee even though there is a closed malpractice claim on file. A payment in the settlement of medical malpractice does not create a presumption that medical malpractice occurred. Sometimes insurance companies settle a case without the knowledge and/or agreement of the physician. This database represents information from insurers to date. Please note: All insurers may not have submitted claim information to the Board.

Close Window

PDC PHYSICIAN DATA CENTER

fsmb

PRACTITIONER PROFILE

Prepared for: FSMB Examination Services As of Date:8/15/2019

PRACTITIONER INFORMATION

Name:	Swaine, Kent Alan
DOB:	7/15/1964
Medical School:	Ross University Roseau, Saint George, DOMINICA
Year of Grad:	1998
Degree Type:	MD
NPI:	1386697415

BOARD ACTIONS

Reporting Entity:	Nevada State Board of Medical Examiners
Date of Order:	11/27/2007
Action(s):	SUMMARY/EMERGENCY/IMMEDIATE/TEMPORARY SUSPENSION OF MEDICAL LICENSE
Basis:	Immediate Danger to the Public Health, Safety, or Welfare
Reporting Entity:	Nevada State Board of Medical Examiners
Date of Order:	3/29/2008
Form of Order:	Settlement Agreement
Action(s):	CONDITIONS FOR REINSTATEMENT/RESTORATION ESTABLISHED
	Shall be placed on probation for five years subject to terms/conditions.
	REPRIMANDED
	RESTRICTED FROM ENGAGING IN PRIVATE/SOLO MEDICAL PRACTICE
	Once reinstated, Practitioner will be restricted to only practicing with one or more medical doctors and/or doctors of osteopathy.
Basis:	Conduct Likely to Deceive or Defraud or Harm the Public
	Prescribing Unlawfully
	Chemical Dependency
Reporting Entity:	Nevada State Board of Medical Examiners
Date of Order:	10/4/2008
Action(s):	REVOCATION OF MEDICAL LICENSE
	The stay of revocation contained in the March 29, 2008, Settlement Agreement is lifted. License revoked.
Basis:	Violation of Prior Agreement
Reporting Entity:	Nevada State Board of Medical Examiners

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PDC PHYSICIAN DATA CENTER

fsmb

PRACTITIONER PROFILE

Prepared for:	FSMB Examination Services	As of Date:8/15/2019
Practitioner Name:	Swaine, Kent Alan	

Date of Order:	1/31/2014
Action(s):	SUMMARY/EMERGENCY/IMMEDIATE/TEMPORARY SUSPENSION OF MEDICAL LICENSE
Basis:	Immediate Danger to the Public Health, Safety, or Welfare

LICENSE HISTORY

Jurisdiction	License Number	Issue Date	Expiration Date	Last Updated
HAWAII	MD-11389	02/22/2001	01/31/2002	08/09/2013
NEVADA	9815	07/01/2001	10/14/2008	08/14/2019
NEVADA	13917	06/10/2011	06/30/2015	08/14/2019

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NATIONAL PRACTITIONER DATA BANK

NPDB

P.O. Box 10832
Chantilly, VA 20153-0832

https://www.npdb.hrsa.gov

5500000156719417
Process Date: 02/07/2020
Page: 1 of 2

SWAINE, KENT A - SELF-QUERY RESPONSE

A. SUBJECT IDENTIFICATION INFORMATION (Recipients should verify that subject identified is, in fact, the subject of interest)

Practitioner Name: SWAINE, KENT A
Date of Birth: [redacted]
Gender: MALE
Delivery Address: [redacted] IRONWOOD DR, VALENCIA, CA 91355-4951
Social Security Number: [redacted]
NPI: 1386697415
License: PHYSICIAN (MD), NO LICENSE, NV, GENERAL PRACTICE/FAMILY PRACTICE
Professional School(s): ROSS UNIVERSITY, SCHOOL OF MEDICINE (1998)

B. PAYMENT INFORMATION

Credit Card Information: [redacted] (11/2024)
NPDB Charge: $4.00
NPDB Bill Reference Number: N67284178
Transaction Date: 02/07/2020
Additional Paper Copies Requested: 0

C. SUMMARY OF REPORTS ON FILE WITH THE DATA BANK AS OF 02/07/2020

The following report types have been searched:

Medical Malpractice Payment Report(s):	No Reports	Health Plan Action(s):	No Reports
State Licensure Action(s):	**Yes, See Below**	Professional Society Action(s):	No Reports
Exclusion or Debarment Action(s):	No Reports	DEA/Federal Licensure Action(s):	**Yes, See Below**
Government Administrative Action(s):	No Reports	Judgment or Conviction Report(s):	**Yes, See Below**
Clinical Privileges Action(s):	No Reports	Peer Review Organization Action(s):	No Reports

Copies of these reports are enclosed for restricted/limited use as prescribed by statutes listed on the preceding cover page.

PROFESSIONAL & VOCATIONAL LICENSING DIV.

STATE LICENSURE
Basis for Action: - UNABLE TO PRACTICE SAFELY BY REASON OF ALCOHOL OR OTHER SUBSTANCE ABUSE - LICENSE REVOCATION, SUSPENSION OR OTHER DISCIPLINARY ACTION TAKEN BY A FEDERAL, STATE OR LOCAL LICENSING AUTHORITY - SUBSTANDARD OR INADEQUATE CARE - UNABLE TO PRACTICE SAFELY BY REASON OF ALCOHOL OR OTHER SUBSTANCE ABUSE
Initial Action: - DENIAL OF LICENSE RENEWAL
Date of Action: 11/19/2019
DCN: 5500000154282503

EXECUTIVE OFFICE FOR US ATTORNEYS

JUDGEMENT OR CONVICTION REPORT
Basis for Action: - OTHER, SEE SECTION C. OF THE REPORT FOR DETAILS
Initial Action: - CRIMINAL CONVICTION (GUILTY PLEA OR TRIAL)
Date of Action: 06/18/2015
DCN: 5500000101243337

NEVADA STATE BOARD OF MEDICAL EXAMINERS

STATE LICENSURE
Basis for Action: - VIOLATION OF OR FAILURE TO COMPLY WITH LICENSING BOARD ORDER - DRUG SCREENING VIOLATION - IMMEDIATE THREAT TO HEALTH OR SAFETY - UNABLE TO PRACTICE SAFELY BY REASON OF ALCOHOL OR OTHER SUBSTANCE ABUSE -
Initial Action: - SUMMARY OR EMERGENCY SUSPENSION OF LICENSE
Date of Action: 01/31/2014
DCN: 5500000087378446

NATIONAL PRACTITIONER DATA BANK
NPDB
P.O. Box 10832
Chantilly, VA 20153-0832

https://www.npdb.hrsa.gov

5500000149554276
Process Date: 07/23/2019

SWAINE, KENT ALAN - SELF-QUERY RESPONSE

A. SUBJECT IDENTIFICATION INFORMATION (Recipients should verify that subject identified is, in fact, the subject of interest.)

Practitioner Name: SWAINE, KENT ALAN
Date of Birth: [redacted] **Gender:** MALE
Delivery Address: [redacted] IRONWOOD DR, VALENCIA, CA 91355-4951
Social Security Number: [redacted] **NPI:** 1386697415
License: PHYSICIAN (MD), NO LICENSE, NV, GENERAL PRACTICE/FAMILY PRACTICE
Professional School(s): ROSS UNIVERSITY, SCHOOL OF MEDICINE (1998)

B. PAYMENT INFORMATION

Credit Card Information: [redacted] (02/2023)
NPDB Charge: $4.00 **NPDB Bill Reference Number:** N64095040
Transaction Date: 07/23/2019 **Additional Paper Copies Requested:** 0

C. SUMMARY OF REPORTS ON FILE WITH THE DATA BANK AS OF 07/23/2019

The following report types have been searched:

Medical Malpractice Payment Report(s):	No Reports	Health Plan Action(s):	No Reports
State Licensure Action(s):	**Yes, See Below**	Professional Society Action(s):	No Reports
Exclusion or Debarment Action(s):	No Reports	DEA/Federal Licensure Action(s):	**Yes, See Below**
Government Administrative Action(s):	No Reports	Judgment or Conviction Report(s):	**Yes, See Below**
Clinical Privileges Action(s):	No Reports	Peer Review Organization Action(s):	No Reports

Copies of these reports are enclosed for restricted/limited use as prescribed by statutes listed on the preceding cover page.

EXECUTIVE OFFICE FOR US ATTORNEYS

JUDGEMENT OR CONVICTION REPORT
Basis for Action: - OTHER, SEE SECTION C. OF THE REPORT FOR DETAILS

Initial Action: - CRIMINAL CONVICTION (GUILTY PLEA OR TRIAL) **Date of Action:** 06/18/2015
DCN: 5500000101243337

NEVADA STATE BOARD OF MEDICAL EXAMINERS

STATE LICENSURE
Basis for Action: - VIOLATION OF OR FAILURE TO COMPLY WITH LICENSING BOARD ORDER - DRUG SCREENING VIOLATION - IMMEDIATE THREAT TO HEALTH OR SAFETY - UNABLE TO PRACTICE SAFELY BY REASON OF ALCOHOL OR OTHER SUBSTANCE ABUSE

Initial Action: - SUMMARY OR EMERGENCY SUSPENSION OF LICENSE **Date of Action:** 01/31/2014
DCN: 5500000087378446

DRUG ENFORCEMENT ADMINISTRATION

DEA/FEDERAL LICENSURE
Basis for Action: - LICENSE REVOCATION, SUSPENSION OR OTHER DISCIPLINARY ACTION TAKEN BY A FEDERAL, STATE OR LOCAL LICENSING AUTHORITY

Initial Action: - VOLUNTARY SURRENDER OF LICENSE **Date of Action:** 06/29/2009
DCN: 5500000066266003

NEVADA STATE BOARD OF MEDICAL EXAMINERS

STATE LICENSURE

Basis for Action: - VIOLATION OF OR FAILURE TO COMPLY WITH LICENSING BOARD ORDER - UNABLE TO PRACTICE SAFELY BY REASON OF ALCOHOL OR OTHER SUBSTANCE ABUSE

Initial Action: - REVOCATION OF LICENSE **Date of Action:** 10/04/2008

DCN: 5500000053630354

NEVADA STATE BOARD OF MEDICAL EXAMINERS

STATE LICENSURE

Basis for Action: - UNAUTHORIZED PRESCRIBING OF MEDICATION - UNABLE TO PRACTICE SAFELY BY REASON OF ALCOHOL OR OTHER SUBSTANCE ABUSE - OTHER, SEE SECTION C. OF THE REPORT FOR DETAILS

Initial Action: - PROBATION OF LICENSE **Date of Action:** 03/29/2008
- REPRIMAND OR CENSURE

DCN: 5500000050903616

NEVADA STATE BOARD OF MEDICAL EXAMINERS

STATE LICENSURE

Basis for Action: - UNABLE TO PRACTICE SAFELY BY REASON OF ALCOHOL OR OTHER SUBSTANCE ABUSE - OTHER, SEE SECTION C. OF THE REPORT FOR DETAILS

Initial Action: - SUMMARY OR EMERGENCY SUSPENSION OF LICENSE **Date of Action:** 11/27/2007

DCN: 5500000049057797

---------- **Unabridged Report(s) Follow** ----------

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DCN: 5500000101243337
Process Date: 11/05/2015
Page: 1 of 3
SWAINE,, KENT A. MD

SWAINE,, KENT A. MD

EXECUTIVE OFFICE FOR US ATTORNEYS

JUDGMENT OR CONVICTION REPORT — **Date of Action:** 06/18/2015

Initial Action	Basis for Initial Action
- CRIMINAL CONVICTION (GUILTY PLEA OR TRIAL)	- OTHER, SEE SECTION C. OF THE REPORT FOR DETAILS

A. REPORTING ENTITY

Entity Name: EXECUTIVE OFFICE FOR US ATTORNEYS *
Address: 600 E STREET NW
BICN BLDG. RM 7600
City, State, Zip: WASHINGTON, DC 20530
Country:
Name or Office: OFFICE OF LEGAL AND VICTIM PROGRAMS
Title or Department:
Telephone: (202) 252-5858
Entity Internal Report Reference:
Type of Report: INITIAL

*The reporting entity has changed its name or address on file with the NPDB. The following is the entity's most recent contact information reported to the NPDB on 08/01/2018:

Entity Name: EXECUTIVE OFFICE FOR US ATTORNEYS
Address: 600 E ST NW RM 7600
BICN BLDG.
City, State, Zip: WASHINGTON, DC 20530-0032
Country:

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: SWAINE,, KENT A. MD
Other Name(s) Used:
Gender: UNKNOWN
Date of Birth: [redacted]
Organization Name:
Work Address:
City, State, ZIP:
Organization Type:
Home Address: UNKNOWN
City, State, ZIP: UNKNOWN, NV 99999
Deceased: UNKNOWN
Federal Employer Identification Numbers (FEIN):
Social Security Numbers (SSN): [redacted]
Individual Taxpayer Identification Numbers (ITIN):
National Provider Identifiers (NPI):
Occupation/Field of Licensure: OTHER OCCUPATION - NOT CLASSIFIED, SPECIFY
State License Number, State of Licensure: NO LICENSE, NV
Other, as Specified: UNKNOWN
Drug Enforcement Administration (DEA) Numbers:
Unique Physician Identification Numbers (UPIN):
Name(s) of Health Care Entity (Entities) With Which Subject Is Affiliated or Associated (Inclusion Does Not Imply Complicity in

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the Reported Action.):
Business Address of Affiliate:
City, State, ZIP:
Nature of Relationship(s):

C. INFORMATION REPORTED

Venue (Court): DISTRICT COURT
Jurisdiction: FEDERAL COURT
City, State of Court: UNKNOWN, NV
Docket/Court File Number: 14-CR-00385-RFB
Prosecuting Agency or Civil Plaintiff: DOJNV2014R003525789000
Case Number Used by Prosecuting Agency: NV2014R00352ZZZ
Type of Action: CRIMINAL CONVICTION (GUILTY PLEA OR TRIAL) (10)
Investigating Agency(Agencies): DRUG ENFORCEMENT ADMINISTRATION
Case Number(s) Used by Investigating Agency(Agencies):
Statutory Offense(s) and Count(s): 21 :00843A3 ACQUIRE OR OBTAIN POSSESSION CONTROLLED SUBSTANCE BY FRAUD/DECEPTION (1)
21 :00843A3, DRUG ABUSE PREVENTION AND CONTROL-PROHIBITED ACTS C (1)
Act or Omission Code(s): OTHER ACT/OMISSION NOT CLASSIFIED, (SPECIFY) (999)
Other Description: HEALTH CARE FRAUD
Narrative Description of Act(s) or Omission(s): HEALTH CARE FRAUD
Date of Judgment/Sentence: 06/18/2015

Judgment/Sentence

Amount of Restitution:			
Other Amount Ordered:	$ 100.00		
Incarceration:	Years:	Months:	Days:
Suspended Sentence:	Years:	Months:	Days:
Home Detention:	Years:	Months:	Days:
Probation:	Years: 5	Months:	Days:
Community Service:	Hours:		
Other:			

☐ Subject identified in Section B has appealed the reported adverse action.

D. SUBJECT STATEMENT

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

☐ This report has been disputed by the subject identified in Section B.

☐ At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.

☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.

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DCN: 5500000087378446
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Page: 1 of 3
SWAINE, KENT ALAN

SWAINE, KENT ALAN

NEVADA STATE BOARD OF MEDICAL EXAMINERS

STATE LICENSURE ACTION

Date of Action: 01/31/2014

Initial Action	Basis for Initial Action
- SUMMARY OR EMERGENCY SUSPENSION OF LICENSE	- VIOLATION OF OR FAILURE TO COMPLY WITH LICENSING BOARD ORDER - DRUG SCREENING VIOLATION - IMMEDIATE THREAT TO HEALTH OR SAFETY - UNABLE TO PRACTICE SAFELY BY REASON OF ALCOHOL OR OTHER SUBSTANCE ABUSE

A. REPORTING ENTITY

Entity Name: NEVADA STATE BOARD OF MEDICAL EXAMINERS *
Address: 1105 TERMINAL WAY
SUITE 301
City, State, Zip: RENO, NV 89502
Country:
Name or Office: PAMELA J. CASTAGNOLA
Title or Department: CHIEF OF INVESTIGATIONS
Telephone: (775) 324-9370
Entity Internal Report Reference:
Type of Report: INITIAL

*The reporting entity has changed its name or address on file with the NPDB. The following is the entity's most recent contact information reported to the NPDB on 07/15/2019:

Entity Name: NEVADA STATE BOARD OF MEDICAL EXAMINERS
Address: 9600 GATEWAY DR
City, State, Zip: RENO, NV 89521-8953
Country:

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: SWAINE, KENT ALAN
Other Name(s) Used:
Gender: MALE
Date of Birth: [redacted]
Organization Name:
Work Address:
City, State, ZIP:
Organization Type:
Home Address: [redacted] DEAN MARTIN DR [redacted]
City, State, ZIP: LAS VEGAS, NV 89103
Deceased: NO
Federal Employer Identification Numbers (FEIN):
Social Security Numbers (SSN): [redacted]
Individual Taxpayer Identification Numbers (ITIN):
National Provider Identifiers (NPI):
Professional School(s) & Year(s) of Graduation: ROSS UNIV., PORTSMOUTH, DOMINICA, W. IND (1998)
Occupation/Field of Licensure: PHYSICIAN (MD)
State License Number, State of Licensure: 13917, NV

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Specialty: GENERAL PRACTICE/FAMILY PRACTICE
Drug Enforcement Administration (DEA) Numbers:
Unique Physician Identification Numbers (UPIN):
Name(s) of Health Care Entity (Entities) With Which Subject Is Affiliated or Associated (Inclusion Does Not Imply Complicity in the Reported Action.):
Business Address of Affiliate:
City, State, ZIP:
Nature of Relationship(s):

C. INFORMATION REPORTED

Type of Adverse Action: STATE LICENSURE
Basis for Action: VIOLATION OF OR FAILURE TO COMPLY WITH LICENSING BOARD ORDER (A5)
DRUG SCREENING VIOLATION (35)
IMMEDIATE THREAT TO HEALTH OR SAFETY (F1)
UNABLE TO PRACTICE SAFELY BY REASON OF ALCOHOL OR OTHER SUBSTANCE ABUSE (F2)
Name of Agency or Program That Took the Adverse Action Specified in This Report: NEVADA STATE BOARD OF MEDICAL EXAMINERS
Adverse Action Classification Code(s): SUMMARY OR EMERGENCY SUSPENSION OF LICENSE (1139)
Date Action Was Taken: 01/31/2014
Date Action Became Effective: 01/31/2014
Length of Action: INDEFINITE
Total Amount of Monetary Penalty, Assessment and/or Restitution:
Is Subject Automatically Reinstated After Adverse Action Period Is Completed?: NO
Description of Subject's Act(s) or Omission(s) or Other Reasons for Action(s) Taken and Description of Action(s) Taken by Reporting Entity: ON JANUARY 31, 2014, THE NEVADA STATE BOARD OF MEDICAL EXAMINERS' (BOARD) INVESTIGATIVE COMMITTEE (IC) SUSPENDED THE PRACTITIONER'S LICENSE TO PRACTICE MEDICINE PURSUANT TO NRS 630.326(1). ON JUNE 10, 2011, THE PRACTITIONER WAS ISSUED A LICENSE TO PRACTICE MEDICINE SUBJECT TO SEVERAL TERMS AND CONDITIONS, HE WAS PROHIBITED FROM PRESCRIBING ANY CONTROLLED SUBSTANCES OR DANGEROUS DRUGS TO HIS IMMEDIATE FAMILY OR HIMSELF AND ORDERED TO REMAIN IN COMPLIANCE WITH THE COMPLETE TERMS OF HIS CONTRACT WITH THE NEVADA PROFESSIONALS ASSISTANCE PROGRAM (NPAP). AS PART OF HIS CONTRACT, THE PRACTITIONER WAS ORDERED TO ABSTAIN FROM ALCOHOL AND DRUGS. ON OR ABOUT JANUARY 30, 2014, PRACTITIONER TESTED POSITIVE FOR AMPHETAMINES, BENZODIAZEPINE AND OPIATES. IN ADDITION, PRACTITIONER WROTE CONTROLLED SUBSTANCES AND/OR DANGEROUS DRUG PRESCRIPTIONS FOR FAMILY MEMBERS, IN VIOLATION OF THE RESTRICTIONS CURRENTLY PLACED ON HIS LICENSE TO PRACTICE MEDICINE IN THE STATE OF NEVADA. THEREFORE, THE IC DETERMINED THAT THE HEALTH, SAFETY AND WELFARE OF THE PUBLIC IS AT IMMINENT RISK AND THAT A SUMMARY SUSPENSION OF PRACTITIONER'S LICENSE TO PRACTICE MEDICINE IN THE STATE OF NEVADA IS NECESSARY TO REMOVE THE RISK OF IMMINENT HARM TO THE HEALTH, SAFETY AND WELFARE OF THE PUBLIC AND HIS LICENSE TO PRACTICE MEDICINE IS HEREBY SUSPENDED UNTIL FURTHER ORDER OF THE IC OR BOARD.

Is the Adverse Action Specified in This Report Based on the Subject's Professional Competence or Conduct, Which Adversely

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Page: 1 of 3
SWAINE, KENT A

SWAINE, KENT A

DRUG ENFORCEMENT ADMINISTRATION

DEA/FEDERAL LICENSURE ACTION — **Date of Action:** 06/29/2009

Initial Action	Basis for Initial Action
- VOLUNTARY SURRENDER OF LICENSE	- LICENSE REVOCATION, SUSPENSION OR OTHER DISCIPLINARY ACTION TAKEN BY A FEDERAL, STATE OR LOCAL LICENSING AUTHORITY

A. REPORTING ENTITY

Entity Name: DRUG ENFORCEMENT ADMINISTRATION *
Address: 8701 MORRISSETTE DRIVE
City, State, Zip: SPRINGFIELD, VA 22152
Country:
Name or Office: KIM BRANCH
Title or Department: PROGRAM ANALYST
Telephone: (202) 307-4542
Entity Internal Report Reference:
Type of Report: INITIAL

*The reporting entity has changed its name or address on file with the NPDB. The following is the entity's most recent contact information reported to the NPDB on 03/27/2018:

Entity Name: DRUG ENFORCEMENT ADMINISTRATION
Address: 8701 MORRISSETTE DR
City, State, Zip: SPRINGFIELD, VA 22152-1080
Country:

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: SWAINE, KENT A
Other Name(s) Used:
Gender: MALE
Date of Birth: [redacted]
Organization Name:
Work Address: 2610 WEST HORIZON RIDGE PARKWAY
SUITE 205
City, State, ZIP: HENDERSON, NV 89052
Organization Type:
Home Address:
City, State, ZIP:
Deceased: NO
Federal Employer Identification Numbers (FEIN):
Social Security Numbers (SSN): [redacted]
Individual Taxpayer Identification Numbers (ITIN):
National Provider Identifiers (NPI):
Professional School(s) & Year(s) of Graduation: UNKNOWN (1971)
Occupation/Field of Licensure: PHYSICIAN (MD)
State License Number, State of Licensure: 9815, NV
Specialty: GENERAL PRACTICE/FAMILY PRACTICE
Drug Enforcement Administration (DEA) Numbers: BS7468831
Unique Physician Identification Numbers (UPIN):

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Name(s) of Health Care Entity (Entities) With Which Subject Is Affiliated or Associated (Inclusion Does Not Imply Complicity in the Reported Action.):
Business Address of Affiliate:
City, State, ZIP:
Nature of Relationship(s):

C. INFORMATION REPORTED

Type of Adverse Action: DEA/FEDERAL LICENSURE
Basis for Action: LICENSE REVOCATION, SUSPENSION OR OTHER DISCIPLINARY ACTION TAKEN BY A FEDERAL, STATE OR LOCAL LICENSING AUTHORITY (39)
Name of Agency or Program That Took the Adverse Action Specified in This Report: U. S. DRUG ENFORCEMENT ADMINISTRATION
Adverse Action Classification Code(s): VOLUNTARY SURRENDER OF LICENSE (1145)
Date Action Was Taken: 06/29/2009
Date Action Became Effective: 06/29/2009
Length of Action: PERMANENT
Total Amount of Monetary Penalty, Assessment and/or Restitution:
Is Subject Automatically Reinstated After Adverse Action Period Is Completed?: NO
Description of Subject's Act(s) or Omission(s) or Other Reasons for Action(s) Taken and Description of Action(s) Taken by Reporting Entity: Voluntary surrender registration based on lack of state license.

☐ Subject identified in Section B has appealed the reported adverse action.

D. SUBJECT STATEMENT

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

☐ This report has been disputed by the subject identified in Section B.

☐ At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.

☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.

☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

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DCN: 5500000053630354
Process Date: 10/29/2008
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SWAINE, KENT ALAN

SWAINE, KENT ALAN

NEVADA STATE BOARD OF MEDICAL EXAMINERS

STATE LICENSURE ACTION — **Date of Action:** 10/04/2008

Initial Action	Basis for Initial Action
- REVOCATION OF LICENSE	- VIOLATION OF OR FAILURE TO COMPLY WITH LICENSING BOARD ORDER - UNABLE TO PRACTICE SAFELY BY REASON OF ALCOHOL OR OTHER SUBSTANCE ABUSE

A: REPORTING ENTITY

Entity Name: NEVADA STATE BOARD OF MEDICAL EXAMINERS *
Address: 1105 TERMINAL WAY
SUITE 301
City, State, Zip: RENO, NV 89502
Country:
Name or Office: PAMELA J. CASTAGNOLA
Title or Department: CHIEF OF INVESTIGATIONS
Telephone: (775) 324-9370
Entity Internal Report Reference:
Type of Report: INITIAL

*The reporting entity has changed its name or address on file with the NPDB. The following is the entity's most recent contact information reported to the NPDB on 07/15/2019:

Entity Name: NEVADA STATE BOARD OF MEDICAL EXAMINERS
Address: 9600 GATEWAY DR
City, State, Zip: RENO, NV 89521-8953
Country:

B: SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: SWAINE, KENT ALAN
Other Name(s) Used:
Gender: MALE
Date of Birth: [redacted]
Organization Name:
Work Address:
City, State, ZIP:
Organization Type:
Home Address: [redacted] DEAN MARTIN DR [redacted]
City, State, ZIP: LAS VEGAS, NV 89103
Deceased: NO
Federal Employer Identification Numbers (FEIN):
Social Security Numbers (SSN): [redacted]
Individual Taxpayer Identification Numbers (ITIN):
National Provider Identifiers (NPI):
Professional School(s) & Year(s) of Graduation: ROSS UNIV., PORTSMOUTH, DOMINICA, W. IND (1998)
Occupation/Field of Licensure: PHYSICIAN (MD)
State License Number, State of Licensure: 9815, NV
Specialty: GENERAL PRACTICE/FAMILY PRACTICE
Drug Enforcement Administration (DEA) Numbers:

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Unique Physician Identification Numbers (UPIN):
Name(s) of Health Care Entity (Entities) With Which Subject Is Affiliated or Associated (Inclusion Does Not Imply Complicity in the Reported Action.):
Business Address of Affiliate:
City, State, ZIP:
Nature of Relationship(s):

C. INFORMATION REPORTED

Type of Adverse Action: STATE LICENSURE
Basis for Action: VIOLATION OF OR FAILURE TO COMPLY WITH LICENSING BOARD ORDER (A5)
UNABLE TO PRACTICE SAFELY BY REASON OF ALCOHOL OR OTHER SUBSTANCE ABUSE (F2)
Name of Agency or Program That Took the Adverse Action Specified in This Report: NEVADA STATE BOARD OF MEDICAL EXAMINERS
Adverse Action Classification Code(s): REVOCATION OF LICENSE (1110)
Date Action Was Taken: 10/04/2008
Date Action Became Effective: 10/04/2008
Length of Action: PERMANENT
Total Amount of Monetary Penalty, Assessment and/or Restitution:
Is Subject Automatically Reinstated After Adverse Action Period Is Completed?: NO
Description of Subject's Act(s) or Omission(s) or Other Reasons for Action(s) Taken and Description of Action(s) Taken by Reporting Entity: THE NEVADA STATE BOARD OF MEDICAL EXAMINERS REVOKED THE PRACTITIONER'S LICENSE TO PRACTICE MEDICINE. THE BOARD FOUND THE PRACTITIONER FAILED TO COMPLY WITH NUMEROUS CONDITIONS OF A PREVIOUS SETTLEMENT AGREEMENT. THE CONDITIONS OF THE PREVIOUS SETTLEMENT AGREEMENT INCLUDED SUBMITTING TO RANDOM ALCOHOL/DRUG SCREENS REQUESTED BY THE BOARD AS WELL AS COMPLYING WITH ALL TERMS AND CONDITIONS OF HIS CONTRACT WITH THE NEVADA HEALTH PROFESSIONALS PROGRAM. THE PRACTITIONER FAILED TO COMPLY WITH A BOARD ORDER WHEN HE FAILED TO SUBMIT TO A DRUG SCREEN. IN ADDITION, THE PRACTITIONER FAILED TO COMPLY WITH HIS NEVADA HEALTH PROFESSIONALS PROGRAM CONTRACT AND WAS INACTIVATED FROM THAT PROGRAM. THE STAYED REVOCATION OF THE PRACTITIONER'S LICENSE, CONTAINED IN THE SETTLEMENT AGREEMENT, WAS LIFTED AND THE PRACTITIONER'S LICENSE TO PRACTICE MEDICINE IN NEVADA WAS REVOKED.
Is the Adverse Action Specified in This Report Based on the Subject's Professional Competence or Conduct, Which Adversely Affected, or Could Have Adversely Affected, the Health or Welfare of Patient(s)?: YES

☐ Subject identified in Section B has appealed the reported adverse action.

D. SUBJECT STATEMENT

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

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SWAINE, KENT ALAN

SWAINE, KENT ALAN

NEVADA STATE BOARD OF MEDICAL EXAMINERS

STATE LICENSURE ACTION — **Date of Action:** 03/29/2008

Initial Action	Basis for Initial Action
- PROBATION OF LICENSE - REPRIMAND OR CENSURE	- UNAUTHORIZED PRESCRIBING OF MEDICATION - UNABLE TO PRACTICE SAFELY BY REASON OF ALCOHOL OR OTHER SUBSTANCE ABUSE - OTHER, SEE SECTION C. OF THE REPORT FOR DETAILS

A. REPORTING ENTITY

Entity Name: NEVADA STATE BOARD OF MEDICAL EXAMINERS *
Address: 1105 TERMINAL WAY
SUITE 301
City, State, Zip: RENO, NV 89502
Country:
Name or Office: PAMELA J. CASTAGNOLA
Title or Department: CHIEF OF INVESTIGATIONS
Telephone: (775) 324-9370
Entity Internal Report Reference:
Type of Report: CORRECTION
Previous Report Number: 5500000050808498 (Please destroy all copies of the previous report)

*The reporting entity has changed its name or address on file with the NPDB. The following is the entity's most recent contact information reported to the NPDB on 07/15/2019:

Entity Name: NEVADA STATE BOARD OF MEDICAL EXAMINERS
Address: 9600 GATEWAY DR
City, State, Zip: RENO, NV 89521-8953
Country:

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: SWAINE, KENT ALAN
Other Name(s) Used:
Gender: MALE
Date of Birth: [redacted]
Organization Name:
Work Address:
City, State, ZIP:
Organization Type:
Home Address: [redacted] DEAN MARTIN DRIVE [redacted]
City, State, ZIP: LAS VEGAS, NV 89103
Deceased: NO
Federal Employer Identification Numbers (FEIN):
Social Security Numbers (SSN): [redacted]
Individual Taxpayer Identification Numbers (ITIN):
National Provider Identifiers (NPI):
Professional School(s) & Year(s) of Graduation: ROSS UNIV., PORTSMOUTH, DOMINICA, W. IND (1998)
Occupation/Field of Licensure: PHYSICIAN (MD)
State License Number, State of Licensure: 9815, NV

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Specialty: GENERAL PRACTICE/FAMILY PRACTICE
Drug Enforcement Administration (DEA) Numbers:
Unique Physician Identification Numbers (UPIN):
Name(s) of Health Care Entity (Entities) With Which Subject Is Affiliated or Associated (Inclusion Does Not Imply Complicity in the Reported Action.):
Business Address of Affiliate:
City, State, ZIP:
Nature of Relationship(s):

C. INFORMATION REPORTED

NOTE: Information marked with an asterisk (*) was added, corrected, or removed.

Type of Adverse Action: STATE LICENSURE
Basis for Action: UNAUTHORIZED PRESCRIBING OF MEDICATION (H2)
UNABLE TO PRACTICE SAFELY BY REASON OF ALCOHOL OR OTHER SUBSTANCE ABUSE (F2)
OTHER - NOT CLASSIFIED, SPECIFY (99)
Other, as Specified: ENGAGING IN ACTIVITY INTENDED TO DECEIVE
Name of Agency or Program That Took the Adverse Action Specified in This Report: NEVADA STATE BOARD OF MEDICAL EXAMINERS
* Adverse Action Classification Code(s): PROBATION OF LICENSE (1125)
REPRIMAND OR CENSURE (1140)
Date Action Was Taken: 03/29/2008
Date Action Became Effective: 03/29/2008
Length of Action: SPECIFIC PERIOD
Years: 5
Months:
Days:
Total Amount of Monetary Penalty, Assessment and/or Restitution: $ 4,287.64
Is Subject Automatically Reinstated After Adverse Action Period Is Completed?: YES
* Description of Subject's Act(s) or Omission(s) or Other Reasons for Action(s) Taken and Description of Action(s) Taken by Reporting Entity: THE NEVADA STATE BOARD OF MEDICAL EXAMINERS ACCEPTED AND APPROVED A STIPULATION FOR SETTLEMENT AND PURSUANT TO THE SETTLEMENT AGREEMENT, THE BOARD ENTERED AN ORDER FINDING THE PRACTITIONER COMMITTED TWO COUNTS OF ENGAGING IN ACTIVING INTENDED TO DECEIVE, VIOLATING NRS 630.306(2)(A); THAT HE HAD A DRUG DEPENDENCY, VIOLATING NRS 630.306(10); AND THAT HE PRESCRIBED A CONTROLLED SUBSTANCE OR DANGEROUS DRUG IN A MANNER NOT AUTHORIZED BY LAW, VIOLATING NRS 630.306(3). THE BOARD ORDERED THE PRACTITIONER'S NEVADA MEDICAL LICENSE BE REVOKED, WITH THE REVOCATION STAYED FOR FIVE YEARS, UPON COMPLIANCE WITH THE CONDITIONS OF PROBATION PLACED UPON HIM PURSUANT TO THE SETTLEMENT AGREEMENT. THOSE TERMS INCLUDE A PUBLIC REPRIMAND, REIMBURSEMENT OF THE BOARD'S COSTS AND EXPENSES INCURRED IN THE INVESTIGATION AND PROSECUTION OF THE CASE AGAINST HIM, IN THE AMOUNT OF $42B7.64, PAYABLE WITHIN 60 DAYS OF THE BOARD'S ACCEPTANCE, ADOPTION AND APPROVAL OF THE SETTLEMENT AGREEMENT, AND PAYMENT OF REASONABLE COSTS, IF ANY, TO MONITOR HIS PROBATION.
Is the Adverse Action Specified in This Report Based on the Subject's Professional Competence or Conduct, Which Adversely Affected, or Could Have Adversely Affected, the

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SWAINE, KENT ALAN

SWAINE, KENT ALAN

NEVADA STATE BOARD OF MEDICAL EXAMINERS

STATE LICENSURE ACTION — **Date of Action: 11/27/2007**

Initial Action	Basis for Initial Action
- SUMMARY OR EMERGENCY SUSPENSION OF LICENSE	- UNABLE TO PRACTICE SAFELY BY REASON OF ALCOHOL OR OTHER SUBSTANCE ABUSE - OTHER, SEE SECTION C. OF THE REPORT FOR DETAILS

A. REPORTING ENTITY

Entity Name: NEVADA STATE BOARD OF MEDICAL EXAMINERS *
Address: 1105 TERMINAL WAY
SUITE 301
City, State, Zip: RENO, NV 89502
Country:
Name or Office: PAMELA J. CASTAGNOLA
Title or Department: CHIEF OF INVESTIGATIONS
Telephone: (775) 324-9370
Entity Internal Report Reference:
Type of Report: INITIAL

*The reporting entity has changed its name or address on file with the NPDB. The following is the entity's most recent contact information reported to the NPDB on 07/15/2019:

Entity Name: NEVADA STATE BOARD OF MEDICAL EXAMINERS
Address: 9600 GATEWAY DR
City, State, Zip: RENO, NV 89521-8953
Country:

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: SWAINE, KENT ALAN
Other Name(s) Used:
Gender: MALE
Date of Birth: [redacted]
Organization Name:
Work Address:
City, State, ZIP:
Organization Type:
Home Address: [redacted]WINDSOR CASTLE COURT
City, State, ZIP: LAS VEGAS, NV 89138
Deceased: NO
Federal Employer Identification Numbers (FEIN):
Social Security Numbers (SSN): [redacted]
Individual Taxpayer Identification Numbers (ITIN):
National Provider Identifiers (NPI):
Professional School(s) & Year(s) of Graduation: ROSS UNIV., PORTSMOUTH, DOMINICA, W. IND (1998)
Occupation/Field of Licensure: PHYSICIAN (MD)
State License Number, State of Licensure: 9815, NV
Specialty: GENERAL PRACTICE/FAMILY PRACTICE
Drug Enforcement Administration (DEA) Numbers:
Unique Physician Identification Numbers (UPIN):

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

NATIONAL PRACTITIONER DATA BANK
NPDB
P.O. Box 10832
Chantilly, VA 20153-0832

https://www.npdb.hrsa.gov

Name(s) of Health Care Entity (Entities) With Which Subject Is Affiliated or Associated (Inclusion Does Not Imply Complicity in the Reported Action.):
Business Address of Affiliate:
City, State, ZIP:
Nature of Relationship(s):

C. INFORMATION REPORTED

Type of Adverse Action:	STATE LICENSURE
Basis for Action:	UNABLE TO PRACTICE SAFELY BY REASON OF ALCOHOL OR OTHER SUBSTANCE ABUSE (F2) OTHER - NOT CLASSIFIED, SPECIFY (99)
Other, as Specified:	ENGAGING IN CONDUCT WHICH IS INTENDED TO DECEIVE
Name of Agency or Program That Took the Adverse Action Specified in This Report:	NEVADA STATE BOARD OF MEDICAL EXAMINERS
Adverse Action Classification Code(s):	SUMMARY OR EMERGENCY SUSPENSION OF LICENSE (1139)
Date Action Was Taken:	11/27/2007
Date Action Became Effective:	11/27/2007
Length of Action:	INDEFINITE
Total Amount of Monetary Penalty, Assessment and/or Restitution:	
Is Subject Automatically Reinstated After Adverse Action Period Is Completed?:	NO
Description of Subject's Act(s) or Omission(s) or Other Reasons for Action(s) Taken and Description of Action(s) Taken by Reporting Entity:	THE NEVADA STATE BOARD OF MEDICAL EXAMINERS SUMMARILY SUSPENDED THE NEVADA MEDICAL LICENSE OF THE PRACTITIONER. THE PRACTITIONER IS CHARGED WITH TWO VIOLATIONS OF NRS 630.306(2), ENGAGING IN CONDUCT INTENDED TO DECEIVE, BY PRACTICING MEDICINE WHILE UNDER AN AGREEMENT NOT TO DO SO, AND ONE VIOLATION OF NRS 630.306(10), BEING DEPENDENT UPON CONTROLLED SUBSTANCES. THE BOARD FOUND THE CONTINUED PRACTICE OF MEDICINE BY THE PRACTITIONER IN NEVADA DURING THE PENDENCY OF TIME NECESSARY FOR A HEARING WOULD ENDANGER THE HEALTH, SAFETY AND WELFARE OF HIS PATIENTS.
Is the Adverse Action Specified in This Report Based on the Subject's Professional Competence or Conduct, Which Adversely Affected, or Could Have Adversely Affected, the Health or Welfare of Patient(s)?:	YES

☐ Subject identified in Section B has appealed the reported adverse action.

D. SUBJECT STATEMENT

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

☐ This report has been disputed by the subject identified in Section B.

AO 245D (Rev. 06/17) Judgment in a Criminal Case for Revocations
Sheet 1

UNITED STATES DISTRICT COURT

District of Nevada

UNITED STATES OF AMERICA
v.
KENT SWAINE

Judgment in a Criminal Case
(For Revocation of Probation or Supervised Release)

Case No. 2:14-cr-00385-RFB-NJK
USM No. 49299-048
GEORGE CROMER, ESQ.
Defendant's Attorney

THE DEFENDANT:

☑ admitted guilt to violation of condition(s) no.1 of [66] Petition; and ____ of the term of supervision.
☐ was found in violation of condition(s) count(s) no. 1A of [86] Addendum after denial of guilt.

The defendant is adjudicated guilty of these violations:

Violation Number	Nature of Violation	Violation Ended
1	Do Not Unlawfully Use Controlled Substance	04/24/2017 - Admit
1A	Do not Unlawfully Use Controlled Substance	08/07/2017 - Admit
[redacted]	[redacted]	[redacted]

The defendant is sentenced as provided in pages 2 through 5 of this judgment. The sentence is imposed pursuant to the Sentencing Reform Act of 1984.

☑ The defendant has not violated condition(s) no. 2 of [66] Petition; and is discharged as to such violation(s) condition.
nos. 1-3 of [78] Petition; and nos. 3-4 of [86] Addendum.

It is ordered that the defendant must notify the United States attorney for this district within 30 days of any change of name, residence, or mailing address until all fines, restitution, costs, and special assessments imposed by this judgment are fully paid. If ordered to pay restitution, the defendant must notify the court and United States attorney of material changes in economic circumstances.

Last Four Digits of Defendant's Soc. Sec. No.: [redacted]

Defendant's Year of Birth: [redacted]

City and State of Defendant's Residence:
Las Vegas, NV

08/29/2017
Date of Imposition of Judgment

Signature of Judge

RICHARD F. BOULWARE, II U.S. District Judge
Name and Title of Judge

08/29/2017
Date

AO 245D (Rev. 06/17) Judgment in a Criminal Case for Revocations
Sheet 2— Imprisonment

DEFENDANT: KENT SWAINE
CASE NUMBER: 2:14-cr-00385-RFB-NJK

IMPRISONMENT

The defendant is hereby committed to the custody of the Federal Bureau of Prisons to be imprisoned for a total term of :

Three (3) months.

☐ The court makes the following recommendations to the Bureau of Prisons:

☑ The defendant is remanded to the custody of the United States Marshal.

☐ The defendant shall surrender to the United States Marshal for this district:

☐ at _____ ☐ a.m. ☐ p.m. on _____ .

☐ as notified by the United States Marshal.

☐ The defendant shall surrender for service of sentence at the institution designated by the Bureau of Prisons:

☐ before 2 p.m. on _____ .

☐ as notified by the United States Marshal.

☐ as notified by the Probation or Pretrial Services Office.

RETURN

I have executed this judgment as follows:

Defendant delivered on _____ to _____

at _____ with a certified copy of this judgment.

_____
UNITED STATES MARSHAL

By _____
DEPUTY UNITED STATES MARSHAL

AO 245D (Rev. 06/17) Judgment in a Criminal Case for Revocations
Sheet 3 - Supervised Release

DEFENDANT: KENT SWAINE
CASE NUMBER: 2:14-cr-00385-RFB-NJK

SUPERVISED RELEASE

Upon release from imprisonment, the defendant shall be on supervised release for a term of: Nine (9) months.

The defendant must report to the probation office in the district to which the defendant is released within 72 hours of release from the custody of the Bureau of Prisons.

MANDATORY CONDITIONS

1. You must not commit another federal, state or local crime.
2. You must not unlawfully possess a controlled substance.
3. You must refrain from any unlawful use of a controlled substance. You must submit to one drug test within 15 days of release from imprisonment and at least two periodic drug tests thereafter, as determined by the court not to exceed 104 tests annually.
   - ☐ The above drug testing condition is suspended, based on the court's determination that you pose a low risk of substance abuse. *(check if applicable)*
4. ☐ You must cooperate in the collection of DNA as directed by the probation officer. *(check if applicable)*
5. ☐ You must comply with the requirements of the Sex Offender Registration and Notification Act (42 U.S.C. § 16901, *et seq.*) as directed by the probation officer, the Bureau of Prisons, or any state sex offender registration agency in the location where you reside, work, are a student, or were convicted of a qualifying offense. *(check if applicable)*
6. ☐ You must participate in an approved program for domestic violence. *(check if applicable)*
7. ☐ You must make restitution in accordance with 18 U.S.C. §§ 3663, 3663A, or any other statute authorizing restitution. *(check if applicable)*

You must comply with the standard conditions that have been adopted by this court as well as with any other conditions on the attached page

DEFENDANT: KENT SWAINE
CASE NUMBER: 2:14-cr-00385-RFB-NJK

STANDARD CONDITIONS OF SUPERVISION

As part of your supervised release, you must comply with the following standard conditions of supervision. These conditions are imposed because they establish the basic expectations for your behavior while on supervision and identify the minimum tools needed by probation officers to keep informed, report to the court about, and bring about improvements in your conduct and condition.

1. You must report to the probation office in the federal judicial district where you are authorized to reside within 72 hours of your release from imprisonment, unless the probation officer instructs you to report to a different probation office or within a different time frame.
2. After initially reporting to the probation office, you will receive instructions from the court or the probation officer about how and when you must report to the probation officer, and you must report to the probation officer as instructed.
3. You must not knowingly leave the federal judicial district where you are authorized to reside without first getting permission from the court or the probation officer.
4. You must answer truthfully the questions asked by your probation officer.
5. You must live at a place approved by the probation officer. If you plan to change where you live or anything about your living arrangements (such as the people you live with), you must notify the probation officer at least 10 days before the change. If notifying the probation officer in advance is not possible due to unanticipated circumstances, you must notify the probation officer within 72 hours of becoming aware of a change or expected change.
6. You must allow the probation officer to visit you at any time at your home or elsewhere, and you must permit the probation officer to take any items prohibited by the conditions of your supervision that he or she observes in plain view.
7. You must work full time (at least 30 hours per week) at a lawful type of employment, unless the probation officer excuses you from doing so. If you do not have full-time employment you must try to find full-time employment, unless the probation officer excuses you from doing so. If you plan to change where you work or anything about your work (such as your position or your job responsibilities), you must notify the probation officer at least 10 days before the change. If notifying the probation officer at least 10 days in advance is not possible due to unanticipated circumstances, you must notify the probation officer within 72 hours of becoming aware of a change or expected change.
8. ~~You must not communicate or interact with someone you know is engaged in criminal activity. If you know someone has been convicted of a felony, you must not knowingly communicate or interact with that person without first getting the permission of the probation officer.~~
9. If you are arrested or questioned by a law enforcement officer, you must notify the probation officer within 72 hours.
10. You must not own, possess, or have access to a firearm, ammunition, destructive device, or dangerous weapon (i.e., anything that was designed, or was modified for, the specific purpose of causing bodily injury or death to another person such as nunchakus or tasers).
11. You must not act or make any agreement with a law enforcement agency to act as a confidential human source or informant without first getting the permission of the court.
12. If the probation officer determines that you pose a risk to another person (including an organization), the probation officer may require you to notify the person about the risk and you must comply with that instruction. The probation officer may contact the person and confirm that you have notified the person about the risk.
13. You must follow the instructions of the probation officer related to the conditions of supervision.

U.S. Probation Office Use Only

A U.S. probation officer has instructed me on the conditions specified by the court and has provided me with a written copy of this judgment containing these conditions. For further information regarding these conditions, see *Overview of Probation and Supervised Release Conditions*, available at: www.uscourts.gov.

Defendant's Signature _____ Date _____

AO 245D (Rev. 06/17) Judgment in a Criminal Case for Revocations
Sheet 3D — Supervised Release

DEFENDANT: KENT SWAINE
CASE NUMBER: 2:14-cr-00385-RFB-NJK

SPECIAL CONDITIONS OF SUPERVISION

1. **Report Addiction to Attending Physician** - You must report your opiate addiction to any attending physician prior to receiving any medical treatment and must permit the probation officer to make such notification and to confirm your compliance with such notification requirements.

2. **Employment Restriction** -You will not practice medicine, any form, in a doctor's office, pharmacy or any facility where you would have physical access to any type of prescription medication or have access to the means to obtaining that without the expressed permission of the Court. The Court does not oppose the defendant initiating the process to reinstate his medical license; however, defendant is directed to obtain the Courts permission prior to the actual practice of medicine.

3. **Substance Abuse Treatment** - You must participate in and complete an inpatient substance abuse treatment program at the Westcare prgram and follow the rules and regulations of that program. The probation officer will supervise your participation in the program (provider, location, modality, duration, intensity, etc.).

4. **Drug Testing** - You must submit to substance abuse testing to determine if you have used a prohibited substance. Testing shall not exceed 104 tests per year. You must not attempt to obstruct or tamper with the testing methods.

5. **Mental Health Treatment** - You must participate in a mental health treatment program and follow the rules and regulations of that program. The probation officer, in consultation with the treatment provider, will supervise your participation in the program (provider, location, modality, duration, intensity, etc.).

6. **Search and Seizure** - You must submit your person, property, house, residence, vehicle, papers, computers (as defined in 18 U.S.C. § 1030(e)(l)), other electronic communications or data storage devices or media, or office, to a search conducted by a United States Probation Officer. Failure to submit to a search may be grounds for revocation of release. You must warn any other occupants that the premises may be subject to searches pursuant to this condition.

The probation officer may conduct a search under this condition only when reasonable suspicion exists that you have violated a condition of supervision and that the areas to be searched contain evidence of this violation. Any search must be conducted at a reasonable time and in a reasonable manner

7. **Report to Probation Office** - You must must report to the probation office in the district to which the defendant is released within 72 hours of release from the custody of the Bureau of Prisons

AO 245B (Rev. 09/11) Judgment in a Criminal Case
Sheet 1

UNITED STATES DISTRICT COURT

DISTRICT OF NEVADA

UNITED STATES OF AMERICA
v.
KENT SWAINE

JUDGMENT IN A CRIMINAL CASE

Case Number: 2:14-cr-00385-RFB-NJK

USM Number: 49299-048

WILLIAM CARRICO, AFPD
Defendant's Attorney

THE DEFENDANT:

☑ pleaded guilty to count(s) to Criminal Information, filed 12/09/2014.

☐ pleaded nolo contendere to count(s) which was accepted by the court.

☐ was found guilty on count(s) after a plea of not guilty.

The defendant is adjudicated guilty of these offenses:

Title & Section	Nature of Offense	Offense Ended	Count
21 U.S.C. § 843(a)(3)	Obtaining Controlled Substances by Fraud	7/14/2015	1

The defendant is sentenced as provided in pages 2 through 5 of this judgment. The sentence is imposed pursuant to the Sentencing Reform Act of 1984.

☐ The defendant has been found not guilty on count(s)

☐ Count(s) ☐ is ☐ are dismissed on the motion of the United States.

It is ordered that the defendant must notify the United States attorney for this district within 30 days of any change of name, residence, or mailing address until all fines, restitution, costs, and special assessments imposed by this judgment are fully paid. If ordered to pay restitution, the defendant must notify the court and United States attorney of material changes in economic circumstances.

6/9/2015
Date of Imposition of Judgment

Signature of Judge

Richard F. Boulware, II U.S. District Judge
Name and Title of Judge

6/10/2015
Date

DEFENDANT: KENT SWAINE
CASE NUMBER: 2:14-cr-00385-RFB-NJK

PROBATION

The defendant is hereby sentenced to probation for a term of :

Five years.

The defendant shall not commit another federal, state or local crime.

The Defendant shall not unlawfully possess a controlled substance. The defendant shall refrain from any unlawful use of a controlled substance. The defendant shall submit to one drug test within 15 days of placement on probation and at least two periodic drug tests thereafter, as determined by the court, not to exceed 104 tests annually. Revocation is mandatory for refusal to comply.

☐ The above drug testing condition is suspended, based on the court's determination that the defendant poses a low risk of future substance abuse. *(Check, if applicable.)*

☐ The defendant shall not possess a firearm, ammunition, destructive device, or any other dangerous weapon. *(Check, if applicable.)*

☑ The defendant shall cooperate in the collection of DNA as directed by the probation officer. *(Check, if applicable.)*

☐ The defendant shall comply with the requirements of the Sex Offender Registration and Notification Act (42 U.S.C. § 16901, *et seq.*) as directed by the probation officer, the Bureau of Prisons, or any state sex offender registration agency in which he or she resides, works, is a student, or was convicted of a qualifying offense. *(Check, if applicable.)*

☐ The defendant shall participate in an approved program for domestic violence. *(Check, if applicable.)*

If this judgment imposes a fine or restitution, it is a condition of probation that the defendant pay in accordance with the Schedule of Payments sheet of this judgment.

The defendant must comply with the standard conditions that have been adopted by this court as well as with any additional conditions on the attached page.

STANDARD CONDITIONS OF SUPERVISION

1) the defendant shall not leave the judicial district without the permission of the court or probation officer;
2) the defendant shall report to the probation officer in a manner and frequency directed by the court or probation officer;
3) the defendant shall answer truthfully all inquiries by the probation officer and follow the instructions of the probation officer;
4) the defendant shall support his or her dependents and meet other family responsibilities;
5) the defendant shall work regularly at a lawful occupation, unless excused by the probation officer for schooling, training, or other acceptable reasons;
6) the defendant shall notify the probation officer at least ten days prior to any change in residence or employment;
7) the defendant shall refrain from excessive use of alcohol and shall not purchase, possess, use, distribute, or administer any controlled substance or any paraphernalia related to any controlled substances, except as prescribed by a physician;
8) the defendant shall not frequent places where controlled substances are illegally sold, used, distributed, or administered;
9) the defendant shall not associate with any persons engaged in criminal activity and shall not associate with any person convicted of a felony, unless granted permission to do so by the probation officer;
10) the defendant shall permit a probation officer to visit him or her at any time at home or elsewhere and shall permit confiscation of any contraband observed in plain view of the probation officer;
11) the defendant shall notify the probation officer within seventy-two hours of being arrested or questioned by a law enforcement officer;
12) the defendant shall not enter into any agreement to act as an informer or a special agent of a law enforcement agency without the permission of the court; and
13) as directed by the probation officer, the defendant shall notify third parties of risks that may be occasioned by the defendant's criminal record or personal history or characteristics and shall permit the probation officer to make such notifications and to confirm the defendant's compliance with such notification requirement.

DEFENDANT: KENT SWAINE
CASE NUMBER: 2:14-cr-00385-RFB-NJK

ADDITIONAL STANDARD CONDITIONS OF SUPERVISION

1. Substance Abuse Treatment - At the discretion of the Probation Department, you shall participate in and successfully complete a substance abuse treatment and/or cognitive based life skills program, which will include drug/alcohol testing and/or outpatient counseling, as approved and directed by the probation office. You shall refrain from the use and possession of beer, wine, liquor, and other forms of intoxicants while participating in substance abuse treatment. Further, you shall be required to contribute to the costs of services for such treatment, as approved and directed by the probation office based upon your ability to pay.

2. Employment Restriction - Except as approved by the probation office, you shall be restricted from engaging in employment, consulting, or any association with any clinical medical practice for a period of five years, as approved and directed by the probation office.

3. Warrantless Search - You shall submit your person, property, residence, place of business and vehicle under your control to a search, conducted by the United States probation officer or any authorized person under the immediate and personal supervision of the probation officer, at a reasonable time and in a reasonable manner, based upon reasonable suspicion of contraband or evidence of a violation of a condition of supervision; failure to submit to a search may be grounds for revocation; the defendant shall inform any other residents that the premises may be subject to a search pursuant to this condition.

4. Possession of Weapons - You shall not possess, have under your control, or have access to any firearm, explosive device, or other dangerous weapons, as defined by federal, state, or local law.

5. Community Service: - You shall complete 150 hours of community service, as approved and directed by the probation officer.

6. Apology Letter – You shall complete an apology letter to the Hyt family and submit to Government counsel. Government counsel shall forward the apology letter to the Hyt family.

DEFENDANT: KENT SWAINE
CASE NUMBER: 2:14-cr-00385-RFB-NJK

CRIMINAL MONETARY PENALTIES

The defendant must pay the total criminal monetary penalties under the schedule of payments on Sheet 6.

	Assessment	Fine	Restitution
TOTALS	$ 100.00	$ 0.00[Waived]	$ 0.00

☐ The determination of restitution is deferred until _____. An *Amended Judgment in a Criminal Case (AO 245C)* will be entered after such determination.

☐ The defendant must make restitution (including community restitution) to the following payees in the amount listed below.

If the defendant makes a partial payment, each payee shall receive an approximately proportioned payment, unless specified otherwise in the priority order or percentage payment column below. However, pursuant to 18 U.S.C. § 3664(i), all nonfederal victims must be paid before the United States is paid.

Name of Payee	Total Loss*	Restitution Ordered	Priority or Percentage
TOTALS	$ 0.00	$ 0.00	

☐ Restitution amount ordered pursuant to plea agreement $ _____

☐ The defendant must pay interest on restitution and a fine of more than $2,500, unless the restitution or fine is paid in full before the fifteenth day after the date of the judgment, pursuant to 18 U.S.C. § 3612(f). All of the payment options on Sheet 6 may be subject to penalties for delinquency and default, pursuant to 18 U.S.C. § 3612(g).

☐ The court determined that the defendant does not have the ability to pay interest and it is ordered that:

☐ the interest requirement is waived for the ☐ fine ☐ restitution.

☐ the interest requirement for the ☐ fine ☐ restitution is modified as follows:

* Findings for the total amount of losses are required under Chapters 109A, 110, 110A, and 113A of Title 18 for offenses committed on or after September 13, 1994, but before April 23, 1996.

DEFENDANT: KENT SWAINE
CASE NUMBER: 2:14-cr-00385-RFB-NJK

SCHEDULE OF PAYMENTS

Having assessed the defendant's ability to pay, payment of the total criminal monetary penalties is due as follows:

A ☑ Lump sum payment of $ 100.00 due immediately, balance due.

☐ not later than _____, or
☐ in accordance ☐ C, ☐ D, ☐ E, or ☐ F below; or

B ☐ Payment to begin immediately (may be combined with ☐ C, ☐ D, or ☐ F below); or

C ☐ Payment in equal _____ *(e.g., weekly, monthly, quarterly)* installments of $ _____ over a period of _____ *(e.g., months or years)*, to commence _____ *(e.g., 30 or 60 days)* after the date of this judgment; or

D ☐ Payment in equal _____ *(e.g., weekly, monthly, quarterly)* installments of $ _____ over a period of _____ *(e.g., months or years)*, to commence _____ *(e.g., 30 or 60 days)* after release from imprisonment to a term of supervision; or

E ☐ Payment during the term of supervised release will commence within _____ *(e.g., 30 or 60 days)* after release from imprisonment. The court will set the payment plan based on an assessment of the defendant's ability to pay at that time; or

F ☐ Special instructions regarding the payment of criminal monetary penalties:

Unless the court has expressly ordered otherwise, if this judgment imposes imprisonment, payment of criminal monetary penalties is due during imprisonment. All criminal monetary penalties, except those payments made through the Federal Bureau of Prisons' Inmate Financial Responsibility Program, are made to the clerk of the court.

The defendant shall receive credit for all payments previously made toward any criminal monetary penalties imposed.

☐ Joint and Several

Defendant and Co-Defendant Names and Case Numbers *(including defendant number)*, Total Amount, Joint and Several Amount, and corresponding payee, if appropriate.

☐ The defendant shall pay the cost of prosecution.

☐ The defendant shall pay the following court cost(s):

☐ The defendant shall forfeit the defendant's interest in the following property to the United States:

Payments shall be applied in the following order: (1) assessment, (2) restitution principal, (3) restitution interest, (4) fine principal, (5) fine interest, (6) community restitution, (7) penalties, and (8) costs, including cost of prosecution and court costs.

DANIEL G. BOGDEN
United States Attorney
CRANE M. POMERANTZ
Assistant United States Attorney
Lloyd D. George United States Courthouse
333 Las Vegas Boulevard South, Suite 5000
Las Vegas, Nevada 89101
(702) 388-6336/Fax: (702) 388- 6418

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF NEVADA

UNITED STATES OF AMERICA, Plaintiff, vs. KENT SWAINE, MD Defendant.	CASE NO: PLEA AGREEMENT UNDER FED. R. CRIM. P. 11 (c)(1)(A) and (B)

Plaintiff United States of America, by and through Daniel G. Bogden, United States Attorney, Crane M. Pomerantz, Assistant United States Attorney, the Defendant Kent Swaine, MD, and the Defendant's attorney, William Carrico, Assistant Federal Public Defender, submit this Plea Agreement under Fed. R. Crim. P. 11(c)(1)(A) and (B).

I. SCOPE OF AGREEMENT

The parties to this Plea Agreement are the United States of America and Kent Swaine, MD (the Defendant). This Plea Agreement binds the Defendant and the United States Attorney's Office for the District of Nevada. It does not bind any other prosecuting, administrative, or regulatory authority, the United States Probation Office, or the Court.

The Plea Agreement sets forth the parties' agreement regarding criminal charges referenced in the Plea Agreement and applicable sentences, fines, restitution and forfeiture. It does not control or prohibit the United States or any agency or third party from seeking any other civil or

administrative remedies directly or indirectly against the Defendant.

II. DISPOSITION OF CHARGES AND WAIVER OF TRIAL RIGHTS

A. Guilty Plea. The Defendant knowingly and voluntarily agrees to plead guilty to Count One of the Information charging him with Obtaining Controlled Substances by Fraud, in violation of Title 21, United States Code, Section 843(a)(3).

B. Waiver of Trial Rights. The Defendant acknowledges that he has been advised and understands that by entering a plea of guilty he is waiving -- that is, giving up -- certain rights guaranteed to all defendants by the laws and the Constitution of the United States. Specifically, the Defendant is giving up:

1. The right to proceed to trial by jury on all charges, or to a trial by a judge if the Defendant and the United States both agree;

2. The right to confront the witnesses against the Defendant at such a trial, and to cross-examine them;

3. The right to remain silent at such a trial, with assurance that his silence could not be used against him in any way;

4. The right to testify in his own defense at such a trial if he so chooses;

5. The right to compel witnesses to appear at such a trial and testify in the Defendant's behalf;

6. The right to have the assistance of an attorney at all stages of such proceedings; and

7. The right to be indicted by a grand jury.

C. Withdrawal of Guilty Plea. The Defendant will not seek to withdraw his guilty plea after he has entered them in court.

D. Additional Charges. The United States agrees not to bring any additional charges

against the Defendant arising out of the investigation in the District of Nevada which culminated in this Plea Agreement and based on conduct known to the United States, except that the United States reserves the right to prosecute the Defendant for any crime of violence as defined by 18 U.S.C. § 16.

III. ELEMENTS OF THE OFFENSES

The elements of Obtaining Controlled Substances by Fraud, in violation of Title 21, United States Code, Section 843(a)(3), as set forth in Count One of the Information are:

1. On December 16, 2013, the defendant obtained possession of a controlled substance by misrepresentation, fraud, forgery, deception or subterfuge; and

2. The defendant acted knowingly or intentionally.

See 21 USC § 843(a)(3).

IV. FACTS SUPPORTING GUILTY PLEA

A. The Defendant will plead guilty because he is, in fact and under the law, guilty of the crimes charged.

B. The Defendant acknowledges that if he elected to go to trial instead of pleading guilty, the United States could prove his guilt beyond a reasonable doubt. The Defendant further acknowledges that his admissions and declarations of fact set forth below satisfy every element of the charged offenses.

C. The Defendant waives any potential future claim that the facts he admitted in this Plea Agreement were insufficient to satisfy the elements of the charged offenses.

D. The Defendant admits and declares under penalty of perjury that the facts set forth below are true and correct:

On December 16, 2013, defendant Kent Swaine, MD, a Nevada-licensed physician, fraudulently prescribed and obtained Hydromorphone (generic Dilaudid), a Schedule II controlled substance, in the name of A.H., a former patient who had been deceased since August 5, 2011. Video

surveillance at a local pharmacy depicts defendant Swaine picking up this prescription. During an interview with law enforcement officers in July 2014, defendant Swaine admitted that he had written and filled prescriptions for controlled substances in A.H.'s name since his death for the purpose of obtaining them for his own drug addiction.

VI. APPLICATION OF SENTENCING GUIDELINES PROVISIONS

A. Discretionary Nature of Sentencing Guidelines. The Defendant acknowledges that the Court must consider the United States Sentencing Guidelines ("USSG" or "Sentencing Guidelines") in determining the Defendant's sentence, but that the Sentencing Guidelines are advisory, not mandatory, and the Court has discretion to impose any reasonable sentence up to the maximum term of imprisonment permitted by statute.

B. Offense Level Calculations. The parties stipulate to the following calculation of the Defendant's offense level under the Sentencing Guidelines, acknowledge that these stipulations do not bind the Court, and agree that they will not seek to apply any other specific offense characteristics, enhancements or reductions:

1. The base offense level is 8. U.S.S.G. § 2D2.2

2. A two (2) level enhancement applies because the defendant abused a position of trust.

3. A two (2) level reduction pursuant to the Attorney General Directive.

3. If applicable, a two (2) level reduction for Acceptance of Responsibility (USSG § 3E1.1) (*see subsection C. below*):

Total Offense Level: 6

C. Reduction of Offense Level for Acceptance of Responsibility. Under USSG §3E1.1(a), the United States will recommend that the Defendant receive a two-level downward adjustment for acceptance of responsibility unless he (a) fails to truthfully admit facts establishing a

factual basis for the guilty plea when he enters the plea; (b) fails to truthfully admit facts establishing the amount of restitution owed when he enters his guilty plea; (c) fails to truthfully admit facts establishing the forfeiture allegations when he enters his guilty plea; (d) provides false or misleading information to the United States, the Court, Pretrial Services, or the Probation Office; (e) denies involvement in the offense or provides conflicting statements regarding his involvement or falsely denies or frivolously contests conduct relevant to the offense; (f) attempts to withdraw his guilty plea; (g) commits or attempts to commit any crime; (h) fails to appear in court; or (i) violates the conditions of pretrial release.

These Sentencing Guidelines provisions, if applied, will result in a total offense level of 6, if the two level adjustment for acceptance of responsibility applies.

D. Attorney General Directive: In light of the United States Sentencing Commission's proposed amendment to lower the base offense level for all drug offenses by two levels, the Government agrees to recommend a two-level downward variance to the Defendant's base offense level. In exchange for this recommendation, the Defendant agrees not to seek, and expressly waives the right to seek, a further reduced sentence, pursuant to Title 18, United States Code, Section 3582(c)(2), in the event that the two-level reduction is adopted and made retroactive by the Sentencing Commission.

E. Criminal History Category. The Defendant acknowledges that the Court may base his sentence in part on the Defendant's criminal record or criminal history. The Court will determine the Defendant's Criminal History Category under the Sentencing Guidelines.

F. Relevant Conduct. The Court may consider all other relevant conduct, whether charged or uncharged, in determining the applicable Sentencing Guidelines range and whether to depart from that range. The parties stipulate that this is the readily provable relevant conduct in this case.

G. Additional Sentencing Information. The stipulated Sentencing Guidelines calculations are based on information now known to the parties. The parties may provide additional information to the United States Probation Office and the Court regarding the nature, scope, and extent of the Defendant's criminal conduct and any aggravating or mitigating facts or circumstances. Good faith efforts to provide truthful information or to correct factual misstatements shall not be grounds for the Defendant to withdraw his guilty plea. The United States will not, however, present additional information to the Court or the United States Probation Office for the purpose of advocating for a guideline calculation other than that which is contemplated by the parties in Section VI.B, above.

The Defendant acknowledges that the United States Probation Office may calculate the Sentencing Guidelines differently and may rely on additional information it obtains through its investigation. The Defendant also acknowledges that the Court may rely on this and other additional information as it calculates the Sentencing Guidelines range and makes other sentencing determinations, and the Court's reliance on such information shall not be grounds for the Defendant to withdraw his guilty plea.

VII. APPLICATION OF SENTENCING STATUTES

A. Maximum Penalty. The maximum penalty for violating Title 21, United States Code, Sections 841(a)(3) (Obtaining Controlled Substances by Fraud), is not more than four (4) years imprisonment, a fine of not more than $ 250,000, or both. In addition, the Defendant is subject to supervised release for a term not exceeding one (1) year.

B. Factors Under 18 U.S.C. § 3553. The Court must consider the factors set forth in 18 U.S.C. § 3553(a) in determining the Defendant's sentence. However, the statutory maximum sentence and any statutory minimum sentence limit the Court's discretion in determining the Defendant's sentence.

C. Parole Abolished. The Defendant acknowledges that his prison sentence, if any, cannot be shortened by early release on parole because parole has been abolished.

D. Supervised Release. In addition to imprisonment and a fine, the Defendant will be subject to a term of supervised release not to exceed one year. 18 U.S.C. § 3583(b). Supervised release is a period of time after release from prison during which the Defendant will be subject to various restrictions and requirements. If the Defendant violates any condition of supervised release, the Court may order the Defendant's return to prison for all or part of the term of supervised release, which could result in the Defendant serving a total term of imprisonment greater than the statutory maximum prison sentence of four (4) years.

E. Special Assessment. The Defendant will pay a $100.00 special assessment per count of conviction at the time of sentencing.

VIII. POSITIONS REGARDING SENTENCE

The United States will recommend that the Court sentence the defendant to the low end of the Sentencing Guidelines range determined by the Court, unless the Defendant commits any act that could result in a loss of the downward adjustment for acceptance of responsibility. The Defendant acknowledges that the Court does not have to follow that recommendation. The Defendant also acknowledges that the Court does not have to grant a downward departure based on the Defendant's substantial assistance to the United States, even if the United States chooses to file a motion pursuant to 18 U.S.C. § 3553(e)(1), USSG § 5K1.1, or Fed. R. Crim. P. 35. This Plea Agreement does not require the United States to file any pre- or post-sentence downward departure motion under USSG § 5K1.1 or Fed. R. Crim. P. 35. The United States reserves its right to defend any lawfully imposed sentence on appeal or in any post-conviction litigation.

In exchange for the concessions contained in this plea agreement, the defendant agrees that he will not seek a downward adjustment pursuant to 18 U.S.C. § 3553 and USSG § 4A1.3(b)(1)

from any sentence the Court may impose. The defendant agrees that he will not seek early termination or reduction of his term of supervised release, if any is imposed.

IX. FINANCIAL INFORMATION AND DISPOSITION OF ASSETS

Before or after sentencing, upon request by the Court, the United States, or the Probation Office, the Defendant will provide accurate and complete financial information, submit sworn statements, and/or give depositions under oath concerning his assets and his ability to pay. The Defendant will surrender assets he obtained directly or indirectly as a result of his crimes, and will release funds and property under his control in order to pay any fine, forfeiture, or restitution ordered by the Court.

X. THE DEFENDANT'S ACKNOWLEDGMENTS AND WAIVERS

A. Plea Agreement and Decision to Plead Guilty. The Defendant acknowledges that:

(1) He has read this Plea Agreement and understands its terms and conditions;

(2) He has had adequate time to discuss this case, the evidence, and this Plea Agreement with his attorney;

(3) He has discussed the terms of this Plea Agreement with his attorney;

(4) The representations contained in this Plea Agreement are true and correct, including the facts set forth in Section IV; and

(5) He was not under the influence of any alcohol, drug, or medicine that would impair his ability to understand the Agreement when he considered signing this Plea Agreement and when he signed it.

The Defendant understands that he alone decides whether to plead guilty or go to trial, and acknowledges that he has decided to enter his guilty plea knowing of the charges brought against him, his possible defenses, and the benefits and possible detriments of proceeding to trial. The Defendant also acknowledges that he decided to plead guilty voluntarily and that no one coerced or

threatened him to enter into this Plea Agreement.

B. Waiver of Appeal and Post-Conviction Proceedings. The Defendant knowingly and expressly waives: (a) the right to appeal any sentence imposed within or below the applicable Sentencing Guideline range as determined by the Court; (b) the right to appeal the manner in which the Court determined that sentence on the grounds set forth in 18 U.S.C. § 3742; and (c) the right to appeal any other aspect of the conviction or sentence and any order of restitution or forfeiture.

The Defendant also knowingly and expressly waives all collateral challenges, including any claims under 28 U.S.C. § 2255, to his conviction, sentence, and the procedure by which the Court adjudicated guilt and imposed sentence, except non-waivable claims of ineffective assistance of counsel.

The Defendant reserves only the right to appeal any portion of the sentence that is an upward departure from the Sentencing Guidelines range determined by the Court.

The Defendant acknowledges that the United States is not obligated or required to preserve any evidence obtained in the investigation of this case.

C. Removal/Deportation Consequences. The Defendant understands and acknowledges that if he is not a United States citizen, then it is highly probable that he will be permanently removed (deported) from the United States as a consequence of pleading guilty under the terms of this Plea Agreement. The Defendant has also been advised that if his conviction is for an offense described in 8 U.S.C. § 1101(a)(43), he will be deported and removed from the United States and will not be allowed to return to the United States at any time in the future. The Defendant desires to plead guilty regardless of any immigration consequences that may result from his guilty plea, even if the consequence is automatic removal from the United States with no possibility of returning. The Defendant acknowledges that he has specifically discussed these removal/deportation consequences with his attorney.

XI. ADDITIONAL ACKNOWLEDGMENTS

This Plea Agreement resulted from an arms-length negotiation in which both parties bargained for and received valuable benefits in exchange for valuable concessions. It constitutes the entire agreement negotiated and agreed to by the parties. No promises, agreements or conditions other than those set forth in this agreement have been made or implied by the Defendant, the Defendant's attorney, or the United States, and no additional promises, agreements or conditions shall have any force or effect unless set forth in writing and signed by all parties or confirmed on the record before the Court.

DANIEL G. BOGDEN,
United States Attorney

DATE _____

_____
CRANE M. POMERANTZ
Assistant United States Attorney

DATE _____

_____
WILLIAM CARRICO
Counsel for Defendant SWAINE

DATE _____

_____
KENT SWAINE, MD
Defendant

Administrative

Location [redacted] Granada Bluff Ct LAS VEGAS, NV 89135 Sector /Beat R1
Occurred On (Date / Time) Saturday 5/5/2012 3:31:00 PM Or Between (Date / Time) Saturday 5/5/2012 4:00:00 PM
Reporting Officer 10017 - Adams, K Reported On 5/5/2012
Entered By 13683 - Whitman, J Entered On 5/8/2012 9:34:24 PM
Related Cases Jurisdiction Clark County

Traffic Report Place Type Accident Involved

Offenses:

BATTERY / DOMESTIC VIOLENCE
Completed Yes Domestic Violence Yes Hate/Bias Unknown (Offenders Motivation Not Known)
Entry Premises Entered Type Security Tools
Weapons Personal Weapons (Hands, Feet, Teeth, etc.) Location Type Residence/Home
Criminal Activities

Victims:

Name: SWAINE, JEAN MARIE

Victim Type Individual Written Statement No Can ID Suspect
Victim of 200.485 - BATTERY / DOMESTIC VIOLENCE

DOB [redacted] Age 44 Sex Female Race Asian, Indian, Samoan, Pacific Islander Ethnicity

Height 5' 1" Weight 110 Hair Color Brown Eye Color Brown
Employer/School
Occupation/Grade
Injury None Observed Work Schedule
Injury Weapons Personal Weapons (Hands, Feet, Teeth, etc.)

Addresses
Residence [redacted]
Phones
Home/Residence [redacted]

Offender Relationships
A - SWAINE, KENT ALAN Victim Was Spouse
Notes:

UNLAWFUL DISSEMINATION of this restricted information is PROHIBITED. Violation will subject the offender to Criminal and Civil Liability.
Release To: Swaine, Kent
Date: 5/6/20 By: P15801L
Las Vegas Metropolitan Police Department

Arrestees:

Name: SWAINE, KENT ALAN
Alias:
Scope ID [redacted] DOB [redacted] Age 47 Race White Ethnicity Unknown
Sex Male Height 5' 10" Weight 180 Hair Color Brown Eye Color Blue
Employer/School Occupation/Grade

Addresses
Residence [redacted] Granada Bluff Ct LAS VEGAS, NV 89135
Phones
Home/Residence [redacted]
Notes: DEMEANOR-CALM

Narrative

ON 05/05/12 AT APPROXIMATELY 1536 HOURS, I, OFFICER K. ADAMS P#10017, R. BEST P#1000, AND J. IRWIN P#9708, WERE DISPATCHED TO [redacted] GRANADA BLUFF CT LV, NV 89135 IN REFERENCE TO A SUICIDE ATTEMPT CALL.

UPON ARRIVAL, IRWIN CONDUCTED A VEHICLE STOP ON THE RELATED VEHICLE, A BLACK BMW X3 BEARING NEVADA PLATE OF LVEP66. OFFICER IRWIN MADE CONTACT WITH KENT SWAINE [redacted] WHO STATED HIS WIFE OF 6 YEARS, JEANS SWAINE, [redacted] WER IN A VERBAL ARGUMENT ABOUT JEAN ATTEMPTING SUICIDE BY PILLS. KENT STATED THEY LEFT THE HOUSE BECAUSE HE WAS TAKING JEAN TO A NURSING CLASS. KENT STATED THAT HE PUNCHED JEAN BECAUSE SHE WAS HITTING HIM.

OFFICERS THEN SPOKE WITH JEAN WHO STATED SHE IS NOT SUICIDAL AND DOES NOT WANT TO HURT HERSELF. JEAN STATED THAT KENT PUNCHED AND KICKED HER SEVERAL TIMES ON HER RIGHT SHOULDER AND ARM AREA. JEAN STATED SHE DID NOT HIT KENT.

I THEN SPOKE WITH THEIR DAUGHTER KALEY SWAINE [redacted] WHO STATED THAT KENT AND JEAN WERE IN AN ARGUMENT. KALEY STATED THAT KENT HIT JEAN FIRST AND SEVERAL TIMES. KALEY STATED JEAN THEN HIT KENT ON HIS BACK AND RIGHT SHOULDER.

United States District Court

DISTRICT OF NEVADA
PROBATION OFFICE

Chad R. Boardman
CHIEF PROBATION OFFICER

☒ Reply to Las Vegas
Foley Federal Building
300 Las Vegas Blvd. South
Suite 1200
Las Vegas, NV 89101
Tel: 702-527-7300
Fax:702-527-7345

☐ Reply to Reno
Bruce R. Thompson U.S. Courthouse
400 S. Virginia St.
Suite 103
Reno, NV 89501
Tel: 775-686-5980
Fax: 775-686-5990

July 16, 2018

Kent Swaine
[redacted] Lenoir Street
Las Vegas, Nevada 89135

RE: EXPIRATION OF SUPERVISION TERM
Case No. 2:14CR00385

Dear Mr. Swaine:

This letter serves to formally confirm the expiration of your supervision term as ordered in criminal case 2:14CR00385, effective July 16, 2018.

Despite your expiration from supervision, you remain liable for any court-imposed restitution and/or fine amounts that remain outstanding and will be expected to continue with your monthly payments. If you have a felony conviction, you must adhere to all Federal and State laws prohibiting possession of firearms and/or explosive devices. Additionally, should you continue to reside in Nevada, you remain subject to local criminal registration requirements.

Sincerely,

Jessalynn McCormick
United States Probation Officer

-Integrity is Our Guide-

14D

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

4

CONTROLLED SUBSTANCE APPLICATION

Non-Refundable $200 fee

Rev (05/19/2021)

(This application cannot be used by PA's or APRN's)

Section 1: Personal Information

First: TRi Middle: _____ Last: TRUONG

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Home Address: [redacted] Stag Hollow CT.

City: LV State: NV Zip: 89139

Telephone: [redacted] Email: [redacted]

Degree: MD Practitioner License #: 9170 Specialty: Family Practice

(You MUST have a current and active license with your respective BOARD to apply for and maintain a controlled substance registration.)

Section 2: Practice Information (A practice address is required for processing of your application.)

Practice Name (if any): BeauTiFUL Laser Lounge and anti-aging LLC

Practice Address: 5375 S. FORT Apache Suite #: 102-103

City: Las Vegas State: NV Zip: 89148

Telephone: (702) 463 9159 Fax: (702) 463-6611 Email: patriwebb@gmail.com

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		+
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		+
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		+

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		+
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		+

Section 5: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		X
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	X	
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		

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 #:
Settle agreement	Nevada	12/3/2021	21-1276-1

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Tri Truong
Print Name (First, Last)

4/12/2022
Date

Tri Truong
Original Signature (electronic, copies or stamps not accepted)

4/12/2022
Date

Board Use Only: Date Processed: _____ Amount: 200 cc

April 12, 2022

Nevada State Board of Pharmacy
985 Damonte Ranch Parkway
Suite #206
Reno, Nevada 89521

Attention: To whom it may concern

STATEMENT OF EXPLANATION

Below please find my response to Section 5, incise 3.

On December 3, 2021 the NSBME issued an Order approving a Settlement Agreement with me containing a single count of Failure to Provide Adequate Supervision of a Physician Assistant. As a result, I received a public reprimand, paid a fine of $2,000.00, completed an additional 15 hours of continuing medical education (CME) regarding medical ethics and professionalism, and reimbursed the NSBME's fees and costs incurred in the matter. A copy of the Settlement Agreement is included with this application. My medical license remains valid and unrestricted.

Best Regards,

Tri Truong, MD

Lic#9170

RECEIVED
MAY 24 2022
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF NEVADA

* * * * *

In the Matter of Charges and Complaint Against: **TRI MINH TRUONG, M.D.,** **Respondent.**	**Case No. 21-12776-1**

FILED
SEP 28 2021
NEVADA STATE BOARD OF MEDICAL EXAMINERS
By:

COMPLAINT

The Investigative Committee[1] (IC) of the Nevada State Board of Medical Examiners (Board), by and through Aaron Bart Fricke, J.D., General Counsel and attorney for the IC, having a reasonable basis to believe that Tri Minh Truong, M.D. (Respondent), violated the provisions of Nevada Revised Statutes (NRS) Chapter 630 and Nevada Administrative Code (NAC) Chapter 630 (collectively, the Medical Practice Act), hereby issues its Complaint, stating the IC's charges and allegations as follows:

1. Respondent was at all times relative to this Complaint a medical doctor holding an active license to practice medicine in the State of Nevada (License No. 9170). Respondent was originally licensed by the Board on September 14, 1999

2. At all times relevant to this Complaint, Respondent was the supervising physician responsible for the medical activities of Robert Joseph Webb, PA, License No. 434 (Webb), a physician assistant licensed by the Board, pursuant to a formal notice of supervision provided to the Board on or about May 4, 2007, and filed in accord with NAC 630.360(4), wherein Respondent certified that he had read and was aware of all provisions of NRS Chapter 630 and NAC Chapter 630 concerning his duties and professional responsibilities as a physician supervising Webb.

[1] The Investigative Committee of the Nevada State Board of Medical Examiners, at the time this formal Complaint was authorized for filing, was composed of Board members Wayne Hardwick, M.D., Aury Nagy, M.D. and Mr. M. Neil Duxbury.

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

3. Pursuant to NAC 630.370, at all times relevant to this Complaint, as Webb's supervising physician, Respondent is responsible for all the medical activities of Webb.

4. Pursuant to NAC 630.375, at all times relevant to this Complaint, Webb is considered to be and is deemed the agent of Respondent in the performance of all medical activities.

5. At all times relevant to this Complaint, Webb owned, operated and/or served as the medical director of CIMA Medical Center, located at 1321 S Rainbow Blvd., Suite 101, Las Vegas, NV 89146 (CIMA Rainbow).

6. At all times relevant to this Complaint, Webb owned, operated and/or served as the medical director of Modern Wellness Clinic, located at 1321 S Rainbow Blvd., Suite 280, Las Vegas, NV 89146 (MWC).

7. At all times relevant to this Complaint, Webb owned, operated and/or served as the medical director of CIMA Medical Center, located at 2354 E. Bonanza Road, Las Vegas, NV 89101 (CIMA Bonanza).

8. Webb's son, Robert Webb, Jr., was the operations and marketing manager of MWC. Robert Webb, Jr., is not a licensed medical practitioner as defined by NRS 639.0125.

9. Webb permitted Robert Webb, Jr., and/or other unauthorized persons, to act under his authority to operate CIMA Bonanza, CIMA Rainbow and MWC to purchase, access, store, possess, administer, furnish, prescribe and/or dispense controlled substances and/or dangerous drugs to patients with whom Webb had not established a *bona fide* therapeutic relationship, before Webb had examined the patients and without his direct supervision, and for whom Webb had neither diagnosed nor determined that a controlled substance or dangerous drug was medically necessary.

10. Webb unlawfully issued one hundred eighty-four (184) prescriptions for controlled substances and three hundred ninety-four (394) prescriptions for dangerous drugs while traveling outside of the U.S. from July 8-14, 2017, July 21-August 2, 2017, and March 1-6, 2018, by pre-signing prescriptions, providing his log-on information to e-scribing systems to unauthorized persons, and/or failing to secure his secondary authenticator for e-scribing controlled substances.

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

11. Webb possessed pre-drawn, unlabeled syringes containing dangerous drugs intended for micronutrient infusion therapies.

12. Webb failed to ensure that dangerous drugs stored at CIMA Bonanza, CIMA Rainbow and MWC were kept in a locked storage area with access restricted to authorized persons, and failed to properly store, segregate and/or dispose of adulterated and/or expired drugs.

13. Pursuant to the Board's Order of September 10, 2021, in Case No. 21-130-1, Webb admitted, and the Board formally found, that Webb engaged in conduct that violated statutes and regulations of the Nevada State Board of Pharmacy (Pharmacy Board) as alleged in the complaint filed therein, for which misconduct Webb was formally disciplined by the Board.

COUNT I

NRS 630.306(1)(b)(3) – Engaging in Conduct that Violates Statutes and Regulations of the Pharmacy Board

14. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein.

15. NRS 630.306(1)(b)(3) provides that engaging in conduct that violates a provision of chapter 639 of NRS, or a regulation adopted by the Pharmacy Board pursuant thereto, is grounds for initiating disciplinary action.

16. All controlled substances and dangerous drugs in the possession of a physician assistant must be kept in a locked storage area with access restricted to authorized persons. *See* 21 CFR § 1301.71; NAC 639.285.

17. 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 Pharmacy Board. *See* NRS 639.210(4).

18. Performing any duties as the holder of a controlled substance registration or a dispensing practitioner registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i)

///

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

and is grounds for suspension or revocation of any license or registration issued by the Pharmacy Board. *See* NRS 639.210(4).

19. 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 Pharmacy Board. *See* NRS 639.210(4).

20. Including but not limited to the conduct described herein, Webb engaged in conduct that violates statutes and regulations adopted by the Pharmacy Board, specifically including but not limited to NAC 639.285, and NAC 639.945(1)(h)-(j).

21. Pursuant to NAC 630.370 and 630.375, as Webb's supervising physician, Respondent is professionally responsible for his agent, Webb, violating statutes and regulations adopted by the Pharmacy Board, specifically including but not limited to NAC 639.285, and NAC 639.945(1)(h)-(j).

22. By reason of the foregoing, Respondent is subject to discipline by the Nevada State Board of Medical Examiners as provided in NRS 630.352.

WHEREFORE, the Investigative Committee prays:

1. That the Board give Respondent notice of the charges herein against him and give him notice that he may file an answer to the Complaint herein as set forth in NRS 630.339(2) within twenty (20) days of service of the Complaint;

2. That the Board set a time and place for a formal hearing after holding an Early Case Conference pursuant to NRS 630.339(3);

3. That the Board determine what sanctions to impose if it determines there has been a violation or violations of the Medical Practice Act committed by Respondent;

4. That the Board award fees and costs for the investigation and prosecution of this case as outlined in NRS 622.400;

5. That the Board make, issue and serve on Respondent its findings of fact, conclusions of law and order, in writing, that includes the sanctions imposed; and

///

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

6. That the Board take such other and further action as may be just and proper in these premises.

DATED this 28th day of September, 2021.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____

AARON BART FRICKE, J.D.
General Counsel
9600 Gateway Drive
Reno, NV 89521
Tel: (775) 688-2559
Email: africke@medboard.nv.gov
Attorney for the Investigative Committee

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

VERIFICATION

STATE OF NEVADA)
: ss.
COUNTY OF WASHOE)

Bret W. Frey, M.D., having been duly sworn, hereby deposes and states under penalty of perjury that he is the Chairman of the Investigative Committee of the Nevada State Board of Medical Examiners that authorized the Complaint against the Respondent herein; that he has read the foregoing Complaint; and that based upon information discovered in the course of the investigation into a complaint against Respondent, he believes that the allegations and charges in the foregoing Complaint against Respondent are true, accurate and correct.

DATED this 28th day of September, 2021.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____
BRET W. FREY, M.D.
Chairman of the Investigative Committee

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

CERTIFICATE OF SERVICE

I hereby certify that I am employed by the Nevada State Board of Medical Examiners and that on the 28th day of September, 2021, I served a file-stamped copy of the foregoing **COMPLAINT**, via U.S. Certified Mail to the following parties:

TRI MINH TRUONG, M.D.
[redacted] S. Eastern Ave., Ste. A634
Henderson, NV 89052
Certified Mail Receipt No.: 9171 9690 0935 0252 1570 23

DATED this 28th day of September, 2021.

MERCEDES FUENTES
Legal Assistant
Nevada State Board of Medical Examiners

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF NEVADA

* * * * *

In the Matter of Charges and Complaint Against: **TRI MINH TRUONG, M.D.,** **Respondent.**	**Case No. 21-12776-1**

FILED
NOV - 3 2021
NEVADA STATE BOARD OF MEDICAL EXAMINERS
By:

FIRST AMENDED COMPLAINT

The Investigative Committee[1] (IC) of the Nevada State Board of Medical Examiners (Board), by and through Aaron Bart Fricke, J.D., General Counsel and attorney for the IC, having a reasonable basis to believe that Tri Minh Truong, M.D. (Respondent), violated the provisions of Nevada Revised Statutes (NRS) Chapter 630 and Nevada Administrative Code (NAC) Chapter 630 (collectively, the Medical Practice Act), hereby issues its Complaint, stating the IC's charges and allegations as follows:

1. Respondent was at all times relative to this Complaint a medical doctor holding an active license to practice medicine in the State of Nevada (License No. 9170). Respondent was originally licensed by the Board on September 14, 1999

2. At all times relevant to this Complaint, Respondent was the supervising physician responsible for the medical activities of Robert Joseph Webb, PA, License No. 434 (Webb), a physician assistant licensed by the Board, pursuant to a formal notice of supervision provided to the Board on or about May 4, 2007, and filed in accord with NAC 630.360(4), wherein Respondent certified that he had read and was aware of all provisions of NRS Chapter 630 and NAC Chapter 630 concerning his duties and professional responsibilities as a physician supervising Webb.

[1] The Investigative Committee of the Nevada State Board of Medical Examiners, at the time this formal Complaint was authorized for filing, was composed of Board members Wayne Hardwick, M.D., Aury Nagy, M.D. and Mr. M. Neil Duxbury.

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Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

3. Pursuant to NAC 630.370, at all times relevant to this Complaint, as Webb's supervising physician, Respondent was responsible for all the medical activities of Webb.

4. Pursuant to NAC 630.375, at all times relevant to this Complaint, Webb was considered to be and was deemed the agent of Respondent in the performance of all medical activities.

5. At all times relevant to this Complaint, Webb owned, operated and/or served as the medical director of CIMA Medical Center, located at 1321 S Rainbow Blvd., Suite 101, Las Vegas, NV 89146 (CIMA Rainbow).

6. At all times relevant to this Complaint, Webb owned, operated and/or served as the medical director of Modern Wellness Clinic, located at 1321 S Rainbow Blvd., Suite 280, Las Vegas, NV 89146 (MWC).

7. At all times relevant to this Complaint, Webb owned, operated and/or served as the medical director of CIMA Medical Center, located at 2354 E. Bonanza Road, Las Vegas, NV 89101 (CIMA Bonanza).

8. Webb's son, Robert Webb, Jr., was the operations and marketing manager of MWC. Robert Webb, Jr., is not a licensed medical practitioner as defined by NRS 639.0125.

9. Webb permitted Robert Webb, Jr., and/or other unauthorized persons, to act under his authority to operate CIMA Bonanza, CIMA Rainbow and MWC to purchase, access, store, possess, administer, furnish, prescribe and/or dispense controlled substances and/or dangerous drugs to patients with whom Webb had not established a *bona fide* therapeutic relationship, before Webb had examined the patients and without his direct supervision, and for whom Webb had neither diagnosed nor determined that a controlled substance or dangerous drug was medically necessary.

10. Webb unlawfully issued one hundred eighty-four (184) prescriptions for controlled substances and three hundred ninety-four (394) prescriptions for dangerous drugs while traveling outside of the U.S. from July 8-14, 2017, July 21-August 2, 2017, and March 1-6, 2018, by pre-signing prescriptions, providing his log-on information to e-scribing systems to unauthorized persons, and/or failing to secure his secondary authenticator for e-scribing controlled substances.

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11. Webb possessed pre-drawn, unlabeled syringes containing dangerous drugs intended for micronutrient infusion therapies.

12. Webb failed to ensure that dangerous drugs stored at CIMA Bonanza, CIMA Rainbow and MWC were kept in a locked storage area with access restricted to authorized persons, and failed to properly store, segregate and/or dispose of adulterated and/or expired drugs.

13. NRS 630.306(1)(b)(3) provides that engaging in conduct that violates a provision of chapter 639 of NRS, or a regulation adopted by the Pharmacy Board pursuant thereto, is grounds for initiating disciplinary action.

14. All controlled substances and dangerous drugs in the possession of a physician assistant must be kept in a locked storage area with access restricted to authorized persons. *See* 21 CFR § 1301.71; NAC 639.285.

15. Performing or in any way being a party to any fraudulent or deceitful practice or transaction constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(h) and is grounds for suspension or revocation of any license or registration issued by the Pharmacy Board. *See* NRS 639.210(4).

16. Performing any duties as the holder of a controlled substance registration or a dispensing practitioner registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license or registration issued by the Pharmacy Board. *See* NRS 639.210(4).

17. 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 Pharmacy Board. *See* NRS 639.210(4).

18. Pursuant to the Board's Order of September 10, 2021, in Case No. 21-130-1, Webb admitted, and the Board formally found, that Webb engaged in conduct that violated statutes and regulations of the Nevada State Board of Pharmacy (Pharmacy Board) as alleged in the complaint filed therein, for which misconduct Webb was formally disciplined by the Board.

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF NEVADA

* * * * *

In the Matter of Charges and Complaint Against: **TRI MINH TRUONG, M.D.** **Respondent.**	**Case No. 21-12776-1**

FILED
DEC 03 2021
NEVADA STATE BOARD OF MEDICAL EXAMINERS
By:

SETTLEMENT AGREEMENT

The Investigative Committee (IC) of the Nevada State Board of Medical Examiners (Board), by and through Aaron Bart Fricke, J.D., General Counsel for the Board and attorney for the IC, and Tri Minh Truong, M.D. (Respondent), a licensed physician in Nevada, assisted by his attorney, Kathleen T. Janssen, Esq., of the law firm of Cook & Kelesis, LTD., hereby enter into this Settlement Agreement (Agreement) based on the following:[1]

A. BACKGROUND

1. Respondent is a medical doctor currently licensed in active status by the Board pursuant to Chapter 630 of the Nevada Revised Statutes (NRS) and Chapter 630 of the Nevada Administrative Code (NAC) (collectively, the Medical Practice Act) to practice medicine in Nevada. His license was originally issued on September 14, 1999 (License No. 9170).

2. On November 3, 2021, in Case No. 21-12776-1, the IC filed a formal First Amended Complaint (Complaint) charging Respondent with violating the Medical Practice Act. Specifically, the Complaint alleges one (1) violation of NAC 630.230(1)(i), Failure to Provide Adequate Supervision of a Physician Assistant (Count I). By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

[1] All agreements and admissions made by Respondent are solely for final disposition of this matter and any subsequent related administrative proceedings or civil litigation involving the Board and Respondent. Therefore, Respondent's agreements and admissions are not intended or made for any other use, such as in the context of another state or federal government regulatory agency proceeding, state or federal civil or criminal proceeding, any state or federal court proceeding, or any credentialing or privileges matter.

3. Respondent was properly served with a copy of this Complaint, has reviewed and understands this Complaint, and has had the opportunity to consult with competent counsel concerning the nature and significance of this Complaint.

4. Respondent is hereby advised of his rights regarding this administrative matter, and of his opportunity to defend against the allegations in the Complaint. Specifically, Respondent has certain rights in this administrative matter as set out by the United States Constitution, the Nevada Constitution, the Medical Practice Act, the Nevada Open Meeting Law (OML), which is contained in NRS Chapter 241, and the Nevada Administrative Procedure Act (APA), which is contained in NRS Chapter 233B. These rights include the right to a formal hearing on the allegations in the Complaint, the right to representation by counsel, at his own expense, in the preparation and presentation of his defense, the right to confront and cross-examine the witnesses and evidence against him, the right to written findings of fact, conclusions of law and order reflecting the final decision of the Board, and the right to judicial review of the Board's order, if the decision is adverse to him.

5. Respondent understands that, under the Board's charge to protect the public by regulating the practice of medicine, the Board may take disciplinary action against Respondent's license, including license probation, license suspension, license revocation and imposition of administrative fines, as well as any other reasonable requirement or limitation, if the Board concludes that Respondent violated one or more provisions of the Medical Practice Act.

6. Respondent understands and agrees that this Agreement, by and between Respondent and the IC, is not with the Board, and that the IC will present this Agreement to the Board for consideration in open session at a duly noticed and scheduled meeting. Respondent understands that the IC shall advocate for the Board's approval of this Agreement, but that the Board has the right to decide in its own discretion whether or not to approve this Agreement. Respondent further understands and agrees that if the Board approves this Agreement, then the terms and conditions enumerated below shall be binding and enforceable upon him and the Board.

///

///

B. TERMS & CONDITIONS

NOW, THEREFORE, in order to resolve the matters addressed herein, i.e., the matters with regard to the Complaint, Respondent and the IC hereby agree to the following terms and conditions:

1. **Jurisdiction**. Respondent is, and at all times relevant to the Complaint has been, a physician licensed to practice medicine in Nevada subject to the jurisdiction of the Board as set forth in the Medical Practice Act.

2. **Representation by Counsel/Knowing, Willing and Intelligent Agreement**. Respondent acknowledges he is represented by counsel, and wishes to resolve the matters addressed herein with said counsel. Respondent agrees that if representation by counsel in this matter materially changes prior to entering into this Agreement and for the duration of this Agreement, that counsel for the IC will be timely notified of the material change. Respondent agrees that he knowingly, willingly and intelligently enters into this Agreement after deciding to have a full consultation with and upon the advice of legal counsel.

3. **Waiver of Rights**. In connection with this Agreement, and the associated terms and conditions, Respondent knowingly, willingly and intelligently waives all rights in connection with this administrative matter. Respondent hereby knowingly, willingly and intelligently waives all rights arising under the United States Constitution, the Nevada Constitution, the Medical Practice Act, the OML, the APA, and any other legal rights that may be available to him or that may apply to him in connection with the administrative proceedings resulting from the Complaint filed in this matter, including defense of the Complaint, adjudication of the allegations set forth in the Complaint, and imposition of any disciplinary actions or sanctions ordered by the Board. Respondent agrees to settle and resolve the allegations of the Complaint as set out by this Agreement, without a hearing or any further proceedings and without the right to judicial review.

4. **Acknowledgement of Reasonable Basis to Proceed**. As of the time of entering into this Settlement Agreement, the allegations of the Complaint remain unproven. Respondent acknowledges that the IC believes it has a reasonable basis to allege that Respondent engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act. The IC acknowledges

Respondent is not admitting that the IC's claims/counts as alleged in the Complaint have merit and Respondent is agreeing to resolve this matter to avoid the costs of hearing and potential subsequent litigation. Respondent asserts if this matter were to proceed to hearing, he has evidence, witnesses, expert witness(es) and defenses to the counts/claims alleged in the Complaint, but for the purposes of resolving the matter and for no other purpose, Respondent waives the presentation of evidence, witnesses, expert witnesses, and defenses in order to effectuate this Agreement.

5. **Consent to Entry of Order**. In order to resolve this Complaint pending against Respondent, Respondent hereby agrees that the Board may issue an order finding that Respondent engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act. Accordingly, the following terms and conditions are hereby agreed upon:

a. Respondent admits to Count I, violation of NAC 630.230(1)(i), Failure to Provide Adequate Supervision of a Physician Assistant.

b. Respondent shall pay the costs and expenses incurred in the investigation and prosecution of the above-referenced matter within sixty (60) days of the Board's acceptance, adoption and approval of this Agreement, the current amount being two thousand six hundred forty-six dollars and eighty-one cents ($2,646.81), not including any costs that may be necessary to finalize this Agreement.

c. Respondent shall pay a fine of two thousand dollars ($2,000.00) within sixty (60) days of the Board's acceptance, adoption and approval of this Agreement.

d. Respondent shall complete fifteen (15) hours of continuing medical education (CME) regarding medical ethics and professionalism within six (6) months of the date of the Board's acceptance, adoption and approval of this Agreement. The aforementioned hours of CME shall be in addition to any CME requirements that are regularly imposed upon Respondent as a condition of licensure in the State of Nevada, and shall be approved by the Board to meet this requirement prior to their completion, and proof of completion shall be provided to the Board.

e. This Agreement shall be reported to the appropriate entities and parties as required by law, including, but not limited to, the National Practitioner Data Bank.

f. Respondent shall receive a Public Letter of Reprimand.

g. The remaining counts of the Complaint, if any, and any other claims arising from this corresponding investigation, shall be dismissed with prejudice.

6. **Release from Liability**. In execution of this Agreement, Respondent understands and agrees that the State of Nevada, the Board, and each of its members, staff, counsel, investigators, experts, peer reviewers, committees, panels, hearing officers, consultants and agents are immune from civil liability for any decision or action taken in good faith in response to information acquired by the Board. NRS 630.364(2)(a). Respondent agrees to release the State of Nevada, the Board, and each of its members, staff, counsel, investigators, experts, peer reviewers, committees, panels, hearing officers, consultants and agents from any and all manner of actions, causes of action, suits, debts, judgments, executions, claims and demands whatsoever, known and unknown, in law or equity, that Respondent ever had, now has, may have or claim to have, against any or all of the persons, government agencies or entities named in this paragraph arising out of, or by reason of, this investigation, this Agreement or the administration of the case referenced herein.

7. **Procedure for Adoption of Agreement**. The IC and counsel for the IC shall recommend approval and adoption of the terms and conditions of this Agreement by the Board in resolution of this Complaint. In the course of seeking Board acceptance, approval and adoption of this Agreement, counsel for the IC may communicate directly with the Board staff and the adjudicating members of the Board.

Respondent acknowledges that such contacts and communications may be made or conducted ex-parté, without notice or opportunity to be heard on his part until the public Board meeting where this Agreement is discussed, and that such contacts and communications may include, but may not be limited to, matters concerning this Agreement, the Complaint and any and all information of every nature whatsoever related to this matter. The IC and its counsel agree that Respondent and/or Counsel for the Respondent may appear at the Board meeting where this Agreement is discussed and, if requested, respond to any questions that may be addressed to the IC or the IC's counsel.

8. **Effect of Acceptance of Agreement by Board**. In the event the Board accepts, approves and adopts this Agreement, the Board shall issue a final order, making this Agreement an order of the Board, and, pending full compliance with the terms herein, the case shall be closed and all remaining claims arising out of the Complaint shall be dismissed with prejudice.

9. **Effect of Rejection of Agreement by Board**. In the event the Board does not accept, approve and adopt this Agreement, this Agreement shall be null, void and of no force and effect except as to the following agreement regarding adjudications: (1) Respondent agrees that, notwithstanding rejection of this Agreement by the Board, nothing contained in this Agreement and nothing that occurs pursuant to efforts of the IC to seek the Board's acceptance of this Agreement shall disqualify any member of the adjudicating panel of the Board from considering this Complaint and from participating in disciplinary proceedings against Respondent, including adjudication of this case; and (2) Respondent further agrees that he shall not seek to disqualify any such member absent evidence of bad faith.

10. **Binding Effect**. If approved by the Board, Respondent understands that this Agreement is a binding and enforceable contract upon Respondent and the Board.

11. **Forum Selection Clause**. The parties agree that in the event either party is required to seek enforcement of this Agreement in district court, the party's consent to such jurisdiction and agree that exclusive jurisdiction shall be in the Second Judicial District Court, State of Nevada, Washoe County.

12. **Attorneys' Fees and Costs**. The parties agree that in the event an action is commenced in district court to enforce any provision of this Agreement, the prevailing party shall be entitled to recover reasonable attorneys' fees and costs.

13. **Failure to Comply with Terms**. Should Respondent fail to comply with any term or condition of this Agreement once the Agreement has been accepted, approved and adopted by the Board, the IC shall be authorized to immediately suspend Respondent's license to practice medicine in Nevada pending an Order to Show Cause Hearing, which will be duly noticed. Failure to comply with the terms of this Agreement, including failure to pay any fines, costs, expenses or fees owed to the Board, is a failure to comply with an order of the Board, which may

result in additional disciplinary action being taken against Respondent. NRS 630.3065(2)(a). Further, Respondent's failure to remit payment to the Board for monies agreed to be paid as a condition of this Agreement may subject Respondent to civil collection efforts.

DATED this 8 day of NOVEMBER 2021.

INVESTIGATIVE COMMITTEE OF THE NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____

AARON BART FRICKE, J.D.
General Counsel
9600 Gateway Drive
Reno, NV 89521
Tel: (775) 688-2559
Email: rkilroy@medboard.nv.gov
Attorney for the Investigative Committee

DATED this 4 day of Nov, 2021

COOK & KELESIS, LTD.

By: _____

KATHLEEN T. JANSSEN, ESQ.
Cook & Kelesis, LTD.
517 S. 9th Street
Las Vegas, NV 89101
Tel: (702) 737-7702
Email: kjanssen@bckltd.com
Attorney for Respondent

14.
DATED this 4th day of November, 2021.

By: _____

TRI MINH TRUONG, M.D.
License No. 9170
Respondent

ORDER

IT IS HEREBY ORDERED that, the foregoing Settlement Agreement (Case No. 21-12776-1) was approved and accepted by the Nevada State Board of Medical Examiners on the 3rd day of December, 2021.

DATED this 3RD day of December, 2021.

NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____

VICTOR M. MURO, M.D.
Board President

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

14E

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

CONTROLLED SUBSTANCE APPLICATION

Non-Refundable $200 fee

Rev (05/19/2021)

(This application cannot be used by PA's or APRN's)

Section 1: Personal Information

First: SHERMAN Middle: _____ Last: WASHINGTON

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Home Address: [redacted] N GREEN VALLEY PARK WAY STE [redacted]

City: HENDERSON State: NV Zip: 89014

Telephone: [redacted] Email: SWASHINGTON@IUVENTUSMEDICAL.COM

Degree: MD Practitioner License #: 15168 Specialty: EMERGENCY

(You MUST have a current and active license with your respective BOARD to apply for and maintain a controlled substance registration.)

Section 2: Practice Information (A practice address is required for processing of your application.)

Practice Name (if any): IUVENTUS MEDICAL CENTER

Practice Address: 3365 E FLAMINGO ROAD Suite #: 2

City: LAS VEGAS State: NV Zip: 89121

Telephone: 702-457-3888 Fax: 702-974-2199 Email: ADMIN@IUVENTUSMEDICAL.COM

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)	✓	
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	✓	

Section 5: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	✓	
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	✓	

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:
NV State Board MD	N.V	12/3/2021	21-41427-1

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Sherman Washington — 02/07/2022

Print Name (First, Last) — Date

02/07/2022

Original Signature (electronic, copies or stamps not accepted) — Date

Board Use Only: Date Processed: _____ Amount: 200 check # 4457

14F

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Y

CONTROLLED SUBSTANCE APPLICATION

Non-Refundable $200 fee

Rev (05/19/2021)

(This application cannot be used by PA's or APRN's)

Section 1: Personal Information

First: SHERMAN Middle: _____ Last: WASHINGTON

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Home Address: [redacted] N GREEN VALLEY PARK WAY STE [redacted]

City: HENDERSON State: NV Zip: 89014

Telephone: [redacted] Email: SWASHINGTON@IUVENTUSMEDICAL.COM

Degree: MD Practitioner License #: 15168 Specialty: EMERGENCY

(You MUST have a current and active license with your respective BOARD to apply for and maintain a controlled substance registration.)

Section 2: Practice Information (A practice address is required for processing of your application.)

Practice Name (if any): IUVENTUS MEDICAL CENTER

Practice Address: 4966 S RAINBOW BLVD Suite #: 100

City: LAS VEGAS State: NV Zip: 89118

Telephone: 702-475-4898 Fax: 702-974-2199 Email: ADMIN@IUVENTUSMEDICAL.COM

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)	✓	
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	✓	

Section 5: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	✓	
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	✓	

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:
N.V. St Board of MD	N.V	12/3/2021	21-4727-1

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Sherman Washington
Print Name (First, Last)

02/07/2022
Date

Original Signature (electronic, copies or stamps not accepted)

02/07/2022
Date

Board Use Only: Date Processed: _____ Amount: 200 check # 4458

15

Application

For Pharmacist to Engage in Practice of Pharmacy at Site other than a Licensed Pharmacy (NAC 639.403)

(a) Applicant/ Name of Pharmacist: Stephen McMillan (License #: 13628)

(b) Description of services that the pharmacist intends to provide at the site:

I will provide services as the Oncology Clinical Pharmacist at Cure 4 The Kids Foundation's Outpatient Childhood Cancer Center. As a member of the organization's multidisciplinary cancer care team, I will be assigned exclusively to the infusion center and IV compounding room to work alongside the physician led medical team from a disease management perspective assisting with promoting safe and cost-effective pharmaceutical care for a highly specialized patient population (e.g., pediatric, adolescent, and young adult oncology patients, patients with inherited bleeding and clotting disorders, and patients with rare diseases.) Job description available upon request.

As a member of the cancer care team, I will take a proactive role in identifying, preventing, and resolving potential or actual medication-related problems; focusing on symptom management and supportive care while working directly with the medical team to counsel patients and parents with pharmaceutical related concerns that arise throughout the treatment plan.

I will oversee the IV compounding room and staff to ensure compliance with USP 797 and USP 800 standards, Joint Commission standards, and ensure that organization-wide patient safety initiatives are being met, along with other non-dispensing tasks required to run an efficient high-volume and specialized infusion center.

I will be focusing on comprehensive pharmaceutical care through integrated drug distribution, clinical services, and education. I will not be dispensing or administering medication, immunizations, or any other product directly to the patients, or any other persons.

(c) Location at which services will be provided:
Cure 4 The Kids Foundation Childhood Cancer Center
1 Breakthrough Way Las Vegas, Nevada 8913
702-481-3179
www.cure4thekids.org

(d) Patient Population Served:

- Pediatric, Adolescent, and Young Adult (AYA) Cancer Patients
- Pediatric and Young Adult Hematology Patients; Sickle Cell disease, bleeding and clotting disorders, and rare anemias, etc.
- Lysosomal Storage Disease patients; Niemann-Pick disease, Gaucher disease, Fabry disease, MPS, etc.
- Patients with Rare and Ultra-Rare Genetic diseases and disorders that require complex infusions on a regular basis.

- Pediatric Patients with Gastrointestinal Issues, Immune-deficiencies and autoimmune diseases requiring infusions; Remicade, Stelara, IVIg, etc.

(e) Entities to whom the pharmacist intends to provide the service:

I will be assigned exclusively to the Cure 4 The Kids Cancer Center providing services within their infusion center and compounding room.

The position will be a collaborative one with the Cure 4 The Kids Foundation Outpatient Pharmacy (License # PH04368) from a multidisciplinary and consultative perspective only- I will not dispense prescriptions through this pharmacy.

No other entities will be served.

(f) Description of all resources available to the pharmacist in the course of providing the service:

- Controlled Environment Management (CEM) ISO 14644 and CETA CAG-003 certified compounding room, (positive and negative) Hazard room, non-Hazard room, and Ante room (Certification reports available upon request.)
- 2 Class II Biological Safety Cabinets
- Nucleus Pharmacy Inventory Management System with Integrated Cabinets
- Hybrent Healthcare Supply Chain- Multi-Vendor Procurement Software
- IntellliDose and eClinicalWorks - Chemotherapy Management and Order/Protocol Verification System
- Electronic Medical Record (EMR) Allscripts- this is a full-service Practice Management and EMR system
- PolicyStat- Fully Loaded Policy Management Systems and Cloud Based Storage
- A fully integrated intranet for internal communication
- Microsoft Office 365 Suite of Software, including General Dynamics Accounting and Procurement System
- Facility Approved Drug Formulary -Reviewed and Approved Annually
- Many Multidisciplinary Committees are Available for Quality Improvement Activities and collaboration, Infection Control Committee, Environment of Care and Patient Safety Committee, etc.

(g) Hours of Operation: 8 AM to 5 PM Monday through Friday- closed weekends and holidays

(h) Policy in the absence of the pharmacist:

In my absence, there is a well-trained and highly competent team of professionals who are approved to verify the accuracy of orders, safely compound, and double-check drug calculations, dose/concentration, and administration route on all medications prior to being released for administration-where a second double-checking process is done by two oncology trained nurses. Many members of the cancer care team; Registered Nurses, Physicians, and Nurse Practitioners have received training, completed competency requirements, and are approved to double check orders per an established and Joint Commission approved medication double checking policy. The policy outlines the steps required for double checking every step in the process with all

medications to be administered within the infusion center. The policy and required training follow all industry standards and are in accordance with generally accepted patient safety standards. All related policies, training, and competency requirements are available upon request.

Per policy, all high alert/risk medications and compounded medications must be double checked, before administering by approved personnel other than the person who prepared or compounded the medication. The Medication Administration Confirmation and Verification System Policy and the High-Alert Medication Management Policy are available upon request.

(i) Confidentiality and Security of Patient Data Policies:

At Cure 4 The Kids Foundation there are established organization-wide standards and accompanying policies for the safeguarding of protected health information (PHI) that follows the published Health Insurance Portability and Accountability Act (HIPAA) standards. Including but not limited to the following policies (all policies are available upon request):

- Protected Health Information Security Standards Policy
- Information Management Plan
- Confidentiality Policy
- Computer Privacy and Security Policy
- Medical Records Retention Policy
- Protection and Availability of Medical Records Policy
- Destruction and Disposal of PHI and Storage Media Policy

Cure 4 The Kids Foundation has been accredited by The Joint Commission (TJC) since 2012 and therefore, they have well established policies and procedures that meet or exceed the TJC standards that address information management, security of PHI, and all HIPPA regulations. The Joint Commission accreditation reports and certifications are available upon request.

(j) Services provided will be affiliated or otherwise related to a licensed pharmacy:
Services provided will be exclusive to the Cure 4 The Kids Cancer Center, with some adjunct involvement with the Cure 4 The Kids Foundation Outpatient Pharmacy (License # PH04368) (NPI 1730718248). I will not be dispensing products through this pharmacy- I will only collaborate with the pharmacist assigned to this pharmacy (Catherine Boutsikakis License # 19624). Cure 4 The Kids Foundation and I are very clear on the required boundaries between the infusion center and compounding room and the on-site licensed pharmacy.

The relationship between the two are strictly consultative and collaborative in nature.

(k) The business plan of Cure 4 The Kids Foundation is described as follows (see links below for the complete plan details):

Cure 4 The Kids Foundation (C4K) is advancing cures and prevention of childhood diseases through clinical excellence, research, and innovation. They are a 501 (c)3 tax-exempt organization and an independent division of Roseman University of Health Sciences. They are

the community leader in the research and treatment of childhood cancer and other rare childhood diseases.

Their vision is to ensure continuous quality improvement through being a reliable, efficient, and responsive team that has the capability of meeting the individual needs of this patient while continually improving care for the next patient.

Founded in September 2006 and awarded 501 (c)(3) tax exemption in April 2007. The C4K mission is rooted in the desire to transform how Nevada's children with cancer and rare diseases receive care. They set out to create a legacy project for our community, not just another business. The C4K model blends the required structure and rigor of the best clinical practices found in centers of excellence; practices normally reserved for large corporate and/or academic healthcare environments, with the responsibility and generosity of philanthropy.

The primary approach behind the C4K business model is to create a new kind of healthcare facility; one that blended the best of what corporate healthcare, education and research has to offer with the generosity, thoughtfulness, and spirit of charity. This hybrid model allows them to function like a traditional professional healthcare entity in terms of clinical outcomes, yet also allows them to be deeply human in their interactions with patients and their families. The current focus is on becoming a nationally recognized center of excellence with a regional focus that equips kids and their families to fight diseases, where no kid gets turned away; that is what makes C4K uniquely Cure 4 The Kids Foundation.

Currently, they are focused on the strategies and initiatives outlined in their 2020-2025 Strategic Plan called *Here We Grow Again.* One of the priorities of this plan includes the intentional expansion of our multidisciplinary care team- including adding an Oncology Clinical Pharmacist to their multi-disciplinary care team. The goal of this expansion is to improve the continuity of care for their uniquely complex patient population.

C4K and I believe that continuity of care is the hallmark of high-quality care over time, and we also believe that coordination of care for cancer patients requires that the patient, their family, and his/her physician-led care team all cooperate and collaborate on all aspects of the treatment plan- specifically on the complex pharmaceutical interventions required to care for this patient population.

For this model to be effective, all disciplines; including clinical pharmacy need to be involved in the ongoing health care management of these patients- working toward the shared goal of high-quality, cost-effective medical care provided within the outpatient cancer center setting.

Please feel free to contact me at 702-743-7433 Smcmillan5@mac.com or Annette Logan-Parker, Founder & CEO of Cure 4 The Kids Foundation at 702-481-3179 alogan@cure4thekids.org if you have any questions or need additional information to support this request for a waiver to practice pharmacy at a site other than a licensed pharmacy.

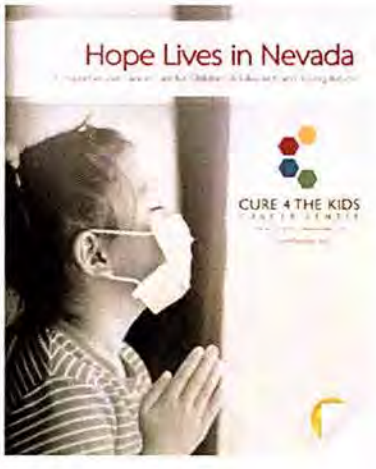
Click or scan the QR code below for more detailed information regarding C4K's 2020-2025 Strategic Plan, 'Here We Grow Again,' and their Comprehensive Cancer Plan, 'Hope Lives in Nevada'.

These two documents outline the business plan and strategies that will guide the future of the organization.



Click or Scan to
2020-2025
Strategic Plan

Press control and then clink on photo to open the document or use the QR code form your phone



Click or Scan to
C4K's Comprehensive
Cancer Plan

Press control and then clink on photo to open the document or use the QR code form your phone

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Candy Nally

From: Ameer Alhaj <[redacted]
Sent: Thursday, July 7, 2022 2:21 PM
To: Candy Nally
Subject: Naplex

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Dear Nevada board of pharmacy members,

I'm writing down this email with a broken heart.

My name is Ameer Alhaj, I graduated from LECOM Pharmacy School in 2020. I took the naplex 5 times in Michigan, but unfortunately I didn't pass. During the 2020 year, Michigan Board Of Pharmacy changed the rule of attempts to take the NAPLEX to 5 attempts only. I contacted the NABP if it's possible for another attempt and they said they allow 6 attempts if I find another state to give me the approval to take the exam for the last chance. I'm asking kindly and hoping patiently the Nevada Board Of Pharmacy to give me one last step towards a better future for my family. I'm really anxious of my current life because I couldn't finish what I started. I'm trying to take it in Nevada for the first time. I already submitted the application and the NABP is waiting for a decision to allow me to take the NAPLEX for one last attempt. I spoke with one of the board members of Nevada Board Of Pharmacy, she was a really helpful lady and I wish her nothing but the best in her life. She told me everything looks good, but I have to send this email and explain my situation and she will schedule me for a board meeting in September to get a decision.

Durning the toughest year of COVID-19. I didn't have the chance to celebrate my graduation ceremony and becoming a Licensed Pharmacist like other students. Most of us lost some loved ones due to this pandemic, it was a tough year for all of us.

My mistake was trying to finish the exam fast and start supporting my family and community. I just wanted to make my family proud because they've been waiting for this moment since I started school. I didn't have anyone to advise me on what should I do or how to approach it. Since, the past two years I can't find a job and I'm struggling financially despite the loans that I have to pay off. This situation had a negative impact on my entire family not just my life. I'm asking to consider my situation with kindness an

d be part of my success.

Sincerely,

Ameer alhaj

[redacted]

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521

APPLICATION BY EXAMINATION AS A PHARMACIST

If you are requesting examination eligibility for initial licensure and/or you don't meet the requirements for reciprocation.

Total Fee: $250.00 (Non-refundable check or credit card. Credit Cards are charged a 5% processing fee)

Made payable to: **Nevada State Board of Pharmacy**

Complete Name (no abbreviations):

First: Ameer Middle: Abdo Last: Alhaj

Mailing Address: [redacted] Roulo St.

City: Dearborn State: MI Zip Code: 48120

Telephone: [redacted] E-mail Address: [redacted]

Date of Birth: [redacted] Place of Birth: Yemen

SS# or ITIN: [redacted] Sex: ☑ M or ☐ F

(Full Number Required)

College of Pharmacy Information

Graduation Date: 05/31/2020 (mm/dd/yy)

Degree Received: ☑ PharmD ☐ BS in Pharmacy ☐ Other (check one)

Name of Pharmacy School: Lake Erie College of osteopathic medicine (LECOM

Location of School: Erie, PA 16509

If you are a **foreign graduate** you must attach a copy of your FPGEC certificate to THIS APPLICATION. You also need to complete the college of pharmacy information

Board Use Only MD # R209750936770

Processed: 4/25/22 Amount: 250 Entity #: _____

Email ✓ NAPLEX _____ MPJE _____

Other states where you are (or were) licensed as a pharmacist or print "none"

State	Lic#	Is the license Active?	State	Lic #	Is the License Active?
	none	Yes ☐ No ☐		none	Yes ☐ No ☐
	none	Yes ☐ No ☐		none	Yes ☐ No ☐

**Attach separate sheet if needed

Have you ever served in the military, either active, reserve or retired? Yes ☐ No ☑

Branch:_____
Military Occupation/Specialty:_____
Dates of Service:_____

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: none

	Yes	No
1. Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Been the subject of a board citation or an administrative action or board citation whether completed or pending in any state		✓
4. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?		✓

If you marked **YES** to any of the numbered questions (**1-3**) above, include the following information & **provide an explanation and/or documentation**:

Board Administrative Action:	State	Date: / /	Case #:

Criminal Action:	State	Date: / /	Case #:	County	Court

FEDERALLY MANDATED REQUIREMENTS

In response to Federally mandated requirements, the Nevada Legislature and Attorney General require that we include this questions as part of all applications.

4. Are you the subject of a court order for the support of a child?.....Yes No ✓
4a. If you marked Yes, to the question 4, are you in compliance with the court order?.....Yes No

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of my business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

No liability of any sort or kind shall attach to the said Nevada State Board of Pharmacy, its members, servants or employees because or by reason of the use of the authorization.

I attest to knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices.

I understand that Nevada law requires a licensed pharmacist who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Original Signature, no copies or stamps accepted

04/15/2022
Date

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NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Pkwy #206 – Reno, NV 89521

INTERN PHARMACIST APPLICATION
Registration Fee: $40.00 (non-refundable **money order or cashier's check only, no cash**)

Complete Name (no abbreviations):

First: Tyler Middle: Marcellus Last: Hill

Home Address: [redacted] North El Molino Avenue Apt #: 14

City: Pasadena State: CA Zip Code: 91101

Telephone: [redacted] SS# or ITIN: [redacted]

Date of Birth: [redacted] Place of Birth: Los Angeles, CA (Required, no exceptions) Sex: ☒ M ☐ F

E-mail Address: [redacted]

Pharmacy School: Roseman University of Health Sciences School of Pharmacy
Attendance dates: August 15th [Orientation]
Include a letter from Dean's office stating you are enrolled in pharmacy school.

If you are a foreign graduate, you must attach a copy of your FPGEC certificate to this application. You also need to complete the pharmacy school information.

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: _____

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?...	☐	☒
1. Been charged, arrested or convicted of a felony or misdemeanor in any state?	☒	☐
2. Been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☒
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☒

If you marked **YES** to any of the numbered questions (**1-3**) above, include the following information & **provide an explanation & documentation**:

Board Administrative Action:	State	Date:	Case #:
		/ /	

Criminal Action:	State	Date:	Case #:	County	Court
	CA	10/26/2021	20WF1812	Orange	Superior Court of CA
	CA	07/28/2022	2MN01594	Los Angeles	Superior Court of CA

In response to federally mandated requirements, the Nevada Legislature and Attorney General require that we include the following questions as part of all applications.

	Yes	No
Are you the subject of a court order for the support of a child?	☐	☒
IF you marked **YES** to the question, above are you in compliance with the court order?	☐	☐

I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct. I further understand that I must be currently enrolled in pharmacy school to maintain my intern license and that if I am no longer enrolled in pharmacy school, my intern license is no longer valid. I understand that Nevada law requires a licensed intern who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

[signature] 08/08/2022

Original Signature, no copies or stamps accepted. Date

Board Use Only Date Processed: _____ Amount: 40.00 MO-27324943075
Rec'd 8-10-22

Gmail

TYLER HILL <tylermhill@g.ucla.edu>

Roseman University Offer of Admission - Henderson, NV Campus - Please reply by June 24, 2021

Roseman University of Health Sciences <donotreply@webadmit.org> Fri, Jun 18, 2021, 10:55 AM
Reply-To: COP Admissions - Roseman University <copadmissions@roseman.edu>
To: Tyler Hill <[redacted]>

ROSEMAN UNIVERSITY
COLLEGE OF PHARMACY

Dear Tyler Hill,

Congratulations! On behalf of the administration, faculty, and staff of Roseman University of Health Sciences, it is with great pleasure that I inform you of your admission to our Doctor of Pharmacy (Pharm.D.) program for the graduating class of 2024. You can take pride in this accomplishment, for you have been selected from a highly accomplished and talented pool of applicants. The Admissions Office is happy to share that a seat has been reserved for you at the **Henderson, NV campus.**

To begin the admissions and enrollment process, please visit our NetCommunity Portal to accept your offer of admission and to begin the registration process. Please be sure to complete the following steps to reserve your seat in our next incoming class:

Step 1: Go to NetCommunity Portal
Step 2: Log-in using the original username and password you used to complete your supplemental application. If you forgot your username or password, use the "forgot password" button for help.
Step 3: Select the "PharmD Offer Acceptance $1000 Seating Deposit". Please note that your student ID number is: [redacted]
Step 4: Submit your deposit payment. Please note that all deposit payments will be applied to your account and paid towards your tuition.
Step 5: Complete the Registration & Payment Agreement in the NetCommunity Portal (P1 form on the Bursar's Office page)

To reserve your position in the Pharm.D. Class of 2024, the University must receive your acceptance seating deposit by June 24, 2021.

The following documents are for your review and reference:

1. Background Check Disclosure Form
2. Financial Aid Letter and Checklist
3. Technology Services Information

The College will contact you in Spring 2021 regarding any remaining admissions requirements including, but not limited to, immunizations, drug screening requirements, and criminal background checks. All admissions prerequisites must be completed before August 2021 in order to matriculate into the class. Orientation, which all students are required to attend, begins on **Monday, August 16, 2021**. You will receive an email from the Admissions Office after August 1, 2021 that provides additional information about the Orientation program and your White Coat Ceremony.

The College and University look forward to helping you successfully enroll in the program this fall. If you have any questions, please contact me.

Again, congratulations and welcome to Roseman University of Health Sciences!

Sincerely,
Dr. Park

Helen C. Park, PharmD
Assistant Dean for Admissions and Student Affairs
College of Pharmacy
Roseman University of Health Sciences
Office: 702-968-5248

Challenge. *Rethink*. Roseman.
www.roseman.edu
@rosemanuhs

ROSEMAN UNIVERSITY OF HEALTH SCIENCES MAIN CAMPUSES
HENDERSON CAMPUS | 11 Sunset Way | Henderson | Nevada | 89014 | 702-990-4433
SOUTH JORDAN CAMPUS | 10920 S. River Front Parkway | South Jordan | Utah | 84095 | 801-302-2600

CONFIDENTIALITY: This e-mail (including any attachments) may contain confidential, proprietary and privileged information, and unauthorized disclosure or use is prohibited. If you received this e-mail in error, please notify the sender and delete this e-mail from your system.

Attachments

Welcome_Letter_from_FA_(2020-2021).pdf

Explanation for Affirmative Answers to Intern Pharmacist Application

Question #1: I have been previously convicted of two misdemeanors as described below:

1) I was arrested on the morning January 14, 2020, after an encounter with law enforcement during which they found Adderall in my vehicle which was in prescription bottle with my name on it. At the time I was prescribed Adderall by my physician. I was arrested for Possession of a Controlled Substance with Intent to Sell and Sale or transport of Controlled Substances. The encounter occurred in the parking lot of a Chipotle restaurant where I had slept in my car as I had been unable to contact the friend I was supposed to stay with, as he had left his mobile phone in my car, and I was unable to find another place to stay the night. The next morning, I was in my car studying before I was going to head to a nearby gym to shower before school when I was approached by law enforcement who believed that I was at the parking lot for the purposes of selling Adderall.

I bailed out of jail and heard nothing further about the matter until January 2021 when I learned that a criminal complaint had been filed against me in September 2020 in the Superior Court of California, County of Orange (case no. 20WF1812). I was represented by an attorney in the matter and ultimately, I entered a plea to a misdemeanor count of Disorderly Conduct, Loitering on Private Property on October 26, 2021. I was sentenced to one-year informal probation which will terminate in October of this year.

I have attached a copy of the Court Summary of the matter and am in the process of trying to obtain documents from the Court to provide to the Board.

2) I was arrested on February 18, 2022, for one count of misdemeanor Driving Under the Influenced. At the time I was assisting with community COVID testing efforts as a swabber and was swabbing hundreds of patients a day. On the day of my arrest, I had eaten only breakfast and was drinking several Red Bull energy drinks throughout the day. I stopped and got a beer with a co-worker at the end of my shift after which I went straight home and to bed. My roommate called me late that night needing a ride back from the airport where he had dropped off a car for his business. On my way to the airport I was pulled over by law enforcement allegedly for swerving. I submitted to field sobriety tests however I declined to be breathalyzed as I was afraid that the numerous Red Bulls I had drank would give a false positive on the breathalyzer. I also told them that I am anemic and I was fearful that I would faint if a blood draw was taken. I legally was required in the state of California to be offered a urine test, however that was not offered and I was arrested based on my refusal to submit to a blood or breath test.

A misdemeanor charge was filed in the Superior Court of California, County of Los Angeles (case no. 2MN01594 on June 14, 2022. I subsequently pled guilty to one count of misdemeanor Reckless Driving on July 28, 2022, and was sentenced to twelve months of probation subject to certain terms and conditions including completion of a 3-month alcohol program, sixteen hours of community service and a fine of $375.00.

I have attached a certified copy of the Court docket and will forward additional documentation once I am able to obtain it.

Case Summary

Case Number:	20WF1812
DC Pay Number:	10342466
Originating Court:	West
Defendant:	Hill, Tyler Marcellus

Demographics:

Sex:	Male
Eyes:	Brown
Hair:	Black
Height(ft/in) :	6'2"
Weight (lbs):	190
Race:	Black
Address:	[redacted] W 6th Street San Pedro, CA 90731 USA

Identifiers:

Type	ID#
CII	A36820281
Driver's License	XXXXXXXXX

Names:

Last Name	First Name	Middle Name	Type	Date of Birth
Hill	Tyler	Marcellus	Real Name	[redacted]

Case Status:

Status:	Convicted
Case Stage:	
Release Status:	Conditional Release
Warrant:	N
DMV Hold :	N
Charging Document:	Complaint
Mandatory Appearance:	Y
Owner's Resp:	N
Amendment #:	0
DA Case #:	20F04551
DR #:	20-01586

Counts:

Seq	S/A	Violation Date	Section Statute	OL	Violation	Plea	Plea Date	Disposition	Disposition Date
1	0	01/14/2020	11378 HS	F	Possession of controlled substance with intent to sell	NOT GUILTY	01/27/2021	Dismissed	10/26/2021
2	0	01/14/2020	11379(a) HS	F	Sale or transport of controlled substance	NOT GUILTY	01/27/2021	Dismissed	10/26/2021
3	0	01/14/2020	647(h) PC	M	Disorderly conduct: loiter on private property	GUILTY	10/26/2021	Pled Guilty	10/26/2021

Professionals:

Role	Badge	Agency	Name	Vacation Start	Vacation End
District Attorney		OCDA	Stone, Clarissa		
District Attorney		OCDA	Young, James		
Retained Attorney		RETAT	Diourbel, Dakar		
District Attorney		OCDA	Chen, David P		
District Attorney		OCDA	Gully, Gerard		
District Attorney		OCDA	Cook, Christopher		
District Attorney		OCDA	Smith, George		

Other Cases:

Case	Case Status	Violation Date
	Closed	01/14/2020

Heard Hearings:

	01/20/2021	Chambers Work -	W9	Heard	
	01/27/2021	Arraignment -	W9	Heard	10 court days
	01/27/2021	Arraignment -	W9	Heard	30 court days
	03/04/2021	Pre Trial -	W11	Cancel	
	03/04/2021	Pre Trial -	W12	Heard	60 calendar days
	03/17/2021	Preliminary Hearing -	W9	Cancel	
	03/17/2021	Preliminary Hearing -	W12	Cancel	
	04/09/2021	Pre Trial -	W12	Heard	Reasonable Time Waiver
	05/21/2021	Pre Trial -	W12	Heard	Reasonable Time Waiver
	06/23/2021	Pre Trial -	W12	Heard	Reasonable Time Waiver
	08/06/2021	Pre Trial -	W12	Heard	Reasonable Time Waiver
	09/17/2021	Pre Trial -	W12	Heard	Reasonable Time Waiver
	10/26/2021	Preliminary Hearing -	W12	Heard	waives statutory time for
	09/27/2027	Preliminary Hearing -	W12	Cancel	

Warrants:

	Status	Status Date	Judge	Warrant #	Issuing Court	Reason	Release Condition	Amount
	Recalled	01/27/2021	Leininger, Cheryl L.	4082889	W	Warrant of Arrest	Mandatory Appearance	20000.0

Sentences:

	Seq #	Sentence Date	Sentence	Disposition	
	1	10/26/2021	1 years Probation	Active	10/26/2021
	2	10/26/2021	1 days Jail	Committed	10/26/2021

Jail:

	Credit Type	Credit
	Actual time	1 Day(s)
	Conduct time	0 Day(s)
	Total time	1 Day(s)

Probation:

Sent Seq #	Type	Term	End Date
1	INFORMAL	1 years	10/25/2022

History:

Status	Status Date	End Date
Active	10/26/2021	10/25/2022

Conditions:

Cond #	Ordered Date	Condition
1	10/26/2021	Violate no law.
2	10/26/2021	Obey all orders, rules, and regulations, and directives of the Court, Jail, and Probation.
3	10/26/2021	Use true name and date of birth only at all times.
4	10/26/2021	Carry valid government issued identification at all times.
9	10/26/2021	Serve 1 Day(s) Orange County Jail as to count(s) 3.
6	10/26/2021	Pay mandatory state restitution fine of $150.00 pursuant to Penal Code 1202.4 or Penal Code 1202.4(b).
7	10/26/2021	Defendant ordered to report to the West Collections Department forthwith. Defendant ordered to cooperate with and pay as directed by the Collections Department.
8	10/26/2021	Pay $150.00 Probation Revocation Restitution Fine pursuant to Penal Code 1202.44. Restitution fine stayed, to become effective only upon revocation of probation.
10	10/26/2021	Defendant accepts terms and conditions of probation.
5	10/26/2021	Disclose terms and conditions of probation when asked by any law enforcement or probation officer.

Register of Actions:

Date Action	Seq Nbr	Docket Code	Text
09/02/2020	1	FLDOC	Original Complaint filed on 09/02/2020 by Orange County District Attorney.
	2	FLNAM	Name filed: Hill, Tyler Marcellus
	3	FLCNT	FELONY charge of 11378 HS filed as count 1. Date of violation: 01/14/2020.
	4	FLCNT	FELONY charge of 11379(a) HS filed as count 2. Date of violation: 01/14/2020.

	8	FIFCI2	Declaration/Affidavit in Support of Arrest filed.
	9	FIFCI2	Incident Report filed.
09/03/2020	1	WAARS	Felony Warrant of Arrest requested.
	2	TXRFR	Case referred to W2 for review.
09/10/2020	1	WAWSD	Warrant of Arrest warrant signed by Cheryl L. Leininger and issued for defendant. Night Service: Yes. Expedite: No. PC 853.6: No. Bail set at $20, 000.00, Mandatory Appearance.
09/11/2020	1	WFNBR	Warrant File Number 04082889 sent from AWSS for Warrant # 3346424.
01/20/2021	1	FITXT	COVID-19 Felony Action Request filed.
	2	FITXT	Waiver of Defendant's Personal Presence Pursuant to Penal Code 977(b) filed.
	3	HHELD	Hearing held on 01/20/2021 at 09:00 AM in Department W9 for Chambers Work.
	4	OFJUD	Judicial Officer: Thomas S. McConville, Judge
	5	OFJA	Clerk: J. Morgan
	6	APNAP	No appearance by parties.
	7	CORAC	Court read and considered COVID-19 Felony Action Request.
	8	CORCR	The Court has reviewed correspondence and rules as follows:
	9	TEXT	Defendant needs to personally appear for a warrant recall. That appearance can be done remotely.
	10	CLSET	Arraignment set on 01/27/2021 at 08:30 AM in Department W9.
	11	WAHLR	Court orders Warrant to remain.
	12	CPGTO	Copy of Minute Order forwarded to District Attorney and Attorney Dakar Diourbel
	13	OFMDD	Minutes of 01/20/2021 entered on 01/21/2021.
01/27/2021	1	HHELD	Hearing held on 01/27/2021 at 08:30:00 AM in Department W9 for Arraignment.
	2	OFJUD	Judicial Officer: Thomas S. McConville, Judge
	3	OFJA	Clerk: K. Rodriguez
	4	OFBAL	Bailiff: C. Briggs
	5	OFREP	Court Reporter: Sarah Blabagno
	6	COVIDLVS	Per applicable law, including Code of Civil Procedure 124, this proceeding is being live streamed as described on the Orange County Court Website. The court notes that we are currently in the COVID-19 pandemic and previous judicial orders issued in that regard.
	7	APDDA	People represented by David P Chen, Deputy District Attorney, present.
	8	APTXT	Deputy District Attorney appearing via Webex
	9	APDWRA	Defendant present in Court with counsel Dakar Diourbel, Retained Attorney.
	10	APTXT	Defense counsel and defendant appearing via Webex
	11	WAREC	Warrant issued on 09/10/2020 ordered recalled for defendant.
	12	WVRAA	Defendant waives reading and advisement of the Original Complaint.
	13	MORES	Defense reserves all motions.
	14	PLNGA	To the Original Complaint defendant pleads NOT GUILTY to all counts.
	15	CLSET	Pre Trial set on 03/04/2021 at 08:30 AM in Department W11.
	16	CLSET	Preliminary Hearing set on 03/17/2021 at 08:30 AM in Department W9.
	17	WVTPH	Court finds the defendant understandingly, knowingly, and voluntarily waives the right to a Preliminary Hearing within 10 court days of arraignment.
	18	WVTPH	Court finds the defendant understandingly, knowingly, and voluntarily waives the right to a Preliminary Hearing within 30 court days of arraignment.
	19	COCBRR	Court considered Pre-Trial Services Officer's bail recommendation and comments, as reflected on the Court List provided to the Court, and made available to counsel at the hearing. Copies of the Court List will be retained by the Pre-Trial Services Unit.
	20	MOTBY	Motion by Defense to release defendant on his own recognizance
	21	TEXT	People submit
	22	MOTION	Motion granted.
	23	DSORC	Court orders defendant be released on own recognizance on condition(s): Violate no laws, Maintain contact with attorney, Attend all court appearances unless attorney authories, Do not use or possess any illegal drugs..
	24	OFMCD	Minutes entered by G. Dwyer on 01/27/2021.
02/18/2021	1	CLTRF	Calendar Line for PH transferred from W9 on 03/17/2021 at 08:30 AM to W12 on 03/17/2021 at 08:30 AM.
03/01/2021	1	CLTRF	Calendar Line for PT transferred from W11 on 03/04/2021 at 08:30 AM to W12 on 03/04/2021 at 08:30 AM.
03/04/2021	1	HHELD	Hearing held on 03/04/2021 at 08:30:00 AM in Department W12 for Pre Trial.
	2	OFJUD	Judicial Officer: Thomas S. McConville, Judge

	4	OFBAL	Bailiff: C. Briggs
	5	OFREP	Court Reporter: Kimberly R Moore
	6	COVIDLVS	Per applicable law, including Code of Civil Procedure 124, this proceeding is being live streamed as described on the Orange County Court Website. The court notes that we are currently in the COVID-19 pandemic and previous judicial orders issued in that regard.
	7	APTEL2	Appearance made by George Smith, Deputy District Attorney, by video.
	8	APTEL	Appearance made by Dakar Diourbel, Retained Attorney, by video.
	9	WV977	Defendant's appearance is waived pursuant to Penal Code 977(b).
	10	CLSET	Pre Trial set on 04/09/2021 at 08:30 AM in Department W12.
	11	DFOTR	Defendant ordered to appear.
	12	DFOTN	Defense Counsel to notify defendant of new date.
	13	WVTPH	Court finds the defendant understandingly, knowingly, and voluntarily waives the right to a Preliminary Hearing within 60 calendar days of arraignment.
	14	PLCJN	Counsel joins in waivers.
	15	CLVAC	Preliminary Hearing vacated for 03/17/2021 at 08:30 AM in W12.
	16	DSORC	Court orders defendant is to remain released on own recognizance on condition(s): Violate no laws, Maintain contact with attorney, Attend all court appearances unless attorney authories, Do not use or possess any illegal drugs.
	17	OFMCD	Minutes entered by M. Saam on 03/04/2021.
04/09/2021	1	HHELD	Hearing held on 04/09/2021 at 08:30:00 AM in Department W12 for Pre Trial.
	2	OFJUD	Judicial Officer: Thomas S. McConville, Judge
	3	OFJA	Clerk: M. Saam
	4	OFBAL	Bailiff: A. Flynn
	5	OFREP	Court Reporter: Marissa Holt
	6	COVIDLVS	Per applicable law, including Code of Civil Procedure 124, this proceeding is being live streamed as described on the Orange County Court Website. The court notes that we are currently in the COVID-19 pandemic and previous judicial orders issued in that regard.
	7	APTEL2	Appearance made by David P Chen, Deputy District Attorney, by video.
	8	APTEL	Appearance made by Dakar Diourbel, Retained Attorney, by video.
	9	WV977	Defendant's appearance is waived pursuant to Penal Code 977(b).
	10	CLCON	Pre Trial continued to 05/21/2021 at 08:30 AM in Department W12 by stipulation of all parties.
	11	WVRTW	Defendant agrees to continue the preliminary hearing and have a preliminary hearing on that date or within a reasonable period of time from that date.
	12	DFOTR	Defendant ordered to appear.
	13	DFOTN	Defense Counsel to notify defendant of new date.
	14	DSORC	Court orders defendant is to remain released on own recognizance on condition(s): Violate no laws, Maintain contact with attorney, Attend all court appearances unless attorney authories, Do not use or possess any illegal drugs.
05/21/2021	1	HHELD	Hearing held on 05/21/2021 at 08:30:00 AM in Department W12 for Pre Trial.
	2	OFJUD	Judicial Officer: Kathleen Roberts, Judge
	3	OFJA	Clerk: L. Y. Lee
	4	OFBAL	Bailiff: M. Montgomery
	5	OFREP	Court Reporter: Jessica Cabello
	6	COVIDLVS	Per applicable law, including Code of Civil Procedure 124, this proceeding is being live streamed as described on the Orange County Court Website. The court notes that we are currently in the COVID-19 pandemic and previous judicial orders issued in that regard.
	7	APTEL2	Appearance made by Gerard Gully, Deputy District Attorney, by video.
	8	APNDC	Defendant not present in Court represented by Dakar Diourbel, Retained Attorney.
	9	WV977	Defendant's appearance is waived pursuant to Penal Code 977(b).
	10	CLCON	Pre Trial continued to 06/23/2021 at 08:30 AM in Department W12 at request of Defense.
	11	WVRTW	Defendant agrees to continue the preliminary hearing and have a preliminary hearing on that date or within a reasonable period of time from that date.
	12	DSORC	Court orders defendant is to remain released on own recognizance on condition(s): Violate no laws, Maintain contact with attorney, Attend all court appearances unless attorney authorizes, Do not use or possess any illegal drugs. .
	13	OFMCD	Minutes entered by R. Stamm on 05/21/2021.
06/23/2021	1	HHELD	Hearing held on 06/23/2021 at 08:30:00 AM in Department W12 for Pre Trial.

	3	OFJA	Clerk: R. Murphy
	4	OFBAL	Bailiff: R. Gibson
	5	OFREP	Court Reporter: Carol Denevan
	6	APTEL2	Appearance made by Gerard Gully, Deputy District Attorney, by video.
	7	APTEL	Appearance made by Dakar Diourbel, Retained Attorney, by video.
	8	WV977	Defendant's appearance is waived pursuant to Penal Code 977(a).
	9	CLCON	Pre Trial continued to 08/06/2021 at 08:30 AM in Department W12 at request of Defense.
	10	WVRTW	Defendant agrees to continue the preliminary hearing and have a preliminary hearing on that date or within a reasonable period of time from that date.
	11	DSORC	Court orders defendant is to remain released on own recognizance on condition(s): Violate no laws, Maintain contact with attorney, Attend all court appearances unless attorney authorizes, Do not use or possess any illegal drugs.
	12	OFMCD	Minutes entered by K. Rodriguez on 06/23/2021.
08/06/2021	1	HHELD	Hearing held on 08/06/2021 at 08:30:00 AM in Department W12 for Pre Trial.
	2	OFJUD	Judicial Officer: Kathleen Roberts, Judge
	3	OFJA	Clerk: E. Figueroa
	4	OFBAL	Bailiff: A. Flynn
	5	OFREP	Court Reporter: Carol Denevan
	6	APDDA	People represented by Clarissa Stone, Deputy District Attorney, present.
	7	APTEL	Appearance made by Dakar Diourbel, Retained Attorney, by video.
	8	WV977	Defendant's appearance is waived pursuant to Penal Code 977(b).
	9	CLSET	Pre Trial set on 09/17/2021 at 08:30 AM in Department W12.
	10	CLSET	Preliminary Hearing set on 09/27/2027 at 08:30 AM in Department W12.
	11	DFOTR	Defendant ordered to appear.
	12	WVRTW	Defendant agrees to continue the preliminary hearing and have a preliminary hearing on that date or within a reasonable period of time from that date.
	13	DSORC	Court orders defendant is to remain released on own recognizance on condition(s): iolate no laws, Maintain contact with attorney, Attend all court appearances unless attorney authorizes, Do not use or possess any illegal drugs..
	14	OFMCD	Minutes entered by R. Stamm on 08/06/2021.
09/17/2021	1	HHELD	Hearing held on 09/17/2021 at 08:30:00 AM in Department W12 for Pre Trial.
	2	OFJUD	Judicial Officer: Kathleen Roberts, Judge
	3	OFJA	Clerk: E. Figueroa
	4	OFBAL	Bailiff: D. Hinojosa
	5	OFREP	Court Reporter: Lisa Peters
	6	APDDA	People represented by Christopher Cook, Deputy District Attorney, present.
	7	APTEL	Appearance made by Dakar Diourbel, Retained Attorney, by video.
	8	CLVAC	Preliminary Hearing vacated for 09/27/2027 at 08:30 AM in W12.
	9	CLSET	Preliminary Hearing set on 10/26/2021 at 08:30 AM in Department W12.
	10	WVRTW	Defendant agrees to continue the preliminary hearing and have a preliminary hearing on that date or within a reasonable period of time from that date.
	11	FITXT	Discovery Protective Order signed and filed.
	12	DSORC	Court orders defendant is to remain released on own recognizance on condition(s): Violate no laws, Maintain contact with attorney, Attend all court appearances unless attorney authorizes, Do not use or possess any illegal drugs..
	13	OFMCD	Minutes entered by R. Stamm on 09/17/2021.
10/14/2021	1	FIMTN	Defense Motion to Suppress Evidence (PC 1538.5) filed.
	2	FIDOC	Proof of Service filed.
10/26/2021	1	HHELD	Hearing held on 10/26/2021 at 08:30:00 AM in Department W12 for Preliminary Hearing.
	2	OFJUD	Judicial Officer: Kathleen Roberts, Judge
	3	OFJA	Clerk: E. Figueroa
	4	OFBAL	Bailiff: M. Montgomery
	5	OFREP	Court Reporter: Robyn Vanderplate
	6	APDDA	People represented by James Young, Deputy District Attorney, present.
	7	APDWRA	Defendant present in Court with counsel Dakar Diourbel, Retained Attorney.
	8	MOTBY	Oral motion by People amend complaint in by interlineation to add count 3, 647(h) PC, misdemeanor, date

	9	MOTION	Motion granted.
	10	CTADD	Original Complaint amended by interlineation to add COUNT 3, 647(h) PC, MISDEMEANOR, date of violation 01/14/2020.
	11	TEXT	Defense waives any defects.
	12	ADANC	Court advises the defendant as to the nature of the charges.
	13	FIWWR	Defendant's written waiver of legal and constitutional rights for guilty plea received and ordered filed.
	14	ADCRWG	The defendant has been advised of constitutional rights, waivers and consequences in writing pursuant to the guilty plea form. The defendant makes the plea with a full understanding of all the matters set forth in the charging document and in the guilty plea form, that defendant has read, understood and personally initialed each item herein. Defendant understands that the signing and filing of the guilty plea form is conclusive evidence that defendant has pleaded GUILTY to the charges set forth.
	15	FIPSA	Addendum to Defendant's Terms and Conditions of Probation "DNA Terms" filed.
	16	DFSIS	Defendant states that it is their initials and signature on the Waiver of Rights form.
	17	ADAWV	Defendant advised of and waives the following:
	18	ADJCT	- The right to a trial by Court or Jury.
	19	ADSPT	- The right to a speedy and public trial, by judge or jury, pursuant to Penal Code 1382, and to a dismissal if not tried within these time limits unless good cause is shown or time is waived.
	20	ADTCP	- The right to use the court process to compel the appearance of witnesses and subpoena documents.
	21	ADCXW	- The right to confront and cross-examine witnesses.
	22	ADRTF	- The right to testify in own defense.
	23	ADRTT	- The right not to testify, be called as a witness, or admit guilt.
	24	ADCZS2	The defendant understands that, if they are not a citizen of the United States, the plea or conviction for the offense(s) charged will have the consequence of deportation, exclusion from admission to the United States, and denial of naturalization pursuant to the laws of the United States.
	25	ADMAX2	The Defendant understands that they are pleading guilty/nolo contendere and admitting the offenses, prior convictions and special punishment allegations, with the maximum possible punishment.
	26	FDDUN	The Court finds that the defendant understands the plea is freely and voluntarily made.
	27	PLGCT	To the Original Complaint defendant pleads GUILTY as to count(s) 3.
	28	CDCDM	Count(s) 1, 2 DISMISSED - Motion of People.
	29	PLFDW	The Court finds the defendant knowingly, intelligently, understandingly, expressly, and explicitly waives each of the above stated rights.
	30	PLFBA	Court finds factual basis and accepts plea.
	31	PLCJN	Counsel joins in waivers and plea.
	32	WVTIM	Defendant waives statutory time for Sentencing.
	33	PRISS	No legal cause why judgment should not be pronounced and defendant having Pled Guilty to count(s) 3, Imposition of sentence is suspended and defendant is placed on 1 Year(s) INFORMAL PROBATION on the following terms and conditions:
	34	PRVNL	Violate no law.
	35	PROBY	Obey all orders, rules, and regulations, and directives of the Court, Jail, and Probation.
	36	PRTNO	Use true name and date of birth only at all times.
	37	PRCVP	Carry valid government issued identification at all times.
	38	PRDTC	Disclose terms and conditions of probation when asked by any law enforcement or probation officer.
	39	PRSRF	Pay mandatory state restitution fine of $150.00 pursuant to Penal Code 1202.4 or Penal Code 1202.4(b).
	40	SESEC	Pay $40.00 Court Operations Fee per convicted count pursuant to Penal Code 1465.8.
	41	SECCA	Pay Criminal Conviction Assessment Fee per convicted count of $30.00 per misdemeanor/felony and $35.00 per infraction pursuant to Government Code 70373(a)(1).
	42	PROTC	Defendant ordered to report to the West Collections Department forthwith. Defendant ordered to cooperate with and pay as directed by the Collections Department.
	43	PRRFS	Pay $150.00 Probation Revocation Restitution Fine pursuant to Penal Code 1202.44. Restitution fine stayed, to become effective only upon revocation of probation.
	44	PRJAL	Serve 1 Day(s) Orange County Jail as to count(s) 3.
	45	JLCTS	Credit for time served: 1 actual, 0 conduct, totaling 1 days pursuant to Day-for-day.
	46	PRATC	Defendant accepts terms and conditions of probation.
	47	DFRPT2	Defendant ordered to report to Collections and District Attorney's Office forthwith.
	49	OFMCD	Minutes entered by R. Stamm on 10/26/2021.
	50	REMRC	Remittance from receipt # 18300422 received in the amount of $ 220.00.
	51	CURDA	Appearance made in Collections by Defendant as directed by the courtroom.

	53	FXDACT	Collections Referral activity deleted from case.	3290
	54	DOJABS	DOJ Initial Abstract sent.	

SUPERIOR COURT OF CALIFORNIA
COUNTY OF LOS ANGELES

NO. 2MN01594 PAGE NO. 1
THE PEOPLE OF THE STATE OF CALIFORNIA VS. CURRENT DATE 08/04/22
DEFENDANT 01: TYLER MARCELLUS HILL
LAW ENFORCEMENT AGENCY EFFECTING ARREST: CHP - CENTRAL L.A. STATION

BAIL: APPEARANCE DATE	AMOUNT OF BAIL	DATE POSTED	RECEIPT OR BOND NO.	SURETY COMPANY	REGISTER NUMBER

CASE FILED ON 06/14/22.
COMPLAINT FILED, DECLARED OR SWORN TO CHARGING DEFENDANT WITH HAVING COMMITTED, ON OR ABOUT 02/18/22 IN THE COUNTY OF LOS ANGELES, THE FOLLOWING OFFENSE(S) OF:
COUNT 01: 23152(G) VC MISD
COUNT 02: 23152(A) VC MISD
TM
NEXT SCHEDULED EVENT:
06/24/22 830 AM ARRAIGNMENT DIST METROPOLITAN COURTHOUSE DEPT 060

ON 06/24/22 AT 830 AM IN METROPOLITAN COURTHOUSE DEPT 060

CASE CALLED FOR ARRAIGNMENT
PARTIES: ABRAHAM C. MELTZER (JUDGE) LUZ RODRIGUEZ (CLERK)
ELECTRONIC RECORDING (REP) JORGE A. GONZALEZ (CA)
DEFENDANT IS NOT PRESENT IN COURT, BUT REPRESENTED BY NIGEL R. WITHAM PRIVATE COUNSEL
MATTER CONTINUED TO 07/28/2022 FOR ARRAIGNMENT AND PLEA IN DEPARTMENT 060 AT 8:30 A.M.
.
TCIS ENTRY MADE BY D.GONZALEZ.
COURT ORDERS AND FINDINGS:
-THE COURT ORDERS THE DEFENDANT TO APPEAR ON THE NEXT COURT DATE.
WAIVES STATUTORY TIME.
NEXT SCHEDULED EVENT:
07/28/22 830 AM ARRAIGNMENT AND PLEA DIST METROPOLITAN COURTHOUSE DEPT 060
DAY 00 OF 45

CUSTODY STATUS: RELEASED ON OWN RECOGNIZANCE

ON 07/28/22 AT 830 AM IN METROPOLITAN COURTHOUSE DEPT 060

CASE CALLED FOR ARRAIGNMENT AND PLEA
PARTIES: ABRAHAM C. MELTZER (JUDGE) LUZ RODRIGUEZ (CLERK)
ELECTRONIC RECORDING (REP) ADAM PAUL MICALE (CA)
DEFENDANT IS PRESENT IN COURT, AND REPRESENTED BY NIGEL R. WITHAM PRIVATE COUNSEL
ON PEOPLE'S MOTION, COURT ORDERS COMPLAINT AMENDED BY INTERLINEATION TO ADD VIOLATION 23103 VC MISD AS COUNT 03.
DEFENDANT ADVISED OF AND PERSONALLY AND EXPLICITLY WAIVES THE FOLLOWING RIGHTS:
WRITTEN ADVISEMENT OF RIGHTS AND WAIVERS FILED, INCORPORATED BY REFERENCE HEREIN
TRIAL BY COURT AND TRIAL BY JURY
CONFRONTATION AND CROSS-EXAMINATION OF WITNESSES;
SUBPOENA OF WITNESSES INTO COURT TO TESTIFY IN YOUR DEFENSE;
AGAINST SELF-INCRIMINATION;

CASE NO. 2MN01594
DEF NO. 01

DEFENDANT ADVISED OF THE FOLLOWING:
THE NATURE OF THE CHARGES AGAINST HIM, THE ELEMENTS OF THE OFFENSE IN THE COMPLAINT, AND POSSIBLE DEFENSES TO SUCH CHARGES;
THE POSSIBLE CONSEQUENCES OF A PLEA OF GUILTY OR NOLO CONTENDERE, INCLUDING THE MAXIMUM PENALTY AND ADMINISTRATIVE SANCTIONS AND THE POSSIBLE LEGAL EFFECTS AND MAXIMUM PENALTIES INCIDENT TO SUBSEQUENT CONVICTIONS FOR THE SAME OR SIMILAR OFFENSES;
THE EFFECTS OF PROBATION;
IF YOU ARE NOT A CITIZEN, YOU ARE HEREBY ADVISED THAT A CONVICTION OF THE OFFENSE FOR WHICH YOU HAVE BEEN CHARGED WILL HAVE THE CONSEQUENCES OF DEPORTATION, EXCLUSION FROM ADMISSION TO THE UNITED STATES, OR DENIAL OF NATURALIZATION PURSUANT TO THE LAWS OF THE UNITED STATES.
COUNSEL FOR THE DEFENDANT JOINS IN THE WAIVERS AND CONCURS IN THE PLEA.
COURT FINDS THAT EACH SUCH WAIVER IS KNOWINGLY, UNDERSTANDINGLY, AND EXPLICITLY MADE;
THE DEFENDANT WITH THE COURTS APPROVAL, PLEADS NOLO CONTENDERE TO COUNT 03 A VIOLATION OF SECTION 23103 VC. THE COURT FINDS THE DEFENDANT GUILTY.
COUNT (03) : DISPOSITION: CONVICTED

AFTER INQUIRY BY THE COURT, THE COURT ACCEPTS PROSECUTORS STATEMENT THAT ALCOHOL/DRUGS WERE INVOLVED IN THE INCIDENT, AS TO COUNT 03.
COURT ORDERS AND FINDINGS:
-DEFENDANT WAIVES ADVISEMENT OF MILITARY RIGHTS PURSUANT TO PENAL CODE SECTION 858.

-TAHL WAIVER IS ORDERED FILED.
COURT FINDS THAT THERE IS A FACTUAL BASIS FOR DEFENDANT'S PLEA, AND COURT ACCEPTS PLEA.
PROSECUTOR'S STATEMENT PURSUANT TO VEHICLE CODE SECTION 23635 RECEIVED AND FILED.
NEXT SCHEDULED EVENT:
SENTENCING
DEFENDANT WAIVES ARRAIGNMENT FOR JUDGMENT AND STATES THERE IS NO LEGAL CAUSE WHY SENTENCE SHOULD NOT BE PRONOUNCED. THE COURT ORDERED THE FOLLOWING
JUDGMENT:
AS TO COUNT (03):
IMPOSITION OF SENTENCE SUSPENDED
DEFENDANT PLACED ON SUMMARY PROBATION
FOR A PERIOD OF 012 MONTHS UNDER THE FOLLOWING TERMS AND CONDITIONS:
PAY A FINE OF $375.00

LESS CREDIT OF $125.00
PLUS $40.00 COURT OPERATIONS ASSESSMENT (PURSUANT TO 1465.8(A)(1) P.C.)
$30.00 CRIMINAL CONVICTION ASSESSMENT (PURSUANT TO 70373 G.C.)
$4.00 EMERGENCY MEDICAL AIR TRANSPORTATION ACT FUND PER 76000.10(C)(1) GC
$50.00 CRIMINAL FINE SURCHARGE (PURSUANT TO 1465.7 P.C.)
$100.00 ALCOHOL AND DRUG PROBLEM ASSESSMENT (23649 V.C.)
DEFENDANT TO PAY FINE TO THE COURT CLERK
IN LIEU OF FINE, DEFENDANT MAY:
PERFORM 16 HOURS OF COMMUNITY SERVICE
DEFENDANT TO PAY COURT COST OF $735 .
THE DEFENDANT SHALL ENROLL AND PARTICIPATE IN AND SUCCESSFULLY COMPLETE, A 3-MONTH LICENSED FIRST-OFFENDER ALCOHOL AND OTHER DRUG EDUCATION AND COUNSELING PROGRAM
DEFENDANT SHALL PAY A RESTITUTION FINE IN THE AMOUNT OF $150.00 TO THE COURT
TOTAL DUE: $1,359.67

CASE NO. 2MN01594
DEF NO. 01

IN ADDITION:
-ENROLL WITHIN 21 DAYS IN AN AB-541 PROGRAM.
-DO NOT DRIVE ANY VEHICLE WITH ANY MEASURABLE AMOUNT OF ALCOHOL OR DRUGS IN YOUR BLOOD OR REFUSE TO TAKE AND COMPLETE ANY BLOOD ALCOHOL OR DRUG CHEMICAL TEST, ANY FIELD SOBRIETY TEST, AND ANY PRELIMINARY ALCOHOL SCREENING TEST, WHEN REQUESTED BY ANY PEACE OFFICER.
-DO NOT DRIVE A MOTOR VEHICLE WITHOUT A VALID DRIVER'S LICENSE IN YOUR POSSESSION OR WITHOUT LIABILITY INSURANCE IN AT LEAST THE MINIMUM AMOUNTS REQUIRED BY LAW.
-COMPLETE THE VICTIM IMPACT PROGRAM (VIP) OF MOTHERS AGAINST DRUNK DRIVING (MADD).
-THE DEFENDANT IS TO PAY A RESTITUTION FINE PURSUANT TO SECTION 1202.4(B) PENAL CODE IN THE AMOUNT OF $150.00.
-DEFENDANT IS ORDERED TO PAY A PROBATION REVOCATION RESTITUTION FINE PURSUANT TO PENAL CODE SECTION 1202.44, IN THE AMOUNT OF $150.00.
.

THIS FINE SHALL BECOME EFFECTIVE UPON THE REVOCATION OF PROBATION.
-OBEY ALL LAWS AND ORDERS OF THE COURT.
-DEFENDANT ACKNOWLEDGES TO THE COURT THAT THE DEFENDANT UNDERSTANDS AND ACCEPTS ALL THE PROBATION CONDITIONS, AND DEFENDANT AGREES TO ABIDE BY SAME.
-DEFENDANT IN OPEN COURT IS HANDED A COPY OF THE ABOVE CONDITIONS OF PROBATION.
-DEFENDANT ACKNOWLEDGES THAT HE/SHE UNDERSTANDS AND ACCEPTS EACH TERM AND CONDITION OF SUMMARY PROBATION.
-THE COURT ORDERS THE DEFENDANT TO APPEAR ON THE NEXT COURT DATE.
COURT ORDERS AND FINDINGS:
-THE DEFENDANT WAS ADVISED AND UNDERSTOOD THAT BEING UNDER THE INFLUENCE OF ALCOHOL OR DRUGS, OR BOTH, IMPAIRS HIS/HER ABILITY TO SAFELY OPERATE A MOTOR VEHICLE, AND IT IS EXTREMELY DANGEROUS TO HUMAN LIFE TO DRIVE WHILE UNDER THE INFLUENCE OF ALCOHOL OR DRUGS, OR BOTH. DEFENDANT WAS FURTHER ADVISED THAT IF HE/SHE CONTINUES TO DRIVE WHILE UNDER THE INFLUENCE OF ALCOHOL OR DRUGS, OR BOTH, AND AS A RESULT OF HIS/HER DRIVING, SOMEONE IS KILLED, THE DEFENDANT CAN BE CHARGED WITH MURDER.
TOTAL FINE DUE TO THE COURT IS $1,359.67. THIS AMOUNT INCLUDES

$734.67 STATE PENALTY FUND ASSESSMENT AND $1.00 NIGHT COURT FEE.
.
FEES IN THE AMOUNT OF $325.00 ARE ORDERED WAIVED.
.
DEFENDANT ELECTS TO COMPLETE 16 HOURS COMMUNITY SERVICE IN LIEU OF FINE AT ANY REPUTABLE NON-PROFIT ORGANIZATION.
.
MATTER IS CONTINUED TO JANUARY 26, 2023 IN DEPARTMENT 60 AT 8:30 A.M. FOR PROOF OF VIP/MADD PROGRAM AND 16 HOURS COMMUNITY SERVICE.
COUNT (03): DISPOSITION: CONVICTED
REMAINING COUNTS DISMISSED:
COUNT (01): DISMISSAL IN FURTH OF JUSTICE PER 1385 PC
COUNT (02): DISMISSAL IN FURTH OF JUSTICE PER 1385 PC

CASE NO. 2MN01594
DEF NO. 01

PAGE NO. 4
DATE PRINTED 08/04/22

ABSTRACT ISSUED ON 07/28/22 FOR COUNT 03
DMV JUDGMENT CODE RQCG
NEXT SCHEDULED EVENT:
01/26/23 830 AM PROGRESS REPORT DIST METROPOLITAN COURTHOUSE DEPT 060

CUSTODY STATUS: ON PROBATION.

07/29/22 ARREST DISPOSITION REPORT SENT VIA FILE TRANSFER TO DEPARTMENT OF JUSTICE

08/04/22

I HEREBY CERTIFY THIS TO BE A TRUE AND CORRECT COPY OF THE ELECTRONIC DOCKET ON FILE IN THIS OFFICE AS OF THE ABOVE DATE.
SHERRI R. CARTER ,EXECUTIVE OFFICER/CLERK OF SUPERIOR COURT, COUNTY OF LOS ANGELES, STATE OF CALIFORNIA

BY _____, DEPUTY

SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES

ROSEMAN UNIVERSITY
OF HEALTH SCIENCES

August 15, 2022

Ms. Candy Nally
Licensing Specialist
Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Suite 206
Reno, NV 89521

Re: Tyler Marcellus Hill - PharmD Student
Class of 2025

Dear Ms. Nally:

I am writing to advise you that the following person has enrolled in the Roseman University of Health Sciences College of Pharmacy Doctor of Pharmacy program on August 15, 2022 as a full-time student, with an anticipated graduation date of May 2025.

- **First Name:** Tyler
- **Middle Name:** Marcellus
- **Last Name:** Hill

If you are in need of any further information, please do not hesitate to contact me at (702) 990-4433.

Sincerely,

Larry Fannin, PharmD
Dean, College of Pharmacy
Roseman University of Health Sciences
lfannin@roseman.edu

18

OPINION NO. 93-21 PHARMACY, BOARD OF; HOMEOPATHIC MEDICAL EXAMINERS, BOARD OF; DRUGS; CONTROLLED SUBSTANCES: Amendment of NRS 0.040 in 1985 allowed homeopathic physicians to be considered to be "physicians," but exclusively homeopathic practitioners may only possess, prescribe, dispense or administer those dangerous drugs and controlled substances in such manner and quantity as allowed by NRS 630A.040.

Carson City, September 20, 1993

Mr. Keith W. Macdonald, Executive Secretary, Nevada State Board of Pharmacy, 1201 Terminal Way, Suite 212, Reno, Nevada 89502

Dear Mr. Macdonald:

You have asked whether the amendment to NRS 0.040 made by the 1985 Legislature changes the letter opinion issued on January 7, 1985, such that an exclusively homeopathic physician may not prescribe, possess, dispense, and administer controlled substances and dangerous drugs. The brief answer to your question is that an exclusively homeopathic physician may prescribe a limited group of dangerous drugs (those that are "sarcodes") to patients and may possess and administer a limited group of dangerous drugs and controlled substances, all in compliance with the statutory criteria provided in NRS 630A.040.

QUESTION

Did the amendment to NRS 0.040 enacted by the 1985 Legislature affect the letter opinion issued January 7, 1985, such that homeopathic physicians who are not also licensed as allopathic or osteopathic physicians may obtain a controlled substance registration or may prescribe, possess, or administer controlled substances and dangerous drugs?

ANALYSIS

Prior to the 1985 legislative session, NRS 0.040 provided as follows:

> 1. Except as otherwise provided in subsection 2, as used in Nevada Revised Statutes, "physician" means a person who engages in the practice of medicine, including osteopathy.
> 2. The terms "physician," "osteopathic physician," "homeopathic physician" and "chiropractic physician" are used in chapters 630, 630A, 633, and 634 of NRS in the limited senses prescribed by those chapters respectively.

The 1985 Legislature left NRS 0.040(2) unchanged, but amended NRS 0.040(1) so that it now reads:

> Except as otherwise provided in subsection 2, "physician" means a person who engages in the practice of medicine, including osteopathy *and homeopathy*. [Emphasis added.]

This office rendered a letter opinion on January 7, 1985, regarding whether a homeopathic practitioner was a "physician" under NRS 0.040(1). The letter opinion was rendered prior to the amendment to NRS 0.040(1) and, in fact, precipitated the amendment. In the letter opinion, this

office drew two conclusions: (1) that a homeopathic physician was not a "physician" for the purposes of NRS chapters 453, 454, and 639; and (2) that a homeopathic physician who was also licensed in Nevada as an allopathic or osteopathic physician could write prescriptions for controlled substances and dangerous drugs, provided that the homeopathic physician did so only for legitimate allopathic or osteopathic treatment and not for homeopathic purposes.

The amendment of NRS 0.040(1) had the far-reaching effect of bringing homeopathic practitioners within the coverage of all the sections throughout the NRS in which reference is made to "physicians." The amendment of NRS 0.040(1) also changed the analysis of the January 7, 1985, letter opinion in the limited way that the question presented at that time, namely whether a homeopathic physician was a "physician" under NRS 0.040, must now be answered affirmatively. The amended and present version of NRS 0.040(1) clearly indicates that homeopathic physicians are "physicians" as that term may be used throughout the NRS. The inquiry does not end here, though.

Subsection (2) of NRS 0.040 refers inquiries regarding each of the specific practitioner groups in subsection (1) to each's specific practice act. As such, the answer to the specific question addressed in this opinion regarding the prescribing, possessing, and administering powers of exclusively homeopathic practitioners must be made by reference to various portions of the pharmacy laws and NRS chapter 630A, the practice act for homeopathic practitioners.

NRS 453.226(1) provides the general definition of those persons who must be registered with the board of pharmacy to distribute or dispense controlled substances:

> Every practitioner or other person who manufactures, *distributes or dispenses any controlled substance* within this state or who proposes to engage in the manufacture, *distribution or dispensing of any controlled substance* within this state shall obtain biennially a registration issued by the board in accordance with its regulations. [Emphasis added.]

A "practitioner" may administer controlled substances pursuant to NRS 453.375(1). A "practitioner," as defined in NRS 453.126, includes a "physician." Any person who manufactures, distributes or dispenses a controlled substance without prior registration may be punished by imprisonment of one to six years, may be fined not more than $2,000. NRS 453.232.

Similarly, NRS 454.213(1) allows a "practitioner" to possess and administer dangerous drugs, and NRS 454.215(3) allows a "practitioner" to dispense dangerous drugs. NRS 454.00958(1) defines a "practitioner" to include a "physician." Any person who furnishes dangerous drugs without the valid prescription of a practitioner may be imprisoned for one to six years, may be fined not more than $5,000, or both. NRS 454.221(1).

NRS 630A.040 specifically defines the pharmacopoeia of medicines available for use by homeopathic physicians as follows:

> "Homeopathic medicine" or "homeopathy" means a system of medicine employing substances of animal, vegetable, chemical or mineral origin, including nosodes and sarcodes, which are:
> 1. Given in micro-dosage, except that sarcodes may be given in macro-dosage;
> 2. Prepared according to homeopathic pharmacology by which the formulation of homeopathic preparations is accomplished by the methods of Hahnemannian dilution and succussion, magnetically energized geometric patterns, applicable in potencies above 30X as defined in the official Homeopathic Pharmacopoeia of the United States, or Korsakoffian; and
> 3. Prescribed by homeopathic physicians according to the medicines and dosages in the

Homeopathic Pharmacopoeia of the United States, in accordance with the principle that a substance which produces symptoms in a healthy person can eliminate those symptoms in an ill person, resulting in the elimination and prevention of illness utilizing classical methodology and noninvasive electrodiagnosis.

NRS 630A.090(4) clearly distinguishes homeopathic medicine from allopathic medicine and prohibits homeopathic physicians from practicing allopathic medicine: "This chapter does not authorize a homeopathic physician to practice medicine, including allopathic medicine, except as provided in NRS 630A.040." Additionally, pursuant to NRS 630A.230(2)(c), all homeopathic physicians must be licensed as allopathic or osteopathic physicians "in any state or country, the District of Columbia or a territory or possession of the United States." Thus homeopathic practitioners can be licensed exclusively as homeopathic physicians under NRS chapter 630A or can have dual licenses as homeopathic physicians and allopathic or osteopathic physicians.

In contrast to the narrow statutory scope of the practice of homeopathy, the definition of "practice of medicine" in NRS 630.020 is as follows:

1. To diagnose, treat, correct, prevent or prescribe for any human disease, ailment, injury, infirmity, deformity or other condition, physical or mental, by *any means or instrumentality*.
2. To apply principles or techniques of medical science in the diagnosis or the prevention of any such conditions.
3. To offer, undertake, attempt to do or hold oneself out as able to do any of the acts described in subsections 1 and 2.
4. To use in connection with a person's name the words or letters "M.D.," or any other title, word, letter or other designation intended to imply or designate him as a practitioner of medicine in any of its branches, *except in the manner authorized by NRS 630A.220*. [Emphasis added.]

The definition of "osteopathic medicine" is found in NRS 633.081 and provides:

"Osteopathic medicine" or "osteopathy" means the school of medicine which:
1. Utilizes full methods of diagnosis and treatment in physical and mental health and disease, including the prescribing and administering of drugs and biologicals of all kinds, operative surgery, obstetrics, radiological and other electromagnetic emission; and
2. Places emphasis on the interrelationship of the musculoskeletal system to all other body systems. [Emphasis added.]

The legislative intent from the above definitions is clear: homeopathy is a limited practice whereas allopathy and osteopathy are general. Allopaths may use "any means or instrumentality" in their practices. Osteopaths may use "full methods of diagnosis and treatment" in their practices. Homeopaths, on the other hand, are limited to using only those medications that satisfy NRS 630A.040 "in accordance with the principle that a substance which produces symptoms in a healthy person can eliminate those symptoms in an ill person, resulting in the elimination and prevention of illness utilizing classical methodology and noninvasive electrodiagnosis." Furthermore, an allopathic physician may not call himself a homeopathic physician. NRS 630.020(4). It is clear that the legislature intended homeopathy to be a distinct style of medicine with a specifically defined pharmacopoeia suited to the homeopathic practice of medicine.

The question of which drugs a homeopathic practitioner can prescribe, possess, or administer is answered by the three-part test in NRS 630A.040, namely that the drug must be (1) given in micro-dosage (except that sarcodes may be given in macro-dosage); (2) prepared according to homeopathic pharmacology; and (3) prescribed by homeopathic physicians according to the medicines and dosages in the Homeopathic Pharmacopoeia of the United States. Generally, the

dosages and forms of drugs maintained by Nevada pharmacies would not be in "micro-dosages," and would instead be in forms that would be deemed "macro-dosages" under NRS 630A.040. Thus NRS 630A.040 makes it clear that a homeopathic physician practicing homeopathically could not prescribe or administer the regular "macro-dosage" of any controlled substance or dangerous drug unless that drug were a "sarcode." No known allopathic drugs regularly stocked by Nevada pharmacists would be "sarcodes."[52]

A second question arises, though, as to whether a homeopathic practitioner may obtain and possess controlled substances and dangerous drugs for preparation of a homeopathic remedy therefrom. First, it seems unlikely that most of the regular stock of a Nevada pharmacy would qualify as the raw materials for the preparation of homeopathic remedies. Homeopathic remedies generally use organic materials and would not include the highly refined modern pharmaceuticals stocked by Nevada pharmacies.[53] Nonetheless, it may be that some pharmaceuticals, especially

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[52] A sarcode is defined by the latest edition of the Homeopathic Pharmacopoeia of the United States (June 1991) as follows:

Sarcodes are homeopathic attenuations of wholesome organs, tissues, or metabolic factors obtained from healthy specimens.

Sarcodes are prepared according to homeopathic specifications, provided the basic substance is *not* altered and the FINAL PRODUCT is *not* adulterated by any pathogen or other deleterious substance.

Collection and preparation: refer to individual monograph.

ATTENUATION PROCEDURE

The freeze-dried organs, glands, or tissues are attenuated according to the specifications of Class F, and converted into liquid attenuations according to the specifications of Class H.

[53] Homeopathic remedies are identified by class. Following are the classes identified, taken from the Homeopathic Pharmacopeia of the United States (June 1991 updated):

CLASS A - LIQUID ATTENUATIONS OF SOLUBLE SUBSTANCES

Class A attenuations are prepared by dissolving one (1) part by weight of the soluble basic substance in a sufficient quantity of purified water or other appropriate menstruum, specified in the drug monograph, to produce ten (10) parts by volume of liquid attenuation which is designated 1X.

CLASS B - LIQUID ATTENUATIONS OF SOLUBLE SUBSTANCES

Class B liquid attenuations are prepared by dissolving one (1) part by weight of the soluble basic substance in a sufficient quantity of purified water or other appropriate menstruum, specified in the drug monograph, to produce 100 parts by volume of liquid attenuation which is designated 2X or 1CH.

CLASS C - HOMOEOPATHIC TINCTURES OF BOTANICAL SUBSTANCES 1/10 (10%)

Class C Tinctures, identified by the symbols "Tr.", Ø, or MT, are prepared by maceration or percolation from crude botanical substances, fresh or dried, by the dissolving action of an alcoholic vehicle.

Class C tinctures are made to represent one (1) part by weight of dry crude material in ten (10) parts by volume of completed solution.

CLASS D - HOMOEOPATHIC TINCTURES OF BOTANICAL SUBSTANCES 1/20 (5%)

Class D Tinctures, identified by the symbols "Tr.", Ø, or MT, are prepared by maceration or percolation from crude botanical substances by the dissolving action of an alcoholic vehicle.

Class D Tinctures are made to represent one (1) part by weight of dry crude material in 20 parts by volume of completed solution.

CLASS E - HOMOEOPATHIC TINCTURES OF ZOOLOGICAL SUBSTANCES 1/20 (5%)

Class E Tinctures are prepared by maceration from zoological substances, fresh or dried, by the dissolving action of an alcoholic vehicle.

Class E Tinctures are made to represent one (1) part by weight of the crude material in 20 parts by weight of completed solution.

CLASS F - TRITURATIONS OF SOLID SUBSTANCES

Class F triturations of solid substances are prepared by triturating one (1) part by weight of the dry crude substance with nine (9) parts of

some controlled substances, may be stocked or available through Nevada pharmacies. For example, the monographs for homeopathic remedies include the following remedies that would be made from controlled substances: *anhalonium lewinii* (peyote), *cannabis indica/cannibis sativa* (marijuana), *cocainum* (cocaine), *cocainum muriaticum* (cocaine hydrochloride), *codeinum* (codeine), *datura arborea/datura metel* (datura), *morphinum* (morphine), *morphinum muriaticum* (morphine hydrochloride), and *opium* (opium). Additionally, it may be that some homeopathic remedies are fashioned from currently available dangerous drugs.

It is clear, therefore, that a homeopathic physician practicing homeopathically could legally obtain, possess, and administer some dangerous drugs and controlled substances for the manufacture of homeopathic remedies. Additionally, a homeopathic physician may also prescribe those dangerous drugs and controlled substances allowed by NRS 630A.040, but as a practical matter it is unlikely that any Nevada pharmacies stock dangerous drugs or controlled substances in homeopathic dosages or know how to prepare homeopathic remedies according to homeopathic methodology. To
possess controlled substances, the homeopathic practitioner would be required to obtain a registration with the Drug Enforcement Administration (DEA) and a registration with the Nevada Board of Pharmacy pursuant to NRS 453.226. Additionally, any order for a controlled substance in Schedules I and II would need to be via a DEA Form 222; any order for other controlled substances would need to be via a valid order form, and all record-keeping, storage, and security statutes and regulations would also be applicable.

Of course, possession and administration of the controlled substances and dangerous drugs obtained by a homeopathic practitioner must also comply with the terms of NRS 630A.040. Administration of a controlled substance or dangerous drug in contravention to the dictates of NRS

Lactose, U.S.P., to make a 10% (1/10) trituration, which is designated 1X.

CLASS G - TRITURATION OF INSOLUBLE LIQUID SUBSTANCES

Class G triturations are prepared by triturating one (1) part by weight of insoluble liquid substance with sufficient Lactose, U.S.P., to produce a 10% (1/10) mixture by weight, which is designated the 1X trituration.

CLASS H - CONVERSION OF TRITURATIONS OF INSOLUBLE BASIC SUBSTANCES INTO LIQUID ATTENUATIONS

Class H conversions of triturations of insoluble basic substances into liquid attenuations are prepared by succussine on (1) part of the lowest soluble trituration of the substance (usually 6X) with sufficient distilled water or other appropriate menstruum to produce the next higher attenuation.

CLASS I - NOSODES

Nosodes are homeopathic attenuations of: pathological organs or tissues; causative agents such as bacteria, fungi, ova, parasites, virus particles, and yeast; disease products; excretions or secretions.

CLASS J - ALLERSODES

Allersodes are homeopathic attenuations of antigens, i.e., substances which, under suitable conditions, can induce the formation of antibodies. Antigens include toxins, ferments, percipitinogens, agglutinogens, opsonogens, lysogens, venins, agglutinins, complements, opsonins, amboceptors, precipitins, and most native proteins.

CLASS K - ISODES

Isodes, sometimes called Detoxodes, are homeopathic attenuations of botanical, zoological, or chemical substances, including drugs, excipients, or binders, which have been ingested or otherwise absorbed by the body and are believed to have produced a disease or disorder which interferes with homeostasis.

CLASS L - SARCODES

Sarcodes are homeopathic attenuations of wholesome organs, tissues, or metabolic factors obtained from healthy specimens.

630A.040 would subject a homeopathic practitioner to discipline by the Board of Homeopathic Examiners pursuant to NRS 630A.370(3) and (5), and to discipline by the Board of Pharmacy pursuant to NRS 453.241.

We suggest that representatives from the Boards of Pharmacy and Homeopathy meet to develop a comprehensive pharmacopoeia of drugs that Nevada pharmacists could provide to homeopathic practitioners or their patients that could be circulated among the members of the two professions. The pharmacopoeia should include at least the following categories: (1) those dangerous drugs that are "sarcodes" and could be prescribed by the homeopathic practitioner to be filled at a Nevada pharmacy; (2) those controlled substances that are in Schedules I and II that could be ordered by homeopathic practitioners from Nevada pharmacies for the manufacture of homeopathic remedies; (3) those controlled substances in Schedules III, IV, and V that could be ordered by homeopathic practitioners from Nevada pharmacies for the manufacture of homeopathic remedies; and (4) those dangerous drugs that could be ordered by homeopathic practitioners from Nevada pharmacies for the manufacture of homeopathic remedies.

The second conclusion contained in the letter opinion of January 7, 1985, remains essentially unchanged; namely that a homeopathic physician who is also licensed in Nevada as an allopathic or osteopathic physician may write prescriptions for controlled substances for allopathic or osteopathic, not homeopathic, purposes. NRS 453.381(1), the statute that is the basis of this part of the letter opinion, has not been changed in the interim since 1985. Similarly, a dangerous drug cannot legally be prescribed by a homeopathic physician except for allopathic or osteopathic, not homeopathic, purposes. *See* NRS 454.211, NRS 454.221.

Of course, the dually-licensed practitioner could also prescribe, obtain, possess, and administer those dangerous drugs and controlled substances for homeopathic purposes according to the homeopathic method as has already been discussed. In other words, when a dually-licensed practitioner is practicing allopathically or osteopathically, he could prescribe any dangerous drug or controlled substance, but when he is practicing homeopathically, he can only avail himself of the more narrow homeopathic pharmacopoeia of dangerous drugs and controlled substances.

CONCLUSION

The 1985 amendment to NRS 0.040 authorizes exclusively homeopathic physicians to possess, dispense, or administer those controlled substances and dangerous drugs that are recognized by the Homeopathic Pharmacopoeia of the United States and otherwise comply with NRS 630A.040. To possess, dispense, or administer any controlled substances, a homeopathic physician must obtain a federal DEA registration and a Nevada controlled substances registration. Homeopathic physicians who are also licensed in Nevada as allopathic or osteopathic physicians, in addition to the limited abilities to possess, dispense, administer, and prescribe certain dangerous drugs and controlled substances according to homeopathic practice, may also possess, dispense, prescribe, or administer controlled substances and dangerous drugs as appropriate and necessary to their allopathic or osteopathic practices.

Sincerely,

FRANKIE SUE DEL PAPA
Attorney General

By: LOUIS LING
Deputy Attorney General

STATE OF NEVADA
LEGISLATIVE COUNSEL BUREAU
LEGISLATIVE BUILDING
401 S. CARSON STREET
CARSON CITY, NEVADA 89701-4747
Fax No.: (775) 684-6600

LEGISLATIVE COMMISSION (775) 684-6800
ANN O'CONNELL, Senator, Chairman
Lorne J. Malkiewich, Director, Secretary

INTERIM FINANCE COMMITTEE (775) 684-6821
MORSE ARBERRY, JR., Assemblyman, Chairman
Mark W. Stevens, Fiscal Analyst
Daniel G. Miles, Fiscal Analyst

LORNE J. MALKIEWICH, Director
(775) 684-6800
LEGISLATIVE COMMISSION (775) 684-6800

Wm. GARY CREWS, Legislative Auditor (775) 684-6815
ROBERT E. ERICKSON, Research Director 775) 684-6825
BRENDA J. ERDOES, Legislative Counsel (775) 684-6830

1. When practicing one of the alternative therapies expressly authorized by A.B. 286 and defined in R213-97, homeopathic physicians may prescribe:

(a) Any controlled substance listed in schedule I, II, III, IV or V as set forth in chapter 453 of NRS, so long as both administration and dosage are medically appropriate according to the standards applicable to that alternative therapy, except that a homeopathic physician may not prescribe "narcotic drugs and opiates that are listed as schedule II controlled substances pursuant to chapter 453 of NRS, except as those substances may be described for use in the official Homeopathic Pharmacopoeia of the United States." (R213-97.)

(b) Any dangerous drug that is defined in chapter 454 of NRS so long as both administration and dosage are medically appropriate according to the standards applicable to that alternative therapy.

(c) Any other allopathic drug available by prescription so long as both administration and dosage are medically appropriate according to the standards applicable to that alternative therapy.

22-008 NV Leg. Counsel authorized homeopathic prescrip.

January 31, 2000

Senator Ann O'Connell
7225 Montecito Circle
Las Vegas, Nevada 89120-3118

Dear Senator O'Connell:

You have asked this office to address three questions relating to the practice of homeopathy in this state. Your questions arise from the interaction between Assembly Bill No. 286 of the 1997 Legislature, which amended the scope of homeopathic practice, the regulation adopted pursuant to that bill by the Board of Homeopathic Medical Examiners, and the February 11, 1999, opinion of the Attorney General which declared that regulation invalid. Specifically, you have asked (1) whether the Attorney General's opinion invalidating the regulation is correct; (2) whether the regulation is effective and valid, and if so, what authority homeopathic physicians possess to prescribe medications, including drugs, controlled substances and dangerous drugs; and (3) whether the authority to write prescriptions granted by this regulation is in conformity with the intent of the Legislature in enacting A.B. 286. The complexity of these issues makes it necessary to provide a significant amount of background information. After providing this information, we will answer each of your questions separately.

I. Background

A. Homeopathy in Nevada: 1983 to 1997

The licensed practice of homeopathy in this state began in 1983 when the Legislature authorized the practice and established the Board of Homeopathic Medical Examiners (Homeopathic Board) to regulate and license the practice. At that time, the Legislature defined homeopathy as a:

> [S]ystem of medicine employing substances of animal, vegetable, chemical or mineral origin [most of which are g]iven in micro-dosage ... and [p]repared according to homeopathic pharmacology by which the formulation of homeopathic preparations is accomplished by ... dilution ... and which is] in accordance with the principle that a substance which produces symptoms in a healthy person can eliminate those symptoms in an ill person, resulting in the elimination and prevention of illness utilizing classical methodology ...

(Section 5 of chapter 524, Statutes of Nevada 1983, at page 1479.)[1] To obtain a license as a homeopathic physician, an applicant must have graduated from either a conventional, that is, "allopathic," medical school or a school osteopathy and must have been licensed to practice allopathic or osteopathic medicine in some state, district, territory or possession of the United States or in a foreign country. (NRS 630A.230.) In 1983, as at present, it was possible, although not necessary, for a licensed homeopathic physician also to be

[1] This definition also included the use of "noninvasive electrodiagnosis," even though it is unlikely that this represented part of "classical" or traditional homeopathy.

licensed to practice conventional allopathic or osteopathic medicine.[2] Thus, while every homeopathic physician must have received training in allopathic or osteopathic medicine, each homeopathic physician may choose whether to continue to practice both forms of medicine, in which case he must be "dually-licensed," or to choose to practice homeopathy exclusively, in which case he need only be "singly-licensed." The 1983 statute did not clearly establish the scope of the authority to write prescriptions that a license to practice homeopathic medicine conferred on its holder. On the one hand, the statutory definition had authorized homeopathic physicians to use "chemical" substances. On the other hand, however, the existing statutory scheme applicable to prescription medicines suggested that homeopathic physicians lacked the authority to write prescriptions. It authorized "physicians" to prescribe drugs, but defined that term in a manner that excluded homeopathic physicians. (NRS 0.040 (1983.)) On January 7, 1985, the Attorney General issued an "informal opinion" advising that a singly-licensed homeopathic physician could not "prescribe, possess, dispense, [or] administer controlled substances and dangerous drugs." (1993 Nev. Op. Att'y Gen. 131, September 20, 1993 (A.G.O. 93-21).) Apparently, this informal opinion precipitated an amendment of NRS 0.040 at the next session of the Legislature. (*Id.*) The Legislature expanded the definition of "physician" expressly to include homeopathic physicians wherever "physician" was used in the NRS. (Section 5 of chapter 82, Statutes of Nevada 1985, at page 221.) This included those laws that conferred the authority to write prescriptions for pharmaceutical medicines or drugs generally, as well as for controlled substances and dangerous drugs. (Chapters 639, 453 and 454 of NRS.) It is not clear whether homeopathic physicians, or others, regarding this statute as conferring *carte blanche* authority on homeopathic physicians to prescribe allopathic drugs, but, at the next session in 1987, the Legislature imposed an explicit limitation on the authority of homeopathic physicians to write prescriptions. The Legislature amended the definition of homeopathy to make it plain that homeopathic physicians could only prescribe substances "according to the medicines and dosages in the Homeopathic Pharmacopoeia of the United States." (Section 10 of chapter 775, Statutes of Nevada 1987, at page 2056.)

In the fall of 1993, the Attorney General was asked to provide an opinion on the then present scope of homeopathic practice. Te Attorney General concluded that part of the 1985 informal opinion had been overtaken by circumstances and was no longer valid. She stated that "[i]t is clear . . . that a homeopathic physician practicing homeopathically [can] legally obtain, possess, and administer some dangerous drugs and controlled substances for the manufacture of homeopathic remedies." (1993 Nev. Op. Att'y Gen. 131, September 20, 1993.) (Emphasis added) In other words, a physician, practicing under his homeopathic license, could prescribe any medication, including allopathic medicines, controlled substances, and dangerous drugs, so long as it was found in the Homeopathic Pharmacopoeia and providing that he prescribed it in the dosages also

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[2] Both osteopathic and allopathic physicians are licensed and regulated by the State Board of Medical examiners (Medical Board). Moreover, doctors osteopathy have the same authority to prescribe allopathic prescription drugs, controlled substances and dangerous drugs as do doctors of medicine. For the remainder of this memo, therefore, when speaking of the authority to write prescriptions, we will use "allopathic" as inclusive of "osteopathic," except when it is necessary to distinguish between the two practices.

found there. This might include the authority to prescribe many allopathic drugs, but it almost certainly did not include the authority to prescribe such drugs in allopathic doses. Rather, the Attorney Gene3ral concluded that a homeopathic physician might write a prescription for one pill of an allopathic drug if he did so for the purpose of obtaining it to use in preparing a homeopathic medicine in which the dose of the controlled substance actually administered to the patient would be so diluted that it would conform to homeopathic standards. This interpretation seems to have been accepted by the homeopathic, allopathic and pharmaceutical communities. It is sometimes referred to as the "one-pill rule" and it covers the "micro-dosage" portion of the authority of a homeopathic physician to write prescriptions. The Attorney General also concluded that homeopathic physicians possessed a limited power to prescribe administer certain substances in "macro-dosages," but that these substances, called "sarcodes," were unlikely to be a part of the stock of conventional or allopathic drugs regularly stocked by pharmacists in this state.[3]

In the same 1993 opinion, however, the Attorney General formally adopted one of the conclusions endorsed by the earlier (1985) informal opinion. This was the conclusion that a physician who is dually licensed as both a homeopathic physician and as an allopathic (or osteopathic) physician could not use the authority to write prescriptions granted by his allopathic license to practice homeopathy. In other words, "when a dually-licensed practitioner is practicing allopathically or osteopathically, he can prescribe any dangerous drug or controlled substance, but when he is practicing homeopathically, he can only avail himself of the more narrow homeopathic pharmacopoeia . . . "(1993 Nev. Op. Att'y Gen. 131.) This restriction on the scope of practice, in conjunction with the "one-pill rule" (as modified by the exception for sarcodes), represents the *status quo ante*. Together, they constitute the background against which the subsequent legislation and regulation must be viewed.

B. Assembly Bill No. 286 of the 1997 Legislature

In 1997, the Nevada Association of Homeopathic Physicians offered a bill to expand the scope of the licensed practice of homeopathy and to repeal the "one-pill rule." The homeopathic community believed that since all licensed homeopathic physicians had received allopathic (or osteopathic) training and had satisfied, in some state or country, the requirements to prescribe allopathic drugs in allopathic doses, they should be allowed to do so in Nevada as well. Assembly Bill No. 286 of the 1997 Legislature (A.B. 286), as introduced, employed three statutory mechanisms to bring this about. First, it eliminated the language in NRS 630A.040 that limited the authority of homeopathic physicians to write prescriptions to the substances and dosages found in the Homeopathic Pharmacopoeia. Second, it increased the Homeopathic Board's power over licensing to

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[3] According to the 1991 edition of the Homeopathic Pharmacopoeia of the United States, sarcodes are "homeopathic attenuations of wholesome organs, tissues, or metabolic factors obtained from healthy specimens . . . prepared according to homeopathic specifications [in which] the basic substance is not altered and the FINAL PRODUCT is not adulterated by any pathogen or other deleterious substance." The Attorney General concluded, "No known allopathic drugs regularly stocked by Nevada pharmacists would be 'sarcodes.'" (1993 Nev. Op. Att'y Gen. 131, September 20, 1993.)

permit the Board to determine on a case-by-case basis, "which allopathic pharmaceuticals and controlled substances, if any, the homeopathic physician or advanced practitioner of homeopathy may prescribe in conventional allopathic dosages." (Subsection 4 of section 1 of A.B. 286, as introduced). The Board was to base its decisions on an evaluation of each licensee's pharmacological expertise. Thus, if the Board was satisfied that an applicant for homeopathic licensure was as qualified to prescribe allopathic medicines in allopathic dosages as medical doctors licensed by the Medical Board, the Homeopathic Board would confer on him a license with equivalent authority. If it evaluated his pharmaceutical knowledge less favorably, it would issue a license that specified the particular allopathic drugs he was authorized to prescribe, or it could grant him a license that expressly disqualified him from prescribing conventional doses of any allopathic drug. Third, A.B. 286 expanded the definition of homeopathy to include the practice of "pharmaceutical medicine." Although this term was never defined with precision, it appears plain that it was intended to encompass the routine prescription of allopathic drugs in allopathic doses. (*See* Testimony of Robert F. Martin, Testimony of Michael J. Fischer, Hearing, Assembly Committee on Commerce, March 31, 1997.) One of the witnesses at the hearing before the Assembly Committee on Commerce provided the following example of what the supporters of A.B. 286 hoped to accomplish. Because relatively few states license homeopathic medicine, the practice of homeopathic physicians in this state includes the treatment of nonresidents who have traveled here for the express purpose of taking a course of homeopathic treatment. If, while undergoing this treatment, the patient manifested a disease that was easily treatable with simple antibiotics, for example, a strept throat, the supporters of A.B. 286 wished singly-licensed homeopathic physicians to have sufficient authority to write a prescription for the patient without having to refer him to an allopathically-licensed physician to obtain the antibiotic. (*See* Testimony of F. Fuller Royal, Testimony of Robert F. Martin, Hearing, Assembly Committee on Commerce, March 31, 1997.)

Besides this expansion in the authority to prescribe conventional allopathic medicines, the supporters of A.B. 286 hoped to expand the scope of homeopathic practice beyond its traditional or classical limits and to include what one witness called "complex homeopathy," but which might more accurately be described as a license for the practice of specific forms of alternative medicine. (Testimony of Robert F. Martin, Hearing, Assembly Committee on Commerce, March 31, 1997.) To accomplish this, the sponsors of A.B. 286 proposed amending the definition of homeopathy to include, in addition to the "non-invasive electrodiagnosis" that had formed part of the 1983 definition, the following alternative practice areas:

> [C]ell therapy, neural therapy, herbal therapy, neuromuscular integration, orthomolecular therapy, nutrition, intravenous infusion, [and] chelation therapy . . .[4]

(*See* A.B. 286, as introduced). None of these therapies fit within the traditional or

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[4] This clause also contained the expansion of homeopathy to include the practice of "pharmaceutical medicine," discussed above.

"classical," non-statutory definition of homeopathy. The president of the Homeopathic Board testified that "when [A.B. 286] talks about neural therapy, you are not talking about homeopathy. When it talks about orthomolecular therapy and herbalist medications, you're not talking about homeopathy." (Testimony of F. Fuller Royal, Minutes, Legislative Commission, December 18, 1998.) He also stated that there was "no such thing" as homeopathic neuromuscular integration and that the purpose of enumerating those additional therapies had been to "expand the practice of homeopathy." (Testimony of F. Fuller Royal, Minutes, Legislative Commission Meeting, June 26, 1998.) Consequently, because none of these alternative therapies constituted part of homeopathy as traditionally or classically conceived, A.B. 286 deliberately did not subject those therapies to the earlier limitations imposed on classical homeopathy. Thus, the medications that a homeopathic physician might prescribe under the therapies need not be selected in conformity with the fundamental homeopathic principle that a substance that would make a healthy person ill would, if diluted correctly, make an ill person healthy. Similarly, the authority of a homeopathic physician to write a prescription, when practicing one of these alternative therapies, was not limited to the substances or dosages that were found in the Homeopathic Pharmacopoeia.

At the hearing on the bill before the Assembly Committee on Commerce, both supporters and opponents agreed that the net effect of all these provisions would be to significantly expand the ability of singly-licensed homeopathic physicians to practice allopathic medicine. Opponents of A.B. 286 objected to this expansion with an intensity that, apparently, would have been sufficient to prevent the entire bill from emerging from the Assembly Commerce Committee. Both the Chairman of that committee and another member recall informing the lobbyist for the homeopathic physicians that A.B. 286 would not pass unless certain objectionable elements were removed. Both legislators also recall that the lobbyist agreed to an amendment removing them. (*See* Comments of Assemblyman Richard Perkins, Comments of Assemblywoman Barbara E. Buckley, Minutes, Legislative Commission, June 28 and December 18, 1998.)

A.B. 286, as amended, considerably enhanced the power of the Homeopathic Board to regulate its own practitioners, but did not contain the language that would have authorized that board to "determine which allopathic pharmaceuticals and controlled substances, if any, the homeopathic physician . . . may prescribe in conventional allopathic dosages." Similarly, while the Assembly Committee on Commerce had accepted the Homeopathic Board's draft language establishing its right to discipline its own members, the committee amended that provision by adding an explicit declaration that if the conduct of a homeopathic physician concerned a practice that was within the jurisdiction of another licensing board, the Homeopathic Board was required to forward the complaint to the appropriate board for action. (See A.B. 286, First Reprint). Finally, the Committee edited the list of proposed alternative therapies. As previously mentioned, the Committee eliminated the general power to prescribe allopathic drugs in allopathic doses by removing the phrase "pharmaceutical medicine" from the list of alternative therapies. In its initial consideration of amendments to the bill, the committee retained the terms "intravenous infusion and chelation therapy." (See Exhibit C, Attachment B,

Minutes, Assembly Committee on Commerce, May 5, 1997.) These two terms, however, were also subsequently removed.[5] (*See* Floor Minutes of the Assembly Committee on Commerce, June 29, 1997, *Assembly Journal*, June 29, 1997, pp. 1777-78.)

With these changes in place, the Medical Board and State Board of Pharmacy (Pharmacy Board) withdrew their opposition to the legislation. The hearing on the amended bill before the Senate Committee on Commerce and Labor was relatively brief as there was no substantive opposition. One erstwhile opponent testified that in its present form the bill was "innocuous." (Testimony of Robert Barengo, Hearing, Senate Committee on Commerce and Labor, July 3, 1997.) However, the chairman of that committee recalls being informed that the terms "chelation therapy," "intravenous infusion," and pharmaceutical medicine" had been removed solely to eliminate redundancy or surplus language. He understood that it was agreed by all parties that those therapies were authorized by virtue of the remaining terms. For that reason alone, he recalls, the Senate committee did not conduct full hearings on the bill. (*See* Comments of Senator Randolph J. Townsend, Minutes, Legislative Commission, June 26, 1998; *see* also Comments of Senator Mark James, Minutes, Legislative Commission, December 18, 1998.)

Despite what now appears as an obvious difference in understanding between certain members of the Senate with some of their colleagues in the Assembly, there is nothing to suggest that members of either house were aware of these differences when they voted unanimously in favor of the amended bill. Although the new alternative therapies were each listed in the bill, they were not defined. Consequently, the Homeopathic Board attempted to supply these definitions by regulation.

C. The Regulation and the Legislative Commission

The Homeopathic Board adopted its first set of proposed definitions on May 5, 1998, after conducting the required workshop0s and public hearings. The Legal Division of the Legislative Counsel Bureau assigned the proposed regulation the file number R213-97. The Medical and Pharmacy Boards participated in the hearings and, therefore, had early notice of the proposed definitions. The bulk of the definitions excited no controversy, but the representatives of the allopathic community insisted that in its definitions of two of the alternative therapies---orthomolecular medicine and neural therapy---the Homeopathic Board had exceeded its statutory authority. As originally submitted, the regulation defined "orthomolecular medicine" to include "[t]he prescription of . . . pharmaceutical medicines, [and] the intravenous infusion of various substances, including . . . pharmaceutical medications [and] chelating agents . . ." The regulation also defined "neural medicine" to mean the "injection of local anesthetics . . . medicinal or pharmaceutical substances . . ." The allopathic physicians objected that the definitions purported to permit homeopathic physicians to prescribe pharmaceutical "medicines," "medications," and "substances" when the authorization to practice

[5] These two terms will be discussed in greater detail in our response to your third question.

"pharmaceutical medicine" had been expressly removed by the Assembly Committee on Commerce. The same objection applied to the term "intravenous infusion" and the practice of chelation.

The Legal Division of the Legislative Counsel Bureau notified the Homeopathic Board of these objections, but the Homeopathic Board chose not to revise its regulation at that time. Consequently, when R213-97 was submitted to the Legislative Commission for approval at its June 26, 1998, meeting, representatives of the Homeopathic and Medical boards were on hand to present their arguments to the Commission. Under NRS 233B.067, the Commission has the authority to object to a regulation on two bases:

1. The regulation does not conform to statutory authority; or
2. The regulation does not carry out legislative intent.

The Commission heard extensive testimony and considered the matter at length. The majority of the testimony turned on the enhanced authority of homeopathic physicians to write prescriptions that were perceived to be found in the references to "pharmaceutical medicines," "pharmaceutical medications" and "pharmaceutical substances" in light of the Assembly amendment's removal of the term "pharmaceutical medicine" from A.B. 286. In particular, opponents objected---as they had at the hearing before the Assembly Committee on Commerce---to any expansion in the power of singly-licensed homeopathic physicians to prescribe allopathic dosages of controlled substances, including narcotics, and dangerous drugs. The Commission concluded that, assuming that the definitions selected by the Homeopathic Board and incorporated into the regulation were in accordance with authoritative sources in the field of alternative medicine, the regulation was within that board's statutory grant of authority. Nevertheless, the Commission voted to object to the regulation on the ground that the increased authority it conferred on homeopathic physicians to prescribe allopathic drugs in allopathic doses violated the legislative intent behind A.B. 286. (*See* Minutes, Legislative Commission Meeting, June 26, 1998.) Accordingly, the Director of the Legislative Counsel Bureau returned the regulation to the Homeopathic Board with a note of the Commission's objections. (*See* letter from Lorne J. Malkiewich to F. Fuller Royal, June 30, 1998.)

In accordance with the procedures set forth in NRS 233B.0675, the Homeopathic Board revised R213-97. The revised regulation replaced the terms "pharmaceutical medicines," "pharmaceutical medications," and "pharmaceutical substances," with a single term, "pharmaceutical preparations."[6] This term was then expressly limited to make plain that it did "not include narcotic drugs or opiates that are listed as schedule II controlled substances pursuant to chapter 453 of NRS, except as those substances may be described for use in the official Homeopathic Pharmacopoeia of the United States."

The revised regulation was resubmitted to the Legislative Commission for review

[6] The revised regulation also eliminated the term "local anesthetics" from the definition of neural therapy on the ground that such substances were included in the broader category of "pharmaceutical preparations."

at its December 18, 1998, meeting. Once again, the Commission heard extended testimony both for and against the regulation. The witness for the Homeopathic Board contended that inasmuch as the primary objection to the earlier regulation had been the expansion in the authority of homeopathic physicians to prescribe narcotics or other controlled substances in allopathic doses, the revised regulation eliminated that objection. In effect, it restated the "one-pill rule" as it applied to the substances. The Medical and Pharmacy Boards, however, continued to object to the regulation. While conceding that the revised version limited prescriptions by homeopathic physicians of certain schedule II controlled substances (opiates and other narcotics), the Boards contended that it conferred *carte blanche* authority on homeopathic physicians to prescribe, in allopathic doses, all other allopathic drugs, all controlled substances except the narcotics and opiates listed in schedule II, and all dangerous drugs. In particular, they objected that the revised regulation authorized homeopathic physicians to prescribe allopathic doses, certain enumerated chelating agents and to administer them by means of "intravenous infusion."

Operating on the assumption that these substances would be prescribed in the course of administering chelation therapy, a practice expressly authorized by the regulation's definition of orthomolecular therapy, the revised R213-07 permitted, by regulation, two practices---chelation and intravenous infusion---that had been expressly denied to homeopathic physicians by the Assembly amendments to A.B. 286.

Following this evidence and after full discussion, the Legislative Commission by a close vote failed to object to the revised regulation and it therefore became effective. Under NRS 233B.067 and 233B.0675, unless a majority of the Commission objects to a regulation, the Director of the Legislative Counsel Bureau is obliged to file the regulation with the Secretary of State and it becomes effective as of the date of filing. This was, accordingly, done and the regulation became effective on December 18, 1998. (*See* letter from Lorne J. Malkiewich to Dean Heller, December 18, 1998.)

D. The Attorney General Declares the Regulation Invalid

The 1999 session of the Legislature convened on February 2. Although numerous members of the Legislative Commission had indicated that the scope of the practice of homeopathy would be addressed at the session, in fact, no such legislation was passed or even requested. The Pharmacy Board, however, solicited the opinion of the Attorney General on the question of whether a singly-licensed homeopathic physician administering the alternative or non-traditional therapies described in the adopted regulation could prescribe controlled substances or dangerous drugs. The Attorney General responded on February 11, 1999. (*See* Nev. Op. Att'y Gen. 99-06 (A.G.O. 99-06).)

After a brief recapitulation of the amendment and passage of A.B. 286 of the 1997 Legislature and evolution of R213-97, the Attorney General concluded that the regulation was invalid. The Attorney General reached this conclusion because, during a Legislative Commission hearing, members of the Homeopathic Board had, in her

opinion, expressed "an intent to interpret the phrase 'pharmaceutical preparations' as permitting a singly licensed homeopathic physician to prescribe some controlled substances and dangerous drugs . . . We believe this interpretation renders the regulation invalid . . ." The Attorney General also concluded that:

> When the Legislature specifically deleted the term 'pharmaceutical medicine' from the definition of homeopathy, its clear intent in enacting the remainder of A.B. 286 was to prohibit singly licensed homeopathic physicians from having the ability to prescribe controlled substances and dangerous drugs in the same manner as an allopathic physician ... We believe that our conclusion in Op. Nev. Att'y Gen. No. 93-21 (September 20, 1993), continues to accurately describe the limited ability of singly
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> licensed homeopathic physicians to posses, dispense, and administer controlled substances and dangerous drugs.

Unlike the 1985 "informal" opinion, this opinion was issued publicly and was made public during the course of the Legislative session. Nevertheless, the Legislature took no further action and no further inquiries were made until you requested this opinion following the conclusion of the session.

II. Analysis

With the preceding background in place, we will now analyze each of your questions separately. Your first question is whether the Attorney General's opinion is correct. It is the opinion of this office that it is not.

A. The Attorney General's Opinion No. 99-06

As a preliminary matter, we note that the "opinions of the attorney general do not constitute binding legal authority or precedent." *Goldman v. Bryan*, 106 Nev. 30, 42 (1990). "The opinion of the state attorney general is advisory and not a binding interpretation of state law." *Nevada Highway Patrol Ass'n v. State*, F.2d 1549, 1554, n.6 (1990). See also *Tahoe Regional Planning Agency v. McKay*, 769 F.2d 534, 539 (9th Cir. 1985); *Weston v. County of Lincoln*, 98 Nev. 183 (1982); and *Cannon v. Taylor*, 88 Nev. 89 (1972). Consequently, even if A.G.O. 99-06 were correct, it would not be binding. In any event, however, the Attorney General possesses neither the statutory nor the constitutional power to invalidate regulations. Therefore, it is the opinion of this office the A.G.O. 99-06 is necessarily incorrect to the extent that it purports to claim that the Attorney General has the authority to invalidate a regulation after the regulation has been adopted in compliance with all the procedures required under chapter 233B of NRS and has been filed with the Secretary of State.

Section 2 of Article 3 of the Nevada Commission expressly provides for legislative review and nullification of administrative regulations. It states that:

> If the legislature authorizes the adoption of regulations by an executive agency which bind persons outside the agency, the legislature may provide by law for:
>
> (a) The review of these regulations by a legislative agency before their effective date to determine initially whether each is within the statutory authority for its adoption;
>
> (b) The suspension by a legislative agency of any such regulation which appears to exceed that authority, until it is reviewed by a legislative body composed of members of the Senate and Assembly which is authorized to act on behalf of both houses of the legislature; and
>
> (c) The nullification of any such regulation by a majority vote of that legislative body, whether or not the regulation was suspended.

Acting pursuant to this constitutional grant of authority, the Legislature has amended chapter 233B of NRS, the Nevada Administrative Procedure Act. In chapter 233B of NRS, the Legislature provided, inter alia, the exclusive avenues for determining the pre-enforcement validity of a regulation.[7] Under NRS 233B.110, "[t]he validity or applicability of any regulation may be determined in a proceeding for a declaratory judgment in the district court" by any plaintiff who alleges that "the regulation, or its proposed application, interferes with or impairs, or threatens to interfere with or impair [his] legal rights or privileges . . " Alternatively, "[a]n agency may institute an action for declaratory judgment to establish the validity of any one or more of its own regulations." In this proceeding, "[t]he court shall declare the regulation invalid if it finds that it violates constitutional or statutory provisions or exceeds the statutory authority of the agency." A.G.O. 99-06 concluded that a regulation is invalid if it "exceeds the statutory authority delegated by the Legislature to an administrative agency." This is clearly correct, but as NRS 233B.110 makes clear, when the regulation exceeds its authority, it is the court, not the Attorney General, that is required to "declare the regulation invalid."[8] Chapter 233B of NRS expressly provides a role for the Attorney General in all actions to determine the validity of a regulation. The plaintiff in any such action is required to serve a copy of the complaint upon the Attorney General, who is "entitled to be heard." (Subsection 3 of NRS 233B.110.)[9]

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[7] Any person who is actually harmed by the enforcement of a regulation or by a state officer acting pursuant to the regulation may bring an action for damages against the state or the officer, during the course of which the validity of the regulation may be brought into issue and resolved by the court. The Legislature's intent in enacting NRS 233B.110 was to permit the validity of regulations to be determined even before they are enforced.

[8] It could be argued that the Attorney General is not asserting a power to declare a regulation invalid, but is merely expressing that which is evident—a regulation that exceeds its authorizing statute is void. Without disputing the accuracy of this conclusion, it is the opinion of this office that because chapter 233B of NRS provides detailed procedures for establishing the validity of regulations, it cannot reasonably be suggested that the Legislature intended chapter 233B of NRS to be self-executing.

[9] Although chapter 233B of NRS gives the sole means for declaring a regulation invalid, NRS 233B.100 provides that "[a]ny regulation of any agency is subject to amendment or suspension by the governor

The statutory scheme embodied in chapter 233B of NRS assigns distinct functions to the judicial branch of government and to the Attorney General. It limits the Attorney General's role to "being heard" by the court. This assignment and limitation points up another objection to the Attorney General's assertion of the authority to declare

administrative regulations invalid, which is the constitutional objection inherent in the doctrine of the separation of powers. Section 1 of Article 3 of the Nevada Constitution states that:

> The powers of the Government of the State of Nevada Shall be divided into three separate departments,---the Legislative,---the Executive and the Judicial; and no persons charged with the exercise of powers properly belonging to one of these departments shall exercise any functions, appertaining to either of the others, except in the cases expressly directed or permitted in this constitution.

The remainder of Article 3 confers on the Legislature the authority to nullify administrative regulations before they become effective. Similarly, the power to interpret statutes and regulations and to declare them invalid is entrusted to the courts in implicit reliance on the constitutional principle that "[i]t is emphatically the province and duty of the judicial department to say what the law is." *Marbury v. Madison*, 5 U.S. (1 Cranch) 137, 177 (1803) (Marshall, C.J.). For the Attorney General to assert a power to invalidate regulations clearly violates the doctrine of the separation of powers by exercising functions appertaining to both of the other branches of government.

The Attorney General is obviously aware of her constitutional role and it is unlikely that she intended to exceed it. Rather, it is probable that her declaration of the invalidity of R213-97 contained in A.G.O. 99-06 merely represents her prediction of what a court of competent jurisdiction would be likely to declare if the question were posed to the court. Alternatively, the opinion could be meant to communicate the legal argument against the regulation's validity that the Attorney General would make in an action at law brought to determine that question. However, even regarded in this light, A.G.O. 99-06 is flawed in several particulars that make it unlikely to be a fully reliable guide to future judicial conduct on this issue.[10]

First, A.G.O. 99-06 states that a "regulation cannot restore a power that the

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pursuant to the provisions of NRS 416.060." This latter section, however, becomes effective only "[u]pon the proclamation of a water or energy emergency," and limits the amendment or suspension power to the extent necessary to lessen the adverse impact of that emergency.

[10] To the extent that A.G.O. 99-06 is intended as a prediction of judicial behavior, rather than an advocate's brief, it commits additional errors of omission in that it fails to consider fundamental principles and rules of statutory construction that a court would be bound to apply. We discuss these principles and rules in response to your third question.

Legislature specifically took out of a piece of legislation." This principle is sound, but it does not apply to this case in the manner suggested by the Attorney General. The power specifically taken out of A.B. 286 by the Legislature---expansion of the definition of homeopathy to include the unlimited practice of "pharmaceutical medicine," i.e., complete authority to prescribe allopathic drugs in allopathic doses---is not the same as the authority granted by the regulation. This latter authority consists only of a limited power to prescribe or use certain "pharmaceutical preparations" in certain alternative

therapies. Because these two grants of power are not identical, the regulation does not "restore" a power specifically removed from the legislation.[11]

Moreover, A.G.O. 99-06 is internally inconsistent. The opinion declares that the regulation is invalid because it could be interpreted "as permitting a singly licensed homeopathic physician to prescribe some controlled substances and dangerous drugs." Nevertheless, A.G.O. 99-06 concludes by reaffirming A.G.O. 93-21 which declared that "[I]t is clear . . . that a homeopathic physician practicing homeopathically could legally obtain, possess, and administer some dangerous drugs and controlled substances for the manufacture of homeopathic remedies. Additionally, a homeopathic physician may also prescribe those dangerous drugs and controlled substances allowed by NRS 630A.040." Besides this obvious contradiction, A.G.O. 99-06 commits the non sequitur of concluding that an interpretation of the regulation that would permit singly-licensed homeopathic physicians to prescribe "some" controlled substances and dangerous drugs renders the regulation invalid because the Legislature clearly intended to prohibit singly-licensed homeopathic physicians from having the unlimited ability to prescribe any and all controlled substances and dangerous drugs "in the same manner as an allopathic physician."

In addition, A.G.O. 99-06 is, simultaneously, underinclusive as well as overbroad. It limits its consideration to the effect of the legislative deletion of the power to practice "pharmaceutical medicine" from A.B. 286. However, as previously noted, the Assembly Committee on Commerce also eliminated "chelation therapy" and "intravenous infusion" from A.B. 286. Moreover, A.B. 286 expanded the regulatory power of the Homeopathic Board over its licensees, but specifically rejected language that would have given that board the power to grant licenses to prescribe allopathic drugs. Finally, the bill expanded the scope of the practice of homeopathy to encompass seven alternative therapies, some of which require the administration of medicinal substances of one kind or another. The authority of licensed homeopathic physicians to write prescriptions under A.B. 286 and R213-97 cannot be adequately evaluated if all the powers granted and refused are not taken into consideration. On the other hand, A.G.O. 99-06 declares R213-97 invalid in its entirety, eliminating the authority of homeopathic physicians to practice noninvasive

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[11] This regulation does, however, present a field for the application of the Attorney General's principle. The alternative practices of "chelation therapy" and "intravenous infusion" were deliberately amended out of the statute by the Assembly Committee on Commerce, but are restored by regulation as constituent parts of the practice of orthomolecular therapy. We will discuss this aspect of the regulation's validity subsequently.

electrodiagnosis, cell therapy, herbal therapy, neuromuscular integration and nutrition, when these practices are expressly authorized by A.B. 286, and no opposition of any kind has been raised with respect to these therapies.

Finally, the Attorney General's invalidation of the regulation is premature A.G.O. 99-06 is not premised on a claim that the language of the regulation necessarily conflicts with its authorizing statute. Instead, A.G.O. 99-06 concludes that a particular "interpretation makes the regulation invalid." However, the Homeopathic Board has not in fact, issued any such interpretation. A.G.O. 99-06 rests on the Attorney General's perception that "Board members [of the Homeopathic Board] clarified in the Legislative Commission an intention to interpret the phrase 'pharmaceutical preparations' as permitting a singly licensed homeopathic physician to prescribe some controlled substances and dangerous drugs . . ." Even if that were a valid basis for invalidating the regulation, which, as previously discussed, it is not, there were never more than two of the Homeopathic Board's five members present at either meeting of the Legislative Commission. * Assuming that the Attorney General correctly perceived the intended interpretation of those two members, only one of them spoke, they do not constitute a majority of the Board. Consequently, this seems a slender basis on which to invalidate even the portion of the regulation that could be subject to that hypothetical interpretation. When employed to invalidate all the other aspects of the regulation, even this tenuous basis of rationality is lost. Therefore, the Attorney General cannot declare the regulation invalid on the basis of a belief that the Homeopathic Board might at some future time choose to interpret its regulation in an offensive manner.

A.G.O. 99-06, does, however, achieve one valuable insight. It concludes that in enacting A.B. 286, the Legislature evidenced the clear intent that homeopathic physicians were not to enjoy the same unlimited authority to prescribe allopathic drugs in allopathic doses that is possessed by allopathic or osteopathic physicians. This insight, however, requires further evaluation. A.G.O. 99-06 states that "[w]hen the Legislature specifically deleted the term 'pharmaceutical medicine' from the definition of homeopathy, its clear intent in enacting the remainder of A.B. 286 was to prohibit the singly licensed homeopathic physician from having the ability to prescribe controlled substances and dangerous drugs in the same manner as an allopathic physician." As previously pointed out, the correct from of reference for determining legislative intent should be the act taken as a whole, including parts adopted, as well as all of the powers eliminated, during the amendment process. It is the opinion of this office that a more accurate way of characterizing the legislative intent behind A.B. 286 is that the Legislature, even while significantly expanding the authority of homeopathic physicians to practice alternative medicine and while enlarging the autonomy of the profession to regulate itself, ultimately refused to alter the status quo that declares that a license to practice homeopathic medicine does not confer the authority to prescribe allopathic drugs in allopathic doses in the same manner as an allopathic physician. We will return to this discussion of the correct determination of legislative intent in our response to your third question. Before

* The Board actually consisted of seven members.

doing so, however, we turn to your second question. Is the regulation effective, is it valid, and if so, what authority at present do homeopathic physicians have to prescribe allopathic medications, including controlled substances and dangerous drugs?

B. Effectiveness, validity and resulting authority of R213-97

1. Effectiveness

It is the opinion of this office that the regulation R213-97 is currently effective. The statutory scheme of chapter 233B of NRS is unambiguous in this regard. A permanent regulation becomes effective as of the date the Legislative Counsel files it with the Secretary of State, unless a later date is specified in the regulation. (NRS 233B.070.) The Legislative Counsel has a non-discretionary duty to file such regulations once certain procedural requirements were fulfilled.[12] In this instance, all the statutory procedural requirements were satisfied. The Legislative Commission failed to object to the regulation before it was filed with the Secretary of State and it may not do so now. By the same token, the 1999 Legislature could only have nullified the regulation if the Legislative Commission had voted to suspend the filing of the regulation. (NRS 233B.0675.) The Legislative Commission's failure to object deprived the full Legislature of its opportunity to nullify the regulation directly. In the absence of a constitutional amendment or new legislation, the regulation is beyond the reach of the legislative branch.[13] Accordingly, it is the opinion of this office that, pursuant to NRS 233B.0675, the regulation became effective on December 18, 1998, and until a court of competent jurisdiction enjoins its enforcement or declares it invalid or the Homeopathic Board adopts an amendment, it remains in effect and has the force of law. (*See* NRS 233B.040.) This brings us to the second part of your question, is the regulation valid?

2. Validity

Like a statute, an effective regulation must be presumed to be valid until a court of competent jurisdiction determines that it is not. (1A *Sutherland Statutory Construction*, §31.02 (5th ed. 1993 & Supp. 1999); see also *Immigration and Naturalization Service v. Chada*, 103 S. Ct. 2764, 2784 (1983).) Therefore, presuming, as we must, that R213-97 is valid, this brings us to the third part of your question. Under the statutes and regulations currently in effect, what authority does a homeopathic physician have to possess, administer, dispense or prescribe allopathic drugs, controlled substances and dangerous drugs?

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[12] Before July 1, 1999, the Legislative Counsel's responsibilities concerning the regulatory process were vested in the Director of the Legislative Counsel Bureau. (See sections 43 to 49, inclusive, of chapter 463, Statutes of Nevada 1999, at pages 2203-07.)

[13] In any event, NRS 233B.0675 required the Legislature to nullify the regulation before the 30th day of the Legislative session. Even if the extension of this deadline to the final day of the session that was enacted in 1999 (section 1 of chapter 182, Statutes of Nevada 1999, at page 903, effective May 20, 1999) could be made to apply to apply to R213-97, that date has also long since passed.

3. The authority to write prescriptions

As a preliminary matter, we note that a dually-licensed homeopathic physician has the authority to write prescriptions, including prescriptions for allopathic drugs in allopathic doses, that he enjoys under his allopathic (or osteopathic) license. However, it remains the opinion of this office, as we advised you in 1998, that the powers and accountability of dually-licensed homeopathic physicians can only be determined with reference to the capacity in which they are practicing at any given time. (See letter from Brenda J. Erdoes and Eileen O'Grady to Senator Ann O'Connell, March 19, 1998.) A licensed homeopathic physician, when practicing homeopathically, is not accountable to the Medical Board because he is not exercising any of the rights or privileges conferred by virtue of an allopathic license issued by that Board. This conclusion, although in conflict with Attorney General's Opinion No. 98-01, is in complete accord with her earlier A.G.O. 93-21.[14] So, we do not believe that there is any difference between the authority of singly- and dually-licensed homeopathic physicians to write prescriptions when they are practicing homeopathically. The definitions of R213-97 concern only the nontraditional, alternative therapies recently incorporated into homeopathic medicine by virtue of A.B. 286. Nothing in that regulation changes, or purports to change, any aspect of traditional practice. Consequently, it is the opinion of this office that a homeopathic physician, practicing traditionally, does so with the same authority and under the same

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[14] It may be helpful to remind you of the circumstances surrounding the Attorney General's Opinion No. 98-01. In August, 1997, the Medical Board asserted that A.B. 286 had granted it exclusive disciplinary power over all licensed homeopaths who were also licensed by the Medical Board. This drew a formal protest from Senator Townsend as a misinterpretation of A.B. 286. (See letter from Senator Randolph J. Townsend to Attorney General Frankie Sue Del Papa, November 4, 1997.) Shortly thereafter, the Homeopathic Board requested an opinion from the Attorney General as to the proper relationship between the two boards, which was issued on January 13, 1998. (See Nev. Op. Att'y Gen. 98-01 A.G.O. 98-01).) The primary focus of that opinion concerned the obligations of a dually-licensed physician when one board forbade a medical procedure that was condoned by the other. The Attorney General concluded that the Legislature had intended the Medical Board's disciplinary jurisdiction to be exclusive. Thereafter, Senator O'Connell, you requested the opinion of this office as to the soundness of A.G.O. 98-01. We concluded that the Attorney General had overstated the powers of the Medical Board and suggested, instead, that "the Medical Board may not regulate the practices of a person who is licensed to practice both allopathic and homeopathic medicine while that person is actually practicing homeopathy within the scope of chapter 630A of NRS." (Letter from Brenda J. Erdoes and Eileen O'Grady to Senator Ann O'Connell, March 19, 1998.) More generally, we suggested that the clear intent of the legislative scheme had been to require that questions regarding dually-licensed physicians could only be answered after establishing in which capacity —allopathic or homeopathic—the physician was practicing. Note that this conclusion is consistent with the Attorney General's earlier opinion that each license confers its own separate set of powers and limitations, and that at any given moment a dually-licensed physician is practicing one form of medicine or the other, and not some hybrid or intermediate form. (See A.G.O. 93-21.) Thus, both the Attorney General and the Legislative Counsel have endorsed the proposition that a dually-licensed homeopathic physician cannot use his allopathic license to prescribe allopathic drugs in allopathic doses if his intention is to effect a homeopathic treatment. The factual context for A.G.O. 93-21 concerned the practice of chelation therapy, a form of medicine that we will examine in more detail in response to your third question.

limitations that he has since 1987. The limits of this practice are fully and competently set out in the Attorney General's Opinion No. 93-21. Having said this, it must be remembered that A.B. 286 bifurcated the practice of homeopathy into what we have called "traditional" or "classical" homeopathy and "complex homeopathy" or, more accurately, certain "alternative therapies." These practices consist of "[n]oninvasive electrodiagnosis, cell therapy, neural therapy, herbal therapy, neuromuscular integration, orthomolecular therapy and nutrition" as these practices have been defined in R213-97. As with the earlier distinction between allopathic and homeopathic licenses, we believe that it is possible to determine the authority of a homeopathic physician to write prescriptions only after determining which homeopathic therapies---"tradition" or "alternative"---he is engaged in.

(a) Traditional

Little additional needs to be said about the authority of a homeopathic physician to write prescriptions when practicing traditional or classical homeopathy. The limits of this power are contained in NRS 0.040 and chapters 453, 454, and 639 of NRS, as well as in NRS 630A.040. As we previously indicated, it is the opinion of this office that A.G.O. 93-21 accurately interpreted the statute, the operative portion of which has not been amended in a way that significantly alters this conclusion. Thus, homeopathic physicians may prescribe, dispense and administer traditional homeopathic remedies as medically appropriate according to the standards applicable to the homeopathic tradition. With respect to allopathic medications, including controlled substances or dangerous drugs, homeopathic physicians may write prescriptions for a single pill of such substances, but only for the purpose of diluting it and compounding it into a homeopathic preparation, only if the allopathic drug is found in the Homeopathic Pharmacopoeia and only if the resulting diluted dosage is in accordance with dosages found in that pharmacopoeia.

(b) Alternative therapies

Homeopathic physicians, when practicing one of the alternative therapies authorized by A.B. 286 and defined in R213-97, have some additional authority to write prescriptions for allopathic drugs. It should be re-emphasized, however, that we believe this power to be practice-specific. For example, in the hearing on A.B. 286, the representatives of the homeopathic physicians expressed a desire to be able to prescribe antibiotics to patients suffering from strept throat. A homeopathic physician who desires to prescribe antibiotics, that is, allopathic drugs in allopathic doses according to allopathic principles, is not practicing classical homeopathy. Neither, as far as we can tell from the definitions contained in R213-97, is he practicing one of the alternative therapies. Consequently, nothing in the statute or regulation confers any increased authority to prescribe antibiotics. A homeopathic physician with an allopathic or osteopathic license may prescribe antibiotics under these circumstances, but when he does so, he is practicing under his medical license, his authority to write prescriptions is

determined by that license, and he is accountable to the Medical, not the Homeopathic Board for any complaints arising from that treatment. A singly-licensed homeopathic physician did not have the authority to prescribe antibiotics in these circumstances before the passage of A.B. 286 and the adoption of R213-97. Such a physician has not gained any power to do so under either measure. Therefore, a homeopathic physician, by virtue of his homeopathic license, does not have a general or unlimited power to practice allopathic medicine, including the prescription of allopathic drugs in allopathic doses. However, when practicing a legislatively sanctioned alternative therapy, it is the opinion of this office that a homeopathic physician, so long as he complies with all state and federal laws and regulations applicable to prescription drugs, may prescribe in allopathic doses:

1. Any Controlled substance listed in schedule I, II, III, IV or V as set forth in chapter 453 or NRS, so long as both administration and dosage are medically appropriate according to the standards applicable to that alternative therapy, except that a homeopathic physician may not prescribe "narcotic drugs and opiates that are listed as schedule II controlled substances pursuant to chapter 453 of NRS, except as those substances may be described for use in the official Homeopathic Pharmacopoeia of the United States." (R213-97.)

2. Any dangerous drug that is defined in chapter 454 of NRS so long as both administration and dosage are medically appropriate according to the standards applicable to that alternative therapy.

3. Any other allopathic drug available by prescription so long as both administration and dosage are medically appropriate according to the standards applicable to that alternative therapy.

Finally, this brings us to your third question, is the authority to write prescriptions granted by R213-97 in conformity with the intent of the Legislature in enacting A.B. 286?

C. Legislative intent

We believe that the best way of addressing the question of whether R213-97 conforms to legislative intent is to examine how a court would be likely to rule if this regulation were challenged in a legal action, whether brought as an action for a declaratory judgment, a suit for a writ of mandamus or an action for damages. According to NRS 233B.110, a court in such a position "shall declare the regulation invalid if it finds that [the regulation] violates constitutional or statutory provisions or exceeds the statutory authority of the agency."

Courts determining whether a particular regulation is beyond the power granted to an administrative agency, "must not only interpret the statute to determine the powers conferred but also the regulation to determine whether its provisions comply with the statute." 1A *Sutherland Statutory Construction*, §31.06. In doing so, judges apply standard principles and rules of statutory construction, as well as special rules applicable

to regulations only. 1A *Sutherland Statutory Construction*, §31.06. These rules, however, are not absolutes and do not permit us to predict with certainty what outcome any particular judge might reach. Consequently, we will present first the considerations that militate in favor of the regulation's validity. We will then present the countervailing considerations and, finally, our opinion as to which outcome is the more likely.

1. Arguments in favor of validity

The first applicable principle on rule of statutory construction accords to regulations the same presumption in favor of their validity that applies to statutes. 1A *Sutherland Statutory Construction*, §31.02. A corollary of this presumption is that the party challenging the validity of the regulation bears the burden of proving its invalidity.[15] Any interpretation of the regulation must take place against the backdrop of these presumptions favoring the validity of the regulation.

In addition, the rules of statutory construction provide that "[w]hen presented with a question of statutory interpretation, the intent of the legislature is the controlling factor and, if the statute under consideration is clear on its face, a court cannot go beyond the statute in determining legislative intent. If, however, the statute is ambiguous, it can be construed "in line with what reason and public policy would indicate the legislature intended . . ." *Robert E. v. Justice Court of Reno Township*, 99 Nev. 443, 445, 664 P.2d 957, 959 (1983) (internal citation omitted). Moreover, the court may also examine the legislative history of a provision if doing so would be "useful" in determining legislative intent. *Del Papa v. Board of Regents of the University and Community College System of Nevada*, 114 Nev. Adv. Op. 50, at p. 5, 956 P.2d 770 (1998). "A statute or portion thereof is ambiguous when it is capable of being understood by reasonably well-informed persons in either of two or more senses." *Robert E. v. Justice Court*, 99 Nev. at 445, 664 P.2d at 959 (internal citation omitted); see also *McKay v. Board of Supervisors*, 102 Nev. 644, 649, 730 P.2d 438, 442 (1987).

It can be argued that A.B. 286 is ambiguous as many of the terms used in the bill are capable of being understood in two or more senses. For example, as previously mentioned, none of the alternative therapies added to the definition of homeopathy would be considered "homeopathic" as that term has been traditionally used. Thus, the chief witness in favor of expanding the definition of homeopathy to include these alternative therapies testified that "when [A.B. 286 talks about neural therapy, you are not talking about homeopathy. When it talks about orthomolecular therapy and herbalist medications, you're not talking about homeopathy." He also stated that there was "no such thing" as homeopathic neuromuscular integration. (Testimony of F. Fuller Royal, Minutes, Legislative Commission, December 18, and June 26, 1998.) Besides this inherent ambiguity, a particular ambiguity attaches to the most controversial of the

[15] As suggested previously, if A.G.O. 99-06 were considered in the nature of a brief submitted to a court by the Attorney General as provided in NRS 233B.110, we believe that the opinion would be insufficient to overcome this presumption of validity.

contested terms, "orthomolecular therapy." This term has a definition in conventional medical dictionaries that does not correspond in every particular with the manner in which that therapy is conducted by the alternative medical community. (*See* Testimony of Robert Barengo, Minutes, Legislative Commission, June 28, 1998.) However, Dr. Royal testified, and it was conceded, that the definitions of these alternative therapies adopted in the regulations employed correctly the meaning of these practices bear in the sources regarded as authoritative by the alternative medicine community. (See Testimony of F. Fuller Royal, Minutes, Legislative Commission, June 28 and December 18, 1998; Testimony of Robert Barengo, Minutes, Legislative Commission, June 28, 1998.) In light of these ambiguities, a court would not be able to rely solely on the language of the statute to determine the Legislative intent behind A.B. 286 as a predicate to determining whether R213-97 conforms with that intent. Instead, the court would be fully justified in examining all the extrinsic sources available, including the legislative history of A.B. 286, to attempt to discern the intent of the Legislature.

Moreover, when doubt arises as to the proper interpretation of a statute affecting an administrative agency, the Nevada Supreme Court has found that the interpretation of the agency that is charged with the administration and enforcement of the statute is persuasive evidence of its meaning. *Nev. Power Co. v. Public Serv. Comm'n*, 102 Nev. 1, 4 (1986); see also *Dep't of Human Resources v. UHS of the Colony Inc.*, 103 Nev. 208, 211 (1987) (stating that an administrative construction that is within the language of the statute will not readily be disturbed by the courts); *Roberts v. State*, 104 Nev. 33, 39, 752 P.2d 221, 225, (1988). The theory behind this interpretation is that the Legislature is charged with having knowledge of the manner in which the statutes it enacts are carried out. Where the legislature "has had ample time to amend an administrative agency's reasonable interpretation of a statute, but fails to do so, such acquiescence indicates the interpretation is consistent with legislative intent." *Hughes Properties v. State of Nevada*, 100 Nev. 295, 298, 680 P.2d 970, 972 (1984) (citation omitted). "[N]early contemporaneous constructions of state statutes by administrative agencies charged with their implementation are entitled to great weight, especially when, as in the present case, the legislature fails to repudiate the agency's construction." *Roberts v. State*, 104 Nev. at 39, 752 P.2d at 225 (citations omitted). This citation is particularly applicable inasmuch as the final decision of the Legislative Commission failing to object to the regulation took place less than 6 weeks before the opening of the next session of the legislature. Numerous members of the Legislative Commission had suggested during their discussions that the matter be referred to the Legislature. However, the fact that the Legislature not only did not pass, but did not even request, a bill to modify the scope of

the practice of homeopathy may well justify a conclusion that the Legislature did not believe that the regulation violated its intent in amending chapter 630A of NRS. And "[a]lthough not controlling, the legislature's construction of its own act is persuasive in ascertaining the act's meaning." *Roberts*, 104 Nev. at 40, 752 P.2d at 225.

Standard rules of statutory construction direct that statutes should be read and interpreted as a whole. 2A *Sutherland Statutory Construction* § 46.05; *K.J.B., Inc. v. Second Judicial Dist. Court*, 103 Nev. 473, 476 (1987). "'Courts must construe statutes

. . . to give meaning to all of their parts and language . . . The court should read each sentence, phrase, and word to render it meaningful within the context of the purpose of the legislation.'" *Del Papa v. Reagents*, 114 Nev. Adv. Op. 50, at p. 3, quoting *Board of County Comm'rs v. CMC of Nevada*, 99 Nev. 739, 744, 670 P.2d 102, 105 (1983) (citations omitted). Taken as a whole, it seems clear that the intent of the Legislature was to expand the scope of homeopathic practice, but not to increase it so far that it became an independent license to engage in the unlimited practice of allopathic medicine. It is evident that the alternative therapies defined by R213-97 are limited in scope and do not constitute the unlimited practice of allopathic medicine. Consequently, it can be argued that the regulation is consistent with legislative intent and is, therefore, valid.

2. Arguments against validity

The strongest arguments against the validity of R213-97 originate in the legislative history of A.B. 286. Standard rules of statutory construction permit the use of legislative history to establish legislative intent when a statute is ambiguous. The legislative history of A.B. 286 reveals that the Assembly Committee on Commerce deliberately removed the terms "intravenous infusion, chelation therapy, and pharmaceutical medicines" from the bill. This is consistent with the notion that it was the intent of the Legislature that homeopathic physicians were not to be authorized to engage in these practices. It is well settled that "[a]dminstrative regulations cannot contradict or conflict with the statute they are intended to implement." *Roberts v. State*, 104 Nev. at 37, 752 P.2d at 223. As the Attorney General argued, a regulation "cannot restore a power that the Legislature specifically took out of a piece of legislation." (A.G.O. 99-06.) Thus, to the extent that R213-97 authorizes homeopathic physicians to practice intravenous infusion and chelation, and to prescribe some pharmaceutical preparations, it can be argued that it violates legislative intent and is, necessarily, invalid.

It must be noted, however, that some problems occur with this argument. First, the Nevada Supreme Court has expressly proscribed the use of legislators' statements of opinion as a means of determining legislative intent. "'[I]n construing a statute we do not consider the motives or understands of individuals who cast their votes in favor of it. . . . [Even if] the legislator whose motives are proffered actually authored the bill in controversy; no guarantee can issue that those who supported this proposal shared his view of its compass.'" *A-NLV Cab Co. v. State Taxicab Authority*, 108 Nev. 92, 95 (1992), quoting *Cal. Teachers Ass'n v. San Diego Com. College*, 621 P.2d 856, 860 (Cal. 1981) (citations and internal quotations omitted). "A legislator's statement is entitled to consideration, however, when it is a reiteration of legislative discussion and events leading to adoption of proposed amendments, rather than merely an expression of personal opinion." See also *Khoury v. Maryland Casualty Co.*, 108 Nev. 1037, 1040 (1992). In this instance, however, even assuming that the Legislators' recollections were entitled to consideration, they appear to be offsetting. Members of the Assembly recall that the three therapies were removed by amendment for the deliberate purpose of excluding them from the scope of homeopathic practice. Members of the Senate recall that the intent behind their removal was merely to eliminate redundancy and that the

eliminated terms were available therapies already included within the other approved therapies.

A second difficulty was referred to earlier. It is not readily apparent that the authority to engage in the unlimited practice of allopathic medicine that may have been removed by elimination of the term "pharmaceutical medicine" from the statute is the same as the limited authority to prescribe some chemical substances that is granted by virtue of the regulation's use of the term "pharmaceutical preparation." This is especially so because the authority to prescribe these latter substances is constrained by the requirement of medical appropriateness in the context of a specific authorized alternative therapy. In any event, it is undeniable that the two other statutory terms eliminated by the Assembly Committee on Commerce---"intravenous infusion" and "chelation therapy"---are the same as the two terms restored by the regulation. The two terms are related. Chelation therapy is recognized in conventional medical circles as a technique for treating victims of heavy metal poisoning. The most common example, apparently, involves miners whose blood and bones show unusually high concentrations of lead. Certain drugs (chelating agents) with the chemical property of binding to heavy metals at the molecular level are introduced, commonly by means of intravenous infusion, into the body of the miner. The heavy metals abandon their chemical bonds with the body's tissues and fluids in favor of combining with the chelating agents. When these chelating agents are subsequently eliminated from the body, the heavy metals are eliminated as well. Practitioners of alternative medicine contend that chelation can be used to remove other harmful substances from the bodies of patients. Apparently, the most common example of this alternative practice is the treatment of arteriosclerosis by chelating the harmful plaque build-up in arterial walls. The efficiency of this treatment for its alternative purpose has not been demonstrated to the satisfaction of the allopathic medical community. Nevertheless, in 1998, the Medical Board refused to adopt a regulation that would have prohibited any allopathically licensed physician, including any dually-licensed homeopathic physician, from using chelation therapy except to remove heavy metals from a patient's body. (*See* "Nevada doctors battling," *Las Vegas Review Journal*, December 3, 1997; "Continued use of alternative medicine to treat hear bypass surgery OK'd," *Las Vegas Review Journal*, January 30, 1998.) In any event, chelation therapy, even when practiced alternatively, requires the use of allopathic dosages of allopathic substances. Moreover, any allopathic physician, including a dually-licensed homeopathic physician, may perform chelation in its conventional or alternative mode. For this reason, it would not be unreasonable for a court to find R213-97 invalid to the extent that it authorized a singly-licensed homeopathic physician to perform chelation, especially by means of intravenous infusion.

3. On balance

It is the opinion of this office that when A.B. 286 and its legislative history are examined as a whole, the legislative intent behind the bill was to extend the scope of the licensed practice of homeopathic medicine and to increase the power of the Homeopathic Board to regulate that practice, but that it was not the intent to authorize singly-licensed

homeopathic physicians the unlimited right to practice allopathic medicine in the same manner as allopathic physicians. More particularly, the Legislature intended homeopathic physicians to enjoy expanded authority to write prescriptions with regard to certain allopathic medicines, but only to the extent required in practicing certain enumerated alternative therapies. In general, the definitions contained in the regulation of the Homeopathic Board, R213-97, do not exceed the Board's statutory authority and are consistent with legislative intent. We think it highly likely that a court of competent jurisdiction, if asked, would agree. We believe, however, that with respect to the definition of one alternative therapy, orthomolecular medicine, particularly that branch of it that concerns chelation or other forms of detoxification by means of intravenous infusion, there is a significant question whether that portion of the regulation is consistent with legislative intent. Nevertheless, assuming that a court would grant the regulation its presumption of validity, would take into consideration: (1) that the Legislative Commission did not object to the regulation on the grounds that it violated legislative intent; and (2) that the Legislature as a whole, with knowledge of the existence of the controversy over this provision, took no corrective action during the 1999 session, we are inclined to believe that the court would be more likely than not to uphold the validity of this element of the regulation as well. In any event, we conclude that such a court would not invalidate the regulation in its entirety.

III. Conclusions

It is the opinion of this office that the declaration of the invalidity of R213-97 contained in Attorney General Opinion No. 99-06 is legally null. Only a court of competent jurisdiction may invalidate a regulation and until such a court does so, R213-97, having satisfied all the procedural requirements of the Nevada Administrative Procedure Act, remains in effect and must be presumed to be a valid regulation.

It is the further opinion of this office that licensed homeopathic physicians may practice all of the therapies defined in R213-97, including chelation therapy and other forms of detoxification by means of intravenous infusion. A reasonable interpretation of the statutes and regulations, currently in effect, including R213-97, establishes that homeopathic physicians possess the following authority to write prescriptions by virtue of their homeopathic licenses:

1. When practicing traditional or classical homeopathy, they may prescribe, dispense and administer traditional homeopathic remedies as medically appropriate according to the standards applicable to the homeopathic tradition. With respect to allopathic medications, including controlled substances or dangerous drugs, homeopathic physicians may write prescriptions for a single pill of such substances, but only for the purpose of diluting it and compounding it into a homeopathic preparation, only if the allopathic drug is found in the Homeopathic Pharmacopoeia and only if the resulting diluted dosage is in accordance with dosages found in that pharmacopoeia.

2. When practicing one of the alternative therapies expressly authorized by A.B. 286 and defined in R213-97, homeopathic physicians may prescribe:

(a) Any controlled substance listed in schedule I, II, III, IV or V as set forth in chapter 453 of NRS, so long as both administration and dosage are medically appropriate according to the standards applicable to that alternative therapy, except that a homeopathic physician may not prescribe "narcotic drugs and opiates that are listed as schedule II controlled substances pursuant to chapter 453 of NRS, except as those substances may be described for use in the official Homeopathic Pharmacopoeia of the United States." (R213-97.)

(b) Any dangerous drug that is defined in chapter 454 of NRS so long as both administration and dosage are medically appropriate according to the standards applicable to that alternative therapy.

(c) Any other allopathic drug available by prescription so long as both administration and dosage are medically appropriate according to the standards applicable to that alternative therapy.

Finally, it is the opinion of this office that, in general, the definitions contained in the regulation of the Homeopathic Board, R213-97, do not exceed the Board's statutory authority and are consistent with legislative intent. However, with respect to the definition of one alternative therapy, orthomolecular medicine, particularly that branch of it that concerns chelation or other forms of detoxification by means of intravenous infusion, there is a significant question whether the regulation is consistent with legislative intent. Nevertheless, in light of the presumption of validity that accompanies every regulation and taking into consideration that the Legislative Commission did not object to the regulation and that the Legislature took no corrective action during the 1999 session, we are inclined to believe that a court of competent jurisdiction would be more likely than not to find the portion of the regulation consistent with legislative intent. In any event. we conclude that such a court would not invalidate the regulation in its entirety.

If you have any further questions regarding this matter, please do not hesitate to contact this office.

Very truly yours,

Brenda J. Erdoes
Legislative Counsel

By_____
William B. R. Daines
Deputy Legislative Counsel

By_____
Jan K. Needham
Principal Deputy Legislative Counsel

WBDR:dtm
Ref No. 9907061127

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Lorri Walmsley, R.Ph.
Director, Pharmacy Affairs
Walgreen Co.
5330 E. Washington D-105
Phoenix, AZ 85034
p: 602-214-6618
Lorri.Walmsley@walgreens.com

August 11, 2022

Via Email

Nevada State Board of Pharmacy
Attention: Dave Wuest, PharmD
Executive Secretary
985 Damonte Ranch Parkway #206
Reno, NV 89521

Email: dwuest@pharmacy.nv.gov

Re: Petition for Emergency Rule Making RE: NAC 639.250

Dear Executive Secretary Wuest,

On behalf of all pharmacies owned and operated by Walgreen Co. in the state of Nevada, this is a formal petition for emergency rulemaking to address NAC 639.250, Restrictions on Supervision.

Early in the pandemic, the Board, under Dr. Wuest's astute leadership, had the strategic foresight to issue a partial waiver of NAC 639.250 to address the supervision allowances for pharmacists. This waiver allowed pharmacies to employ additional pharmaceutical technicians and pharmaceutical technicians in training to support the additional workload experienced during the pandemic. More specifically, it allowed pharmacists to supervise up to a total of 6 pharmaceutical technicians or 4 pharmaceutical technicians and 2 pharmaceutical technicians in training at one time in any pharmacy setting. Throughout the pandemic, this waiver allowed pharmacies and pharmacists the ability to utilize dedicated support personnel to assist with additional COVID-related activities, most notably vaccinations and testing. Since the expiration of this waiver in July 2022, the increase in workload for our pharmacists' was quickly noted, as well as the decreased capacity for both testing and vaccinations. We believe pharmacists should be able to utilize this support where it is available without fear of disciplinary action from the Board.

While the State Declaration of Emergency has ended, the need for expanded vaccination and testing certainly has not. The U.S. Department of Health and Human Services (HHS), in collaboration with the U.S. Department of Defense (DOD), announced on July 29, 2022, that they had purchased 171 million combined doses of Pfizer and Moderna's bivalent COVID-19 booster vaccine.[1] All indications point to the availability of these vaccines in early fall, with the first doses expected in early September.[2] The timing of this vaccine is critical to address the need for additional immunity heading into the fall and winter but also coincides with the traditional peak volume for the flu vaccine. Walgreens and other organizations anticipate an unprecedented vaccine demand, as we saw early in the pandemic when vaccines first became available for COVID-19.

Walgreens

We believe that expanded ratio period was a success in Nevada and to date, we have not seen any disciplinary cases demonstrating abuse of this increased utilization of technicians. We believe the Board can utilize this time period to demonstrate that these proposed changes are not only safe, but also the right thing to do for pharmacists, technicians and patients in Nevada.

We request that the Board consider emergency rulemaking to address the supervision allowances for pharmacists during the waiver and allow pharmacists to supervise up to a total of 6 pharmaceutical technicians or 4 pharmaceutical technicians and 2 pharmaceutical technicians training at one time in any pharmacy setting. [3] I have provided draft language for your consideration with this request.

Walgreens implores the Board to take up this matter with urgency to allow pharmacists the ability to utilize a flexible workforce based on demand and utilize all available resources to alleviate the workload from our pharmacists and make vaccines and testing as broadly available for Nevadans. If your September Board Meeting does not have sufficient space or time for review, we would request an emergency meeting to address this request before the October Board Meeting.

I appreciate the Board's time and thoughtful consideration of this request to allow pharmacies to continue to play a pivotal role in the pandemic response that the public has grown to expect. If the Board would like additional information, please feel free to contact me.

Sincerely,

Lorri Walmsley

Lorri Walmsley, R.Ph.

Enclosure: Draft Amended Regulations NAC 639.250

References:

1. Assistant Secretary for Public Affairs (ASPA). (2022, July 29). *Biden-Harris Administration secures 66 million doses of Moderna's variant-specific COVID-19 vaccine booster for potential use in fall and winter 2022*. HHS.gov. Retrieved August 11, 2022, from https://www.hhs.gov/about/news/2022/07/29/biden-harris-administration-secures-66-million-doses-modernas-variant-specific-covid-19-vaccine-booster-for-potential-use-in-fall-winter-2022.html
2. Rob Stein, NPR (2022, July 26). *Reformulated COVID vaccine boosters may be available earlier than expected*. Retrieved August 11, 2022, from https://www.npr.org/sections/health-shots/2022/07/26/1113615330/reformulated-covid-vaccine-boosters-may-be-available-earlier-than-expected
3. Nevada State Board of Pharmacy. (2020, March 17) *Partial Waiver for Tech Ratios*. Retrieved August 11, 2022, from http://bop.nv.gov/uploadedFiles/bopnvgov/content/Resources/ALL/Partial%20Waiver%20for%20Tech%20Ratios.pdf

Proposed Regulation of the Nevada State Board of Pharmacy

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, NRS 639.1371

A REGULATION relating to the restrictions on supervision.

Sec. 1. NAC 639.250 is herby amended to read as follows:

1. Except as otherwise provided in this section, in a hospital, a pharmacist who is dispensing prescriptions may not supervise more than a total of *six* ~~three~~ pharmaceutical technicians at one time. A pharmacist who is supervising distributive functions may not supervise more than a total of *four* ~~two~~ pharmaceutical technicians and *two* ~~one~~ pharmaceutical technician*s* in training while the trainee is performing technician functions in on-the-job training.

Sec. 2. NAC 639.250 is hereby amended to read as follows:

2. Except as otherwise provided in this section, in any pharmacy, other than a hospital pharmacy, a pharmacist may not supervise more than a total of *six* ~~three~~ pharmaceutical technicians or *two* ~~one~~ pharmaceutical technician and two pharmaceutical technicians in training at one time.

Sec. 4. NAC 639.250 is hereby amended to read as follows:

4. A pharmacist may supervise more pharmaceutical technicians and pharmaceutical technicians in training at one time than are otherwise allowed pursuant to subsections 1 and 2 if:

(a) Not more than *six* ~~three~~ of the pharmaceutical technicians or pharmaceutical technicians in training are performing the duties of a pharmaceutical technician as set forth in NAC 639.245; and

(b) The record kept by the pharmacy pursuant to NAC 639.245 identifies the pharmaceutical technicians and pharmaceutical technicians in training who are performing the duties of a pharmaceutical technician as set forth in NAC 639.245.

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EXECUTIVE SECRETARY REPORT
September 7-8, 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

September 2022 Temporary Licenses since the last Board Meeting

John Piz	Pharmacist
Michael Kale Lopez	Pharmacist
Nhi Nguyen	Pharmacist
Anne Pieters	Pharmacist
Sothapor Ung	Pharmacist
Stephen Rojas	Pharmacist
Eric Stodola	Pharmacist
Rachael Moliver	Pharmacist
Laura Nikogosyan	Pharmacist
Elefterios Pitsakis	Pharmacist
Andrea Adams	Pharmacist
Brian Williams	Pharmacist
Jenna Gallagher	Pharmacist
Manishaben Patel	Pharmacist
Loree Hoflander	Pharmacist
Karen Hagemann	Pharmacist
Marissa Yocham Husting	Pharmacist
Hal Edwards	Pharmacist
Soleil Youngclaus	Pharmacist
Abeba Hailu	Pharmacist
Natasha Romero	Pharmacist

Elko Community Health Center, LLC	Pharmacy
Siena Pharmacy	Pharmacy
CrowdRx	Pharmacy

Citations & Fines issued pursuant to NRS 639.2895

(Since the last Board Meeting)

- Cite & Fine
  - Unlicensed Practice: 9
- Cease & Desist/Cite & Fine
  - Misfill: 9

Regulation Tracking Log

Regulation Number and Topic	Workshop Propose To Bd	30 Days To LCB W/Letter	LCB R0 Number Issued	LCB Return Date	30 Days Post Public Hearing	Public Hearing Meeting Date	To LCB Final W/ Cov./Info	Secretary of State File Date
639.NEW – Criminal Conviction/ Administrative Action Reporting (Licensee)	10/10/19	10/18/19	R094-19	11/29/19	01/29/20	03/19/20 Postponed per Brett 4/22/21 Brett to review with Dave.		
639.220 - licensing and regulation of a facility to dispense controlled substances and dangerous drugs if the facility is licensed by the State Board of Health (recovery centers)	03/19/20 – postponed to 06/03/20	6/16/20	R085-20	09/17/20	10/22/20 12/03/20	01/13/21	01/29/21	04/14/21
639.NEW - licensing and regulating the practice of pharmacy (appearance requirements)	03/19/20	3/24/20	R041-20	05/14/20	06/09/20	07/16/20	07/22/20	08/26/20
453.550 – Deschedule Epidiolex	06/03/20	6/16/20	R090-20 R073-19	07/30/20	09/11/20	10/15/20	10/28/20	12/29/20
639.NEW – CS Electronic Transmission Exemption	06/03/20	6/16/20	R083-20	10/15/20	10/07/20	11/10/20	12/12/20	12/29/20
639.464 & 639.468 – P&T Committee vs CPA	06/03/20				Dave revising (Dave has file)			
639.NEW – PT Administer Immunizations	07/16/20	07/21/20	R142-20	08/20/20	08/03/20	09/03/20	09/15/20	09/21/20

Regulation Tracking Log

Regulation Number and Topic	Workshop Propose To Bd	30 Days To LCB W/Letter	LCB R0 Number Issued	LCB Return Date	30 Days Post Public Hearing	Public Hearing Meeting Date	To LCB Final W/ Cov./Info	Secretary of State File Date
453.510 – Schedule I - Designer Benzos	07/16/20	07/21/20	R143-20	12/14/20	01/26/21	03/03/21	03/24/21	04/14/21
453.510 – Schedule II - Kratom	07/16/20	07/21/20	R144-20	12/14/20 Hold per Dave	03/15/22	04/14/22 04/06/22: Removed from agenda.		
NAC 639.742, 639.743, 639.744. and 639.745: Dispensing Practitioners: shared inventory and centralized activities.	09/03/20 01/13/21	03/12/21	R007-21	02/17/22 To Dave for review	03/11/22	04/14/22: Failed 06/02/22:PH	03/21/22	06/13/22
NAC 639.501 – Workplace Assessment Tool	10/15/20	10/21/20	R165-20	11/17/21	12/09/21	01/13/22	01/20/22	02/28/22
NAC 639 Pharmacist Practice Location	10/15/20	10/21/20	R164-20	4/28/22 – under review by Dave/ 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	
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		
NAC 639.208: Requirements to obtain a registration as a pharmacist by reciprocity.	09/02/21	09/08/21	R040-21	12/29/21 Under review by Dave/Yenh	01/19/22	03/03/22	03/10/22	04/11/22
NAC 639.360: Accreditation of material, course or program (CE)	12/02/21	12/08/21	R120-21	01/10/22 01/26/22: Returned to LCB for changes.	04/27/22	06/02/22	07/05/22	

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
				2/20/22 – To Dave/ Yenh for review. 2/18/22 – Returned to LCB for changes. 3/11/22 – returned to LCB for revisions. 4/7/22 – Under review by Dave/Yenh				
NAC 453.510: Schedule I - Isotonitazene	01/13/22	01/14/22	R006-22	02/23/22 02/24/22 – Under review by Dave/Yenh	03/11/22	04/14/22	04/27/22	06/13/22
NAC 453B: Prescription Drug Donation Program	01/13/22	01/14/22	R007-22	03/21/22 – Under review by Dave/Yenh				
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		
NAC 639: Requires the holder of any certificate,	04/14/22	04/21/22	R051-22	05/05/22	06/09/22	07/14/22	07/20/22	

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
license or permit issued by the BOP to report certain convictions and administrative actions to the Board.								
NAC 639: Medical Products Wholesaler	06/02/22	06/09/22	R085-22	07/19/22	08/05/22	09/08/22		
NAC 639: Medication Assisted Treatment	06/02/22	06/09/22	R087-22					
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		10/13/22		
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					
NAC 639: Reproductive Health Care Center	07/14/22	08/03/22	R180-22					
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					
NAC 453.540: Schedule IV – Daridorexant.	07/14/22	07/19/22	R170-22	08/02/22	08/05/22	09/08/22		

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22A

PROPOSED REGULATION OF THE

STATE BOARD OF PHARMACY

LCB File No. R085-22

July 19, 2022

EXPLANATION – Matter in *italics* is new, matter in brackets [~~omitted material~~] is material to be omitted.

AUTHORITY: § 1, NRS 639.070 and 639.170; § 2, NRS 639.070 and 639.100; §§ 3-8, NRS 639.070.

A REGULATION relating to pharmacy; revising certain types of licenses and fees; revising various provisions regarding administrators; revising various definitions; revising certain licensing criteria; revising certain conditions for the suspension of certain licenses; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law establishes the maximum fees the State Board of Pharmacy may charge for the issuance and renewal of licenses. (NRS 639.170) Existing regulations prescribe different fees for the issuance and renewal of a license as a medical products wholesaler and a wholesaler. (NAC 639.220) **Section 1** of this regulation removes the separate fees for medical products wholesalers, thereby requiring medical products wholesalers to pay the same fees for the issuance and renewal of a license as other wholesalers. **Section 3** of this regulation provides that medical products wholesalers hold the same type of license as other wholesalers.

Existing regulations require an applicant for a license to operate as a wholesaler to designate at least one natural person to serve as the representative of the wholesaler. (NAC 639.5935) Existing regulations also require each medical products provider or medical products wholesaler to employ an administrator at all times. (NAC 639.694). **Section 2** of this regulation authorizes a representative of a wholesaler to serve as an administrator of a medical products provider. **Section 4** of this regulation authorizes a medical products provider and a medical products wholesaler operating out of a shared facility to also share a common administrator. **Section 8** of this regulation provides that the Board may summarily suspend the license of a medical products wholesaler that is operating without a designated representative.

Existing regulations provide that the Board will not issue a license to conduct business as a medical products provider or medical products wholesaler to a practicing health professional. (NAC 639.6943) **Section 5** of this regulation limits the applicability of this provision to health professionals who are licensed, certified or registered in this State, thereby clarifying that a health professional who is not licensed, certified or registered as such in this State is eligible for licensure as a medical products provider or medical products wholesaler.

Existing regulations establish requirements concerning the premises of a medical products provider and the maintenance of records by a medical products provider. (NAC

639.6946, 639.6949, 639.695) **Section 6** of this regulation prohibits a medical products provider from operating out of the same location as another medical products provider. **Section 7** of this regulation requires a medical products provider to maintain certain records relating to its inventory of medical products separate from the records of any medical products wholesaler.

Section 1. NAC 639.220 is hereby amended to read as follows:

639.220 1. The Board hereby adopts the following schedule of fees:

For the examination of an applicant for registration as a pharmacist ..... Actual cost of the examination

For the investigation or registration of an applicant as a registered pharmacist.....$200

For the investigation, examination or registration of an applicant as a registered pharmacist by reciprocity.....200

For the investigation or issuance of an original license to conduct a retail pharmacy 500

For the biennial renewal of a license to conduct a retail pharmacy 500

For the investigation or issuance of an original license to conduct an institutional pharmacy 500

For the biennial renewal of a license to conduct an institutional pharmacy 500

For the investigation or issuance of an original license to conduct a pharmacy in a correctional institution 500

For the biennial renewal of a license to conduct a pharmacy in a correctional institution.....500

For the investigation or issuance of an original license to conduct a pharmacy in a recovery center or ambulatory surgical center licensed pursuant to chapter 449 of NRS 500

For the biennial renewal of a license to conduct a pharmacy in a recovery center or ambulatory surgical center licensed pursuant to chapter 449 of NRS 500

For the issuance of an original or duplicate certificate of registration as a registered pharmacist 50

For the biennial renewal of registration as a registered pharmacist 200

For the reinstatement of a lapsed registration (in addition to the fees for renewal for the period of lapse) 100

For the initial registration of a pharmaceutical technician or pharmaceutical technician in training 50

For the biennial renewal of registration of a pharmaceutical technician or pharmaceutical technician in training 50

For the investigation or registration of an intern pharmacist 40

For the biennial renewal of registration as an intern pharmacist 40

For the investigation or registration of an advanced practice registered nurse or a physician assistant to prescribe drugs that are not controlled substances 80

For the biennial renewal of registration of an advanced practice registered nurse or a physician assistant to prescribe drugs that are not controlled substances 80

For authorization of a physician, advanced practice registered nurse, physician assistant, euthanasia technician, facility for treatment with narcotics, researcher, instructional user or any other authorized person, except a practitioner who is a medical intern or resident physician, to prescribe or possess controlled substances 200

For the biennial renewal of authorization of a physician, advanced practice registered nurse, physician assistant, euthanasia technician, facility for treatment with narcotics, researcher, instructional user or any other authorized person, except a practitioner who is a medical intern or resident physician, to prescribe or possess controlled substances 200

For authorization of a practitioner who is a medical intern or resident physician to prescribe or possess controlled substances 80

For the biennial renewal of authorization of a practitioner who is a medical intern or resident physician to prescribe or possess controlled substances 80

For the investigation or issuance of an original license to engage in business as an authorized warehouse ~~[.]~~ *or* medical products provider ~~[or medical products wholesaler]~~ 500

For the biennial renewal of a license to engage in business as an authorized warehouse ~~[.]~~ *or* medical products provider ~~[or medical products wholesaler]~~ 500

For the investigation or issuance of an original license to a manufacturer or wholesaler.....1,000

For the biennial renewal of a license for a manufacturer or wholesaler 1,000

For the reissuance of a license issued to a pharmacy, when no change of ownership is involved, but the license must be reissued because of a change in the information required thereon.....50

For authorization of a practitioner, other than a licensed veterinarian, to dispense controlled substances or dangerous drugs, or both, for human consumption for each location where the practitioner will dispense controlled substances or dangerous drugs, or both, for human consumption.....300

For the biennial renewal of authorization of a practitioner, other than a licensed veterinarian, to dispense controlled substances or dangerous drugs, or both, for human consumption for each location where the practitioner will dispense controlled substances or dangerous drugs, or both, for human consumption.....300

For authorization of a licensed veterinarian to dispense controlled substances or dangerous drugs, or both, not for human consumption.....150

For the biennial renewal of authorization of a licensed veterinarian to dispense controlled substances or dangerous drugs, or both, not for human consumption.....150

For the investigation or issuance of an original license for an automated drug dispensing system.....500

For the biennial renewal of a license for an automated drug dispensing system 500

For the investigation or issuance of an original license to a pharmacy authorizing the use of a mechanical device at a location off the premises of the pharmacy 250

For the biennial renewal of a license to a pharmacy authorizing the use of a mechanical device at a location off the premises of the pharmacy 250

2. The penalty for failure to pay the renewal fee for any license, permit or certificate within the statutory period, as provided in subsection 6 of NRS 639.170, is 50 percent of the renewal fee for each period of delinquency in addition to the renewal fee for each period of delinquency.

3. Any person who has been registered as a pharmacist in this State for at least 50 years is not required to pay the fee for the biennial renewal of a certificate of registration as a registered pharmacist.

4. The provisions of this section concerning the fee for the biennial renewal of the authorization to dispense controlled substances or dangerous drugs do not apply to an advanced practice registered nurse who is required to pay a fee pursuant to NAC 639.870.

5. A practitioner employed by or serving as an independent contractor of a health center:

(a) Which is a federally-qualified health center that provides health care primarily to medically underserved persons in a community; and

(b) Which is not a medical facility as defined in NRS 449.0151,

➥ is not required to pay a fee to the Board for a change of address or for an additional address at which the practitioner dispenses drugs.

6. A practitioner who is exempt from the payment of a fee pursuant to subsection 5 shall notify the Board in writing of each change of address or additional address, or both.

7. In addition to any other fees paid by an applicant for a certificate, license or permit issued pursuant to chapter 639 of NRS, the Board may require that the applicant pay any costs of inspection incurred by the Board.

Sec. 2. NAC 639.5935 is hereby amended to read as follows:

639.5935 1. Except as otherwise provided in this subsection, an applicant for a license, or a licensee with a license, to operate as a wholesaler shall designate at least one natural person to serve as the representative of the wholesaler. The Board will not issue or renew a license of an applicant or licensee that is required to designate a representative of a wholesaler pursuant to this section unless the Executive Secretary determines that the designated natural person meets the qualifications set forth in subsection 2 and approves that natural person to be the designated representative of the wholesaler. The requirement to designate a representative set forth in this subsection does not apply to:

(a) An applicant that is a publicly traded corporation; or

(b) An applicant in which a majority interest of the applicant is owned by a pharmacist who is:

(1) Licensed by the Board;

(2) A resident of this State; and

(3) Not an owner of any interest in a pharmacy licensed by the Board.

2. Except as otherwise provided in subsection 3, the Board will approve a natural person as the representative of a wholesaler if the applicant for a license to operate as a wholesaler or the licensee presents proof satisfactory to the Executive Secretary that the natural person:

(a) 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 relating to, prescription drugs; and

(b) Is at least 21 years of age.

3. The Board may, based upon any of the grounds set forth in NRS 639.210, refuse to approve a natural person for service as the representative of a wholesaler, regardless of whether the person is otherwise qualified.

4. A representative of a wholesaler designated pursuant to this section:

(a) Must be actively involved in and aware of the actual daily operation of the wholesaler;

(b) Must be employed full-time in a managerial level position with the wholesaler;

(c) Must be physically present at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leave, vacation leave and other authorized absences; ~~[and]~~

(d) May serve in this representative capacity for only one wholesaler at a time ~~[.]~~ *; and*

(e) May serve as an administrator of a medical products provider pursuant to NAC 639.694.

5. A wholesaler that is required to designate a natural person as its representative pursuant to this section shall not open or operate a facility unless that representative is actually employed full-time in the operation of the wholesaler and is physically present at the facility of the wholesaler during regular working hours, not including sick leave, vacation leave and other authorized absences from work.

6. Before there is a change in the natural person designated as the representative pursuant to this section:

(a) The wholesaler must designate, on a form provided by the Board, a new natural person to serve as the representative of the wholesaler; and

(b) The Executive Secretary must approve the natural person so designated.

7. A wholesaler that operates without a representative in violation of this section is subject to the immediate suspension of its license and the wholesaler shall cease conducting business in Nevada until it employs a qualified natural person to be its representative. The Executive Secretary may take such action as deemed necessary to secure the facility of the wholesaler and to ensure that the wholesaler does not conduct business during the period of the suspension.

Sec. 3. NAC 639.6937 is hereby amended to read as follows:

639.6937 1. "Medical products wholesaler" means a person licensed *as a wholesaler* pursuant to ~~[NAC 639.693 to 639.6958, inclusive, to sell, lease]~~ *chapter 639 of NRS who sells, leases* or otherwise ~~[provide]~~ *provides* medical products to a health care facility, agency, practitioner or provider in this State.

2. The term does not include:

(a) A person who sells, leases or otherwise provides medical products to a consumer; or

(b) An installer of medical gas systems, as that term is defined in NAC 477.137, who is registered pursuant to chapter 477 of NAC.

Sec. 4. NAC 639.694 is hereby amended to read as follows:

639.694 1. Except as otherwise provided in subsection 4, each medical products provider or medical products wholesaler shall employ an administrator at all times. The administrator must:

(a) Be a natural person;

(b) Have a high school diploma or its equivalent;

(c) Have:

(1) At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or

(2) An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;

(d) Be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and

(e) Be approved by the Board.

2. The administrator shall ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

3. A medical products provider or medical products wholesaler shall notify the staff of the Board of the cessation of employment of an administrator within 3 business days after the cessation of the employment. A medical products provider or medical products wholesaler shall notify the staff of the Board of the employment of a new administrator within 3 business days after the beginning of the employment.

4. A medical products provider or medical products wholesaler may not operate for more than 10 business days without an administrator. The Board may summarily suspend the operation of a business or facility that operates without an administrator.

5. A medical products provider and medical products wholesaler operating out of a shared facility may share a common administrator.

Sec. 5. NAC 639.6943 is hereby amended to read as follows:

639.6943 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]~~ *:*

(a) Is licensed, certified or registered to practice his or her profession in this State; and

(b) Performs services within the scope of his or her licensure, *certification* or registration in any capacity in a health care facility other than the facility of the medical products provider or medical products wholesaler.

Sec. 6. NAC 639.6946 is hereby amended to read as follows:

639.6946 1. Except as otherwise provided in NAC 639.6945, a medical products provider shall:

(a) Provide services for all medical products sold, leased or otherwise provided by the medical products provider, including, without limitation, set up, repair and maintenance.

(b) Employ an administrator and other employees sufficient to provide the services described in paragraph (a).

(c) Ensure that each employee is trained to:

(1) Use, set up, repair and maintain the medical products sold, leased or otherwise provided by the medical products provider that an employee is authorized to sell, lease or otherwise provide to a consumer; and

(2) Instruct consumers concerning the use, set up and maintenance of the medical products sold, leased or otherwise provided by the medical products provider that an employee is authorized to sell, lease or provide to a consumer.

(d) Maintain an inventory of medical products that is adequate to serve the needs of the consumers served by the medical products provider.

(e) Maintain a suitable physical location, other than a residence, at which the medical products provider can:

(1) Store inventory;

(2) Repair or service any equipment which the medical products provider sells, leases or otherwise provides; and

(3) Keep all current records related to the business of the medical products provider.

(f) Have a functioning restroom containing a toilet and a sink with hot and cold water at the place of business of the medical products provider.

(g) Maintain the place of business of the medical products provider in a clean, orderly and sanitary condition.

(h) Ensure that the place of business complies at all times with applicable federal, state and local laws, regulations and rules, including, without limitation, applicable occupational safety rules, fire codes, building codes and health codes.

(i) Maintain liability insurance of at least $1,000,000, which must include product liability insurance if the medical products provider:

(1) Designs, fabricates or manufactures medical products; or

(2) Substantially modifies commercially available medical products.

(j) Maintain a log or other record regarding all repairs made to a medical product provided by the medical products provider. For a medical product repaired by the medical products provider, the log or record must identify:

(1) The type of medical product;

(2) The manufacturer;

(3) The model or model number;

(4) The serial number;

(5) The date of the repair;

(6) The specific repair made;

(7) The name of the person or company who performed the repair; and

(8) A certification that the medical product has been returned to the specifications of the manufacturer as a result of the repair.

2. If the medical products provider cannot certify that the repaired medical product has been returned to the specifications of the manufacturer as a result of the repair, the medical products provider must:

(a) Determine whether the medical product can be safely and effectively used for a limited purpose, in which case the medical products provider must note that the medical product must only be used for a limited purpose and must ensure that the medical product is only used for such a limited purpose; or

(b) Ensure that the medical product is removed from service and is not sold, leased or otherwise provided to any person without a written statement acknowledging that the medical product:

(1) Was repaired;

(2) Could not be repaired to the specifications of the manufacturer; and

(3) Cannot be used by the consumer for the purposes for which the medical product was intended.

3. Any device used by a medical products provider to calibrate or test equipment must be accurate and must be maintained according to the directions and specifications of the manufacturer. The scales used to weigh reservoirs of liquid oxygen must be accurate and must be certified annually by the State Sealer of Consumer Equitability.

4. The business premises of any medical products provider must be open and accessible to the public and the Board at all times during regular hours of operation.

5. ***A medical products provider shall not operate at the same location as another medical products provider.***

6. A medical products provider shall develop and use a written procedure for addressing consumer complaints, including, without limitation, procedures for maintaining a complaint file that documents all complaints from consumers and the resolution of each complaint.

Sec. 7. NAC 639.695 is hereby amended to read as follows:

639.695 The records made or kept pursuant to NAC 639.6949 must be:

1. Kept in a file, chart or other storage system allowing the record to be retrieved by reference to the name of the consumer, the name of the practitioner, the date the product was provided or the type of medical product;

2. Retained for at least 5 years from the date the records are made or received;

3. Kept at the physical location of the business; ~~[and]~~

4. ***Maintained separately from the records of any medical products wholesaler; and***

5. Readily retrievable upon request by a member of the Board, or a person conducting an inspection or investigation on behalf of the Board.

Sec. 8. NAC 639.6958 is hereby amended to read as follows:

639.6958 1. The Executive Secretary may summarily suspend the license of a medical products provider or medical products wholesaler upon receiving evidence sufficient to cause the Executive Secretary to reasonably believe that a medical products provider or medical products wholesaler is:

(a) Operating without liability insurance;

(b) Operating without a license;

(c) Operating without a business administrator or a facility administrator; ~~[or]~~

(d) *Operating without a designated representative in the case of a medical products wholesaler; or*

(e) Engaging in practices that are fraudulent or deceitful.

2. The Executive Secretary shall immediately provide written notice to the medical products provider or medical products wholesaler that informs the medical products provider or medical products wholesaler of:

(a) The factual and legal reasons for the summary suspension; and

(b) The right of the medical products provider or medical products wholesaler to provide the Board with any evidence or information that would show that either the factual or legal reasons for the summary suspension are incorrect.

3. The Executive Secretary may take whatever action he or she deems reasonably necessary to secure the medical products and premises, and to ensure that the medical products provider or medical products wholesaler does not conduct business during the summary suspension.

4. The Executive Secretary shall release the medical products provider or medical products wholesaler from the summary suspension upon receiving evidence satisfactory to the Executive Secretary from the medical products provider or medical products wholesaler that the deficiency noted in the written notice has been remedied.

5. Within 10 days after summarily suspending the license of a medical products provider or medical products wholesaler, the Executive Secretary shall serve upon the medical products provider or medical products wholesaler an accusation pursuant to NRS 639.241. A hearing on the accusation must be set for the next regularly scheduled meeting of the Board.

22B

PROPOSED REGULATION OF THE

STATE BOARD OF PHARMACY

LCB File No. R050-22

May 20, 2022

EXPLANATION – Matter in *italics* is new; matter in brackets [~~omitted material~~] is material to be omitted.

AUTHORITY: §§ 1 and 2, NRS 453.221, 453.226 and 639.070; § 3, NRS 453.146 and 639.070.

A REGULATION relating to controlled substances; authorizing certain law enforcement officers to register with the State Board of Pharmacy to possess controlled substances; adding methoxetamine to the controlled substances listed in schedule I; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

The federal Controlled Substances Act requires every person who manufactures or distributes any controlled substance to obtain an annual registration issued by the Attorney General of the United States. (21 U.S.C. § 822) However, the requirement for such registration is waived for any officer or employee of any State, or any political subdivision or agency thereof, who is engaged in the enforcement of any State or local law relating to controlled substances and who is duly authorized to possess controlled substances in the course of his or her official duties. (21 C.F.R § 1301.24) Similarly, existing state law requires certain persons to obtain a registration from the State Board of Pharmacy in order to possess, dispense or conduct research with any controlled substance in this State. (NRS 453.226) Existing regulations: (1) exempt from the requirements of registration any person who is exempted from federal registration by federal laws or regulations; and (2) waive the requirement of registration for an officer or employee of this State or any of its political subdivisions or agencies who is engaged in the enforcement of any state or local law relating to controlled substances and is authorized to possess controlled substances in the course of his or her official duties. (NAC 453.100, 453.150)

Section 1 of this regulation authorizes a law enforcement officer who is employed by the State or any of its political subdivisions or agencies to register with the Board for the purpose of possessing controlled substances in the course of training canines to detect a controlled substance. **Section 1** further provides that a law enforcement officer is not required to register before possessing such controlled substances or engaging in certain other conduct which the law enforcement officer is otherwise authorized to perform without a registration.

Existing regulations: (1) provide that certain groups of activities related to controlled substances are deemed to be independent of each other; and (2) require, with certain exceptions, a person who engages in more than one group of independent activities to obtain a separate registration for each group of activities. (NAC 453.110) **Section 2** of this regulation provides that if a law enforcement officer is registered pursuant to **section 1**, possessing a controlled substance

in the course of training a canine to detect a controlled substance is also an activity that is deemed to be independent. Thus, such a law enforcement officer who is registered to possess controlled substances in the course of training a canine is not authorized to engage in certain other activities involving controlled substances.

Existing law authorizes the Board to add, delete or reschedule substances listed as controlled substances in schedules I, II, III, IV and V of the Uniform Controlled Substances Act by regulation. (NRS 453.146) Existing regulations set forth the drugs and substances that are enumerated in schedule I. (NAC 453.510) **Section 3** of this regulation adds methoxetamine to the list of controlled substances set forth in schedule I.

Section 1. Chapter 453 of NAC is hereby amended by adding thereto a new section to read as follows:

1. Notwithstanding the exemption from registration set forth in NAC 453.100 and the waiver of the requirement of registration set forth in NAC 453.150, a law enforcement officer who is employed by the State or any of its political subdivisions or agencies may register pursuant to this chapter for the purpose of possessing controlled substances in the course of training a canine to detect a controlled substance.

2. Nothing in this section shall be construed to require a law enforcement officer to register before:

(a) Possessing a controlled substance in order to train a canine to detect the controlled substance; or

(b) Engaging in any other conduct for which the law enforcement officer is otherwise authorized to perform without a registration.

Sec. 2. NAC 453.110 is hereby amended to read as follows:

453.110 1. For the purpose of registration under this chapter, the following groups of activities are deemed to be independent of each other:

(a) Manufacturing any controlled substance;

(b) Distributing any controlled substance;

(c) Dispensing, prescribing, conducting research, except for the research described in paragraph (d), and conducting instructional activities with any controlled substance listed in schedules II through V, inclusive;

(d) Conducting research with any narcotic drug listed in schedules II to V, inclusive, for the purpose of continuing the dependence of a person on the drug in the course of conducting an authorized clinical investigation in the development of a program for rehabilitation of narcotic addicts pursuant to a Notice of Claimed Investigational Exemption for a New Drug approved by the Food and Drug Administration;

(e) Conducting research and instructional activities with any controlled substances listed in schedule I; ~~[and]~~

(f) Conducting chemical analysis with a controlled substance listed in any schedule ~~[.]~~ *; and*

(g) Possessing a controlled substance in the course of training canines to detect a controlled substance, if a law enforcement officer is registered pursuant to section 1 of this regulation.

2. A person who engages in more than one group of independent activities must obtain a separate registration for each group of activities except as provided in NAC 453.120.

3. Except as provided in subsection 4, a single registration to engage in any group of independent activities may include one or more of the controlled substances listed in the schedules which are authorized for that group.

4. A person registered to conduct research with the controlled substances listed in schedule I may conduct research with any substance listed in schedule I for which he or she has filed and had approved a research protocol.

Sec. 3. NAC 453.510 is hereby amended to read as follows:

453.510 1. Schedule I consists of the drugs and other substances listed in this section by whatever official, common, usual, chemical or trade name designated.

2. Unless specifically excepted or unless listed in another schedule, any of the following opiates, including, without limitation, their isomers, esters, ethers, salts and salts of isomers, esters and ethers, whenever the existence of such isomers, esters, ethers and salts is possible within the specific chemical designation:

Acetyl-alpha-methylfentanyl (N-[1-(1-methyl-2-phenethyl)-4-piperidinyl]-N-phenylacetamide);

Acetylmethadol;

Acryl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-phenylacrylamide) (some trade or other names: acryloylfentanyl);

Allylprodine;

Alphacetylmethadol (except levo-alphacetylmethadol, commonly referred to as levo-alpha-acetylmethadol, levomethadyl acetate or "LAAM");

Alphameprodine;

Alphamethadol;

Alphamethylfentanyl (N-[1-(alpha-methyl-beta-phenyl)ethyl-4-piperidyl] propionanilide; 1-(1-methyl-2-phenylethyl)-4-(N-propanilido) piperidine);

Alpha-methylthiofentanyl (N-[1-methyl-2-(2-thienyl)ethyl-4-piperidinyl]-N-phenylpropanamide);

Benzethidine;

Betacetylmethadol;

Beta-hydroxyfentanyl (N-[1-(2-hydroxy-2-phenethyl)-4-piperidinyl]-N-phenylpropanamide);

Beta-hydroxy-3-methylfentanyl (other name: N-[1-(2-hydroxy-2-phenethyl)-3-methyl-4-piperidinyl]-N-phenylpropanamide);

Beta-hydroxythiofentanyl (trade or other names: N-[1-[2-hydroxy-2-(thiophen-2-yl)ethyl]piperidin-4-yl]-N-phenylpropionamide; N-[1-[2-hydroxy-2-(2-thienyl)ethyl]-4-piperidinyl]-N-phenylpropanamide);

Betameprodine;

Betamethadol;

Betaprodine;

Butyryl fentanyl (trade or other names: N-(1-phenethylpiperidin-4-yl)-N-phenylbutyramide; N-(1-phenethylpiperidin-4-yl)-N-phenylbutanamide);

Clonitazene;

Cyclopentyl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-phenylcyclopentanecarboxamide);

Cyclopropyl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-phenylcyclopropanecarboxamide);

Dextromoramide;

Diampromide;

Diethylthiambutene;

Difenoxin;

Dimenoxadol;

Dimepheptanol;

Dimethylthiambutene;

Dioxaphetyl butyrate;

Dipipanone;

Ethylmethylthiambutene;

Etonitazene;

Etoxeridine;

Eutylone (bk-EBDB, 1-(1,3-Benzodioxol-5-yl)-2-(ethylamino)butan-1-one, b-keto-ethylbenzodioxolylbutanamine);

Fentanyl carbamate (Ethyl-(1-phenethylpiperidin-4-yl)(phenyl)carbamate);

Fluoro furanyl fentanyl;

Fluoroacryl fentanyl;

Fluorobutyryl fentanyl;

Fluorofentanyl (N-(4-fluorophenyl)-N-[1-(2-phenethyl)-4-piperidinyl]propanamide);

Fluoroisobutyryl fentanyl (N-(4-fluorophenyl)-N-(1-phenethylpiperidin-4-yl)isobutyramide);

Furanyl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-phenylfuran-2-carboxamide);

Furethidine;

Hydroxypethidine;

Isobutyryl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-phenylisobutyramide);

Ketobemidone;

Levomoramide;

Levophenacylmorphan;

Methoxyacetyl fentanyl;

Methyl acetyl fentanyl;

Methyl methoxyacetyl fentanyl (some trade or other names: 2-methoxy-N-(2-methylphenyl)-N-(1-phenethylpiperidin-4-yl)acetamide (ortho-methyl methoxyacetylfentanyl; 2-methyl methoxyacetyl fentanyl));

Methylfentanyl;

Methylthiofentanyl;

Morpheridine;

MPPP (1-methyl-4-phenyl-4-propionoxypiperidine);

Noracymethadol;

Norlevorphanol;

Normethadone;

N-(1-(2-fluorophenethyl)piperidin-4-yl)-N-(2-fluorophenyl)propionamide (2'-fluoro ortho-fluorofentanyl; 2'-fluro 2'-fluorofentanyl);

Norpipanone;

Ocfentanil (N-(2-fluorophenyl)-2-methoxy-N-(1-phenethylpiperidin-4-yl)acetamide;

Para-chloroisobutyryl fentanyl (N-(4-chlorophenyl)-N-(1-phenethylpiperidin-4-yl)isobutyramide);

Para-fluorobutyryl fentanyl (N-(4-fluorophenyl)-N-(1-phenethylpiperidin-4-yl)butyramide);

Para-methoxybutyryl fentanyl (N-(4-methoxyphenyl)-N-(1-phenethylpiperidin-4-yl)butyramide);

PEPAP (1-(-2-phenethyl)-4-phenyl-4-acetoxypiperidine);

Phenadoxone;

Phenampromide;

Phenomorphan;

Phenoperidine;

Phenyl fentanyl (some trade or other names: benzoyl fentanyl);

Phenylpropanoyl fentanyl;

Piritramide;

Proheptazine;

Properidine;

Propiram;

Racemoramide;

Tetrahydrofuranyl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-phenyltetrahydrofuran-2-carboxamide);

Thiofentanyl (N-phenyl-N-[1-(2-thienyl)ethyl-4-piperidinyl]-propanamide);

Thiofuranyl fentanyl (some trade or other names: thiophene fentanyl);

Tilidine; or

Trimeperidine; or

Valeryl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-phenylpentanamide).

3. Unless specifically excepted or unless listed in another schedule, any of the following opium derivatives, including, without limitation, their salts, isomers and salts of isomers, whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation:

Acetorphine;

Acetyl fentanyl;

Acetyldihydrocodeine;

Benzylmorphine;

Codeine methylbromide;

Codeine-N-Oxide;

Cyprenorphine;

Desomorphine;

Dihydromorphine;

Drotebanol;

Etorphine (except hydrochloride salt);

Heroin;

Hydromorphinol;

Methyldesorphine;

Methyldihydromorphine;

Morphine methylbromide;

Morphine methylsulfonate;

Morphine-N-Oxide;

Myrophine;

Nicocodeine;

Nicomorphine;

Normorphine;

Pholcodine; or

Thebacon.

4. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following hallucinogenic substances, including, without limitation, their salts, isomers and salts of isomers, whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation:

Adinazolam (some trade or other names: 8-chloro-1-((dimethylamino)methyl)-6-phenyl - 4H-s-triazolo(4,3-a)(1,4)benzodiazepine; adinazolamum; Deracyn);

Alpha-ethyltryptamine (some trade or other names: ET, Trip);

Alpha-methyltryptamine (some trade or other names: AMT);

Bromazolam (some trade or other names: 8-bromo-1-methyl-6-phenyl-4H[1,2,4]triazolo[4,3-a][1,4]benzodiazepine; XLI-268);

1,4-Butanediol (some trade or other names: 1,4-butyleneglycol, dihydroxybutane, tetramethylene glycol, butane 1,4-diol, SomatoPro, Soma Solutions, Zen);

4-bromo-2,5-dimethoxyamphetamine (some trade or other names: 4-bromo-2,5-dimethoxy-alpha-methylphenethylamine; 4-bromo-2,5-DMA);

4-bromo-2,5-dimethoxyphenethylamine (some trade or other names: Nexus, 2C-B);

1-Butyl-3-(1-naphthoyl)indole-7173 (some trade or other names: JWH-073);

2-(4-Chloro-2,5-dimethoxyphenyl)ethanamine (some trade or other names: 2C-C);

4-(2-chlorophenyl)-2-ethyl-9-methyl-6H-thieno[3,2-f][1,2,4]triazolo[4,3-a][1,4]diazepine (some trade or other names: Etizolam);

Clonazolam (some trade or other names: 6-(2-chlorophenyl)-1-methyl-8-nitro-4H-[1,2,4]triazolo[4,3-a][1,4]benzodiazepine; clonitrazolam);

1-cyclohexylethyl-3-(2-methoxyphenylacetyl)indole (some trade or other names: SR-18; BTM-8; RCS-8);

Diclazepam (some trade or other names: 7-chloro-5-(2-chlorophenyl)-1,3-dihydro-1-methyl-2H-1,4-benzodiazepin-2-one; 7-chloro-5-(2-chlorophenyl)-1-methyl-1,3-dihydro-2H-benzo[e][1,4]diazepin-2-one; 2'-chlorodiazepam; Chlorodiazepam; Ro 5-3448);

2,5-dimethoxyamphetamine (some trade or other names: 2,5-dimethoxy-alpha-methylphenethylamine; 2,5-DMA);

2,5-dimethoxy-4-ethylamphet-amine (some trade or other names: DOET);

2-(2,5-Dimethoxy-4-ethylphenyl)ethanamine (some trade or other names: 2C-E);

2-(2,5-Dimethoxy-4-methylphenyl)ethanamine (some trade or other names: 2C-D);

2-(2,5-Dimethoxy-4-nitro-phenyl)ethanamine (some trade or other names: 2C-N);

2,5-Dimethoxy-N-(2-methoxybenzyl) phenethylamine (NBOMe) and any derivative thereof (some trade or other names: 2C-X-NBOMe; N-benzylated phenethylamines; N-o-methoxybenzyl analogs; NBOMe; 25H-NBOMe; 25B-NBOMe; 25C-NBOMe; 25D-NBOMe; 25E-NBOMe; 25I-NBOMe; 25N-NBOMe; 25P-NBOMe; 25T2-NBOMe; 25T4-NBOMe; 25T7-NBOMe);

2-(2,5-Dimethoxy-4-(n)-propylphenyl)ethanamine (some trade or other names: 2C-P);

2,5-dimethoxy-4-(n)-propylthiophenethylamine (some trade or other names: 2C-T-7);

2-(2,5-Dimethoxyphenyl)ethanamine (some trade or other names: 2C-H);

3-[(2-Dimethylamino)ethyl]-1H-indol-4-yl acetate (some trade or other names: 4-acetoxy-N, N-dimethyltryptamine;4-AcO-DMT; psilacetin; O-acetylpsilocin; 4-acetoxy-DMT);

5-(1,1-Dimethylheptyl)-2-[(1R,3S)-3-hydroxycyclohexyl]-phenol-7297 (some trade or other names: CP-47,497);

5-(1,1-Dimethyloctyl)-2-[(1R,3S)-3-hydroxycyclohexyl]-phenol-7298 (some trade or other names: cannabicyclohexanol; CP-47,497 C8 homologue);

Ethyl 2-(1-(5-fluoropentyl)-1H-indazole-3-carboxamido)-3,3-dimethylbutanoate (some trade or other names: 5F-EDMB-PINACA);

4-ethylnaphthalen-1-yl-(1-pentylindol-3-yl)methanone (some trade or other names: (4-ethyl-1-naphthalenyl)(1-pentyl-1H-indol-3-yl)-methanone; JWH-210);

2-[4-(Ethylthio)-2,5-dimethoxyphenyl]ethanamine (some trade or other names: 2C-T-2);

Flualprazolam (some trade or other names: 8-chloro-6-(2-fluorophenyl)-1-methyl-4H-[1,2,4]triazolo[4,3-a][1,4]benzodiazepine; 8-chloro-6-(2-fluoro-phenyl)-1-methyl-4h-benzo[f][1,2,4]triazolo[4,3-a][1,4]diazepine; 2'-fluoro alprazolam; ortho-fluoro alprazolam);

Flubromazepam (some trade or other names: 7-bromo-5-(2-fluorophenyl)-1,3-dihydro-2H-1,4-benzodiazepin-2-one; 7-Bromo-5-(2-fluorophenyl)-1H-benzo[e][1,4]diazepin-2(3H)-one; 7-bromo-5-(2-fluorophenyl)-1,3-dihydro-1,4-benzodiazepin-2-one);

Flubromazolam (some trade or other names: 8-bromo-6-(2-fluorophenyl)-1-methyl-4H-(1,2,4)triazolo(4,3-a)(1,4)benzodiazepine);

Flunitrazolam (some trade or other names: 6-(2-fluorophenyl)-1-methyl-8-nitro-4H-benzo[f][1,2,4]triazolo[4,3-a][1,4]diazepine);

(1-(4-fluorobenzyl)-1H-indol-3-yl)(2,2,3,3-tetramethylcyclopropyl)methanone (some trade or other names: FUB-144);

2-(1-(4-fluorobenzyl)-1H-indazole-3-carboxamido)-3-methylbutanoate (Some trade or other names: FUB-AMB; MMB-FUBINACA);

[1-(5-fluoropentyl)-1H-indazol-3-yl](naphthalen-1-yl)methanone (some trade or other names: THJ-2201; 5-fluoro THJ 018; AM2201 indazole analog; fluorpentyl JWH-018 indazole);

[1-(5-fluoropentyl)-1H-indol-3-yl]-1-naphthalenyl-methanone (some trade or other names: 1-(5-fluoropentyl)-3-(1-naphthoyl)indole; AM-2201);

[1-(5-fluoropentyl)-1H-indol-3-yl]-(2-iodophyenyl)-methanone (some trade or other names: 1-(5-fluoropentyl)-3-(2-iodobenzoyl)indole; AM-694);

(1-(5-fluoropentyl)-1H-indol-3-yl)(2,2,3,3-tetramethylcyclopropyl)methanone (some trade or other names: XLR-11);

1-(5-fluoropentyl)-N-(2-phenylpropan-2-yl)-1H-indazole-3-carboxamide (some trade or other names: 5F-CUMYL-PINACA; SGT-25);

1-(5-fluoropentyl)-N-(tricyclo[3.3.1.13,7]dec-1-yl)-1H-indazole-3-carboxamide (some trade or other names: N-((3s,5s,7s)-adamantan-1-yl)-1-(5-fluoropentyl)-1H-indazole-3-carboxamide; APINACA 5-fluoropentyl analog; 5F-AKB48; 5-Fluoro-AKB48; 5F-APINACA; 5-Fluoro-APINACA;

1-(5-fluoropentyl)-8-quinolinyl ester-1H-indole-3-carboxylic acid (some trade or other names: 1-(5-fluoropentyl)-1H-indole-3-carboxylic acid 8-quinolinyl ester; 5-Fluoro-PB-22; 5F-PB-22);

Flutoprazepam (some trade or other names: 7-chloro-1-(cyclopropylmethyl)-5-(2-fluorophenyl)-1,3-dihydro-2H-1,4-benzodiazepin-2-one);

2-(4-Iodo-2,5-dimethoxyphenyl)ethanamine (some trade or other names: 2C-I);

2-[4-(Isopropylthio)-2,5-dimethoxyphenyl]ethanamine (some trade or other names: 2C-T-4);

1-hexyl-3-(1-naphthoyl)indole (some trade or other names: JWH-019);

Meclonazepam (some trade or other names: (3S)-5-(2-chlorophenyl)-1,3-dihydro-3-methyl-7-nitro-2H-1,4-benzodiazepin-2-one; Ro 11-3128);

Methoxetamine (some trade or other names: MXE; 2-(3-methoxyphenyl)-2-(ethylamino)cyclohexanone)

4-methoxyamphetamine (some trade or other names: 4-methoxy-alpha-methylphenethylamine; para-methoxyamphetamine; PMA);

(4-methoxy-1-naphthalenyl)(1-pentyl-1H-indol-3-yl)-methanone (some trade or other names: JWH-081);

5-methoxy-3,4-methylenedioxyamphetamine (some trade or other names: MMDA);

5-methoxy-N, N-diisopropyltryptamine (some trade or other names: 5-meO-DIPT);

4-methyl-2,5-dimethoxyamphetamine (some trade or other names: 4-methyl-2,5-dimethoxy-alpha-methylphenethylamine; "DOM"; "STP");

(4-methyl-1-naphthalenyl)(1-pentyl-1H-indol-3-yl)-methanone (some trade or other names: JWH-122);

Methyl 2-(1-(5-fluoropentyl)-1H-indazole-3-carboxamido)-3,3-dimethylbutanoate (some trade or other names: 5F-ADB; 5F-MDMB-PINACA);

Methyl 2-(1-(5-fluoropentyl)-1H-indole-3-carboxamido)-3,3-dimethylbutanoate (some trade or other names: 5F-MDMB-PICA);

Methylenedioxyamphetamine (some trade or other names: MDA);

Methylenedioxymethamphetamine(MDMA);

Methylenedioxy-N-ethylamphetamine (commonly referred to as N-ethyl-alpha-methyl-3,4(methylenedioxy) phenethylamine, N-ethyl MDA, MDE, MDEA);

1-[2-(4-Morpholinyl)ethyl]-3-(1-naphthoyl)indole-7200 (some trade or other names: JWH-200);

N-(adamantan-1-yl)-1-(4-fluorobenzyl)-1H-indazole-3-carboxamide (some trade or other names: FUB-AKB48; FUB-APINACA; AKB48 N-(4-fluorobenzyl);

N-(1-adamantyl)-1-pentyl-1H-indazole-3-carboxamide (some trade or other names: 1-pentyl-N-tricyclo[3.3.1.13,7]dec-1-yl-1H-indazole-3-carboxamide; APINACA; AKB48);

N-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1-(cyclohexylmethyl)-1H-indazole-3-carboxamide (trade or other names: ADB-CHMINACA; MAB-CHMINACA);

N-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1-pentyl-1H-indazole-3-carboxamide (trade or other name: ADB-PINACA);

N-(1-amino-3-methyl-1-oxobutan-2-yl)-1-pentyl-1H-indazole-3-carboxamide (some trade or other names: AB-PINACA);

N-(1-amino-3-methyl-1-oxobutan-2-yl)-1-(4-fluorobenzyl)-1H-indazole-3-carboxamide (trade or other name: AB-FUBINACA);

N-[(1S)-1-(aminocarbonyl)-2-methylpropyl]-1-(cyclohexylmethyl)-1H-indazole-3-carboxamide (trade or other name: AB-CHMINACA);

N-hydroxy-3,4-methylenedioxyamphetamine (commonly referred to as N-hydroxy-alpha-methyl-3,4(methylenedioxy) phenethylamine, N-hydroxy MDA);

2-(2-methoxyphenyl)-1-(1-pentylindol-3-yl)ethanone (some trade or other names: 1-(1-pentyl-1H-indol-3-yl)-2-(2-methoxyphenyl)-ethanone; 1-pentyl-3-(2-methoxyphenylacetyl)indole; JWH-250);

Nifoxipam (some trade or other names: 5-(2-fluorophenyl)-1,3-dihydro-3-hydroxy-7-nitro-2H-1,4-benzodiazepin-2-one; 1,3-Dihydro-5-(2-fluorophenyl)-3-hydroxy-7-nitro-2H-1,4-benzodiazepin-2-one; 3-hydroxydesmethylflunitrazepam; DP 370);

Nitrazolam (some trade or other names: 1-methyl-8-nitro-6-phenyl-4H-[1,2,4]triazolo[4,3-a][1,4]benzodiazepine);

Norflurazepam (some trade or other names: 7-chloro-5-(2-fluorophenyl)-1,3-dihydro-2H-1,4-benzodiazepin-2-one; nor-Flurazepam; N-Desalkylflurazepam; Desalkylflurazepam; Ro 5-3367);

1-Pentyl-3-(2-chlorophenylacetyl)indole (some trade or other names: JWH-203);

1-Pentyl-3-(4-cholor-1-naphthoyl)indole (some trade or other names: JWH-398);

1-Pentyl-3-[(4-methoxy)-benzoyl]indole (some trade or other names: SR-19; BTM-4; RCS-4);

1-Pentyl-3-(1-naphthoyl)indole-7118 (some trade or other names: JWH-018; AM678);

(1-pentylindol-3-yl)-(2,2,3,3-tetramethylcyclopropyl)methanone (some trade or other names: UR-144);

1-pentyl-N-(tricyclo[3.3.1.1^{3,7}]dec-1-yl-1H-indole-3 carboxamide (some trade or other names: APICA; JWH-018 adamantyl carboxamide; 2NE1; SDB-001);

1-pentyl-8-quinolinyl ester-1H-indole-3-carboxylic acid (some trade or other names: 1-pentyl-1H-indole-3-carboxylic acid 8-quinolinyl ester; PB-22; QUPIC);

Phenazepam (some trade or other names: 7-bromo-5-(2-chlorophenyl)-1,3-dihydro-2H-1,4-benzodiazepin-2-one; 7-bromo-5-(2-chlorophenyl)-1,2-dihydro-3H-1,4-benzodiazepin-2-one; BD 98; Fenazepam; Elzepam; Phezipam; Phenorelaxan; Phenzitat);

Pyrazolam (some trade or other names: 8-bromo-1-methyl-6-(2-pyridinyl)-4H-(1,2,4)triazolo(4,3-a)(1,4)benzodiazepine; 8-bromo-1-methyl-6-(pyridin-2-yl)-4H-benzo[f][1,2,4]triazolo[4,3-a][1,4]diazepine; Pirazolam);

3,4,5-trimethoxyamphetamine;

Bufotenine (some trade or other names: 3-(beta-dimethylaminoethyl)-5-hydroxyindole; 3-(2-dimethyl-aminoethyl)-5-indolol; N, N-dimethylserotonin; 5-hydroxy-N, N-dimethyltryptamine; mappine);

Diethyltryptamine (some trade or other names: DET; N,N-Diethyltryptamine);

Dimethyltryptamine (some trade or other names: DMT; N,N-DMT; N,N-Dimethyltryptamine);

Fluorophenylpiperazine (some trade or other names: FPP, pFPP, 2-fluorophenylpiperazine, 3-fluorophenylpiperazine, 4-fluorophenylpiperazine);

Gamma butyrolactone (some trade or other names: GBL, Gamma Buty Lactone, 4-butyrolactone, dihydro-2(3H)-furanone, tetrahydro-2-furanone, Gamma G, GH Gold);

Gamma hydroxy butyric acid (some trade or other names: GHB);

Ibogaine (some trade or other names: 7-ethyl-6, 6 beta, 7, 8, 9, 10, 12, 13-octahydro-2-methoxy-6, 9-methano-5H-pyrido (1',2':1,2) azepino (5,4-b) indole; *Tabernanthe iboga*);

Lysergic acid diethylamide;

Marijuana;

Mescaline;

Methoxyphenylpiperazine (some trade or other names: MeOPP, pMPP, 4-MPP, 2-MeOPP, 3-MeOPP, 4-MeOPP);

Parahexyl (some trade or other names: 3-Hexyl-1-hydroxy-7, 8, 9, 10-tetrahydro-6,6,9-trimethyl-6H-dibenzo[b,d]pyran; Synhexyl);

Peyote (meaning all parts of the plant presently classified botanically as *Lophophora williamsii Lemaire*, whether growing or not, the seeds thereof, any extract from any part of such plant, and every compound, manufacture, salts, derivative, mixture, or preparation of such plant, its seeds or extracts);

N-benzylpiperazine (some trade or other names: BZP, 1-benzylpiperazine);

N-ethyl-3-piperidyl benzilate;

N-methyl-3-piperidyl benzilate;

Psilocybin;

Psilocin;

Salvinorin A (some trade or other names: Divinorin A; Methyl (2S,4aR,6aR,7R,9S,10aS,10bR)-9-(acetyloxy)-2-(furan-3-yl)-6a,10b-dimethyl-4,10-dioxododecahydro-2H-benzo[f]isochromene-7-carboxylate);

Ethylamine analog of phencyclidine (some trade or other names: N-ethyl-1-phenylcyclohexylamine; (1-phenylcyclohexyl) ethylamine; N-(1-phenylcyclohexyl) ethylamine; cyclohexamine; PCE);

Pyrrolidine analog of phencyclidine (some trade or other names: 1-(1-phenylcyclohexyl)-pyrrolidine; PCPy; PHP);

1-(1-(2-thienyl)-cyclohexyl)-pyrrolidine (some trade or other names: TCPy);

Thiophene analog of phencyclidine (some trade or other names: 1-(1-(2-thienyl)-cyclohexyl)-piperidine; 2-thienyl analog of phencyclidine; TPCP; TCP); or

Trifluoromethylphenylpiperazine (some trade or other names: 1-(3-trifluoromethylphenyl)piperazine; 3-trifluoromethylphenylpiperazine; TFMPP).

For the purposes of this subsection, "isomer" includes, without limitation, the optical, position or geometric isomer.

5. All parts of the plant presently classified botanically as *Datura*, whether growing or not, the seeds thereof, any extract from any part of such plant or plants, and every compound, manufacture, salt derivative, mixture or preparation of such plant or plants, its seeds or extracts, unless substances consistent with those found in such plants are present in formulations that the Food and Drug Administration of the United States Department of Health and Human Services has approved for distribution.

6. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of phencyclidine, mecloqualone or methaqualone having a depressant effect on the central nervous system, including, without limitation, their salts, isomers and salts of isomers, whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation.

7. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system, including, without limitation, their salts, isomers and salts of isomers:

Alpha-PBP (some trade or other names: 1-phenyl-2-(pyrrolidin-1-yl)butan-1-one, alpha-pyrrolidinobutiophenone);

Alpha-PVP (some trade or other names: 1-phenyl-2-(1-pyrrolidinyl)-1-pentanone, alpha-pyrrolidinopentiophenone, alpha-pyrrolidinovalerophenone, O-2387);

Alpha-pyrrolidinoheptaphenone (some trade or other names: PV8);

Alpha-pyrrolidinohexanophenone (some trade or other names: alpha-PHP);

Aminorex;

Butylone (some trade or other names: 1-(1,3-benzodioxol-5-yl)-2-(methylamino)butan-1-one, β-keto-N-methylbenzodioxolylpropylamine, bk-MBDB);

Cathinone (some trade or other names: 2-amino-1-phenyl-1-propanone; alpha-aminopropiophenone; 2-aminopropiophenone; norephedrone);

4-chloro-alpha-pyrrolidinovalerophenone (some trade or other names: 4-chloro-a-PVP);

Dimethylone (some trade or other names: 3,4-methylenedioxy-N,Ndimethylcathinone; N,N-dimethyl MDCATH; N,N-dimethyl-3,4- methylenedioxycathinone; N,N-dimethyl-β-keto-3,4-methylenedioxyamphetamine; 1-(1,3-benzodioxol-5-yl)-2-(dimethylamino)propan-1-one; bk-MDDMA);

N-ethylhexedrone;

Ethylone (some trade or other names: N-ethyl-3,4-methylenedioxycathinone; 1-(1,3-benzodioxol-5-yl)-2-(ethylamino)propan-1-one; MDEC; bk-MDEA);

N-ethylpentylone (1-(1,3-benzodioxol-5-yl)-2-ethylamino)-pentan-1-one) (some trade or other names: ephylone);

Fenethylline;

Fluoroamphetamine (some trade or other names: 2-fluoroamphetamine, 3-fluoroamphetamine, 4-fluoroamphetamine, 2-FA, 3-FA, 4-FA, PFA);

Fluoromethcathinone (some trade or other names: 4-Fluoro-N-methylcathinone, 1-(4-fluorophenyl)-2-(methylamino)propan-1-one, 4-Fluoromethcathinone (Flephedrone), 4-FMC, 3-Fluoro-N-methylcathinone, 1-(3-fluorophenyl)-2-2(methylamino)propan-1-one, 3-Fluoromethcathinone, 3-FMC, 2-Fluoro-N-methylcathinone, 1-(2-fluorophenyl)-2-(methylamino)propan-1-one, 2-FMC);

Mephedrone (some trade or other names: Methylmethcathinone, 4-Methylmethcathinone, 4-MMC, 4-Methylephedrone);

Methamphetamine;

Methcathinone (some trade or other names: N-Methylcathinone, cat);

Methedrone (some trade or other names: Methoxymethcathinone, 4-Methoxymethcathinone, bk-PMMA, methoxyphedrine);

4-methyl-alpha-ethylaminopentiophenone (some trade or other names: 4-MEAP);

4'-methyl-alpha-pyrrolidinohexiophenone (some trade or other names: MPHP);

4-methyl-alpha-pyrrolidinopropiophenone (some trade or other names: 1-(4-methylphenyl)-2-(pyrrolidin-1-yl)-propan-1-one, 4-MePPP);

(±)cis-4-methylaminorex ((+)cis-4,5-dihydro-4-methyl-5-phenyl-2-oxazolamine);

Methylenedioxypyrovalerone (some trade or other names: 3,4-Methylenedioxypyrovalerone, MDPV);

Methylethcathinone (some trade or other names: 2-(ethylamino)-1-(4-methylphenyl)propan-1-one, 4-MEC, 4-methyl-N-ethylcathinone);

Methylone (some trade or other names: Methylenedioxy-N-methylcathinone, Methylenedioxymethcathinone, 3,4-Methylenedioxy-N-methylcathinone, bk-MDMA);

N,N-dimethylamphetamine (commonly referred to as N,N-alpha-trimethyl-benzeneethanamine; N,N-alpha-trimethylphenethylamine);

N-ethylamphetamine;

Naphyrone (some trade or other names: 1-(naphthalen-2-yl)-2(pyrrolidin-1-yl)pentan-1-one, naphthylpyrovalerone, naphpyrovalerone, NRG-1, O-2482);

Pentedrone (some trade or other names: 2-(methylamino)-1-phenylpentan-1-one, α-methylaminovalerophenone); or

Pentylone (trade or other names: 1-(1,3-benzodioxol-5-yl)-2-(methylamino)pentan-1-one; beta-keto-methylbenzodioxolylpentanamine; bk-MBDP; bk-methyl-K).

8. Unless specifically listed in another schedule, coca leaves, cocaine base or free base, or a salt, compound, derivative, isomer or preparation thereof which is chemically equivalent or

identical to such substances, and any quantity of material, compound, mixture or preparation which contains coca leaves, cocaine base or cocaine free base or its isomers or any of the salts of cocaine, except decocainized coca leaves or extractions which do not contain cocaine or ecgonine.

9. Unless specifically listed in another schedule, Tetrahydrocannabinols (natural or synthetic equivalents of substances contained in the plant, or in the resinous extractives of Cannabis, sp. or synthetic substances, derivatives and their isomers with similar chemical structure and pharmacological activity such as the following:

Delta 9 cis or trans tetrahydrocannabinol, and their optical isomers, also known as Delta 1 cis or trans tetrahydrocannabinol, and their optical isomers;

Delta 8 cis or trans tetrahydrocannabinol, and their optical isomers, also known as Delta 6 cis or trans tetrahydrocannabinol, and their optical isomers;

Delta 3, 4 cis or trans tetrahydrocannabinol, and its optical isomers;

Tetrahydrocannabinols contained in the genus Cannabis or in the resinous extractives of the genus Cannabis;

Synthetic equivalents of tetrahydrocannabinol substances or synthetic substances, derivatives and their isomers with a similar chemical structure; and

Since nomenclature of these substances is not internationally standardized, compounds of these structures, regardless of numerical designation of atomic positions covered).

10. Unless specifically listed in another schedule and except as otherwise provided in subsection 11, any material, compound, mixture or preparation which contains any quantity of

CBD (natural or synthetic equivalents of the substances contained in the plant or in the resinous extractives of Cannabis sp. or synthetic substances, derivatives and their isomers with similar chemical structure and pharmacological activity).

11. A drug product which:

(a) Has been approved by the United States Food and Drug Administration;

(b) Contains CBD derived from any plant in the genus Cannabis or the resinous extractives thereof; and

(c) Contains not more than 0.1 percent residual THC by weight,

➥ is not a controlled substance.

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PROPOSED REGULATION OF THE

STATE BOARD OF PHARMACY

LCB File No. R170-22

August 2, 2022

EXPLANATION – Matter in *italics* is new; matter in brackets [~~omitted material~~] is material to be omitted.

AUTHORITY: § 1, NRS 453.146, 453.2182 and 639.070.

A REGULATION relating to controlled substances; adding daridorexant to the controlled substances listed in schedule IV of the Uniform Controlled Substances Act; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law authorizes the State Board of Pharmacy to add, delete or reschedule substances listed as controlled substances in schedules I, II, III, IV and V of the Uniform Controlled Substances Act by regulation. (NRS 453.146) Existing law also provides that if a substance is designated, rescheduled or deleted as a controlled substance pursuant to federal law, the Board is required, with certain exceptions, to similarly treat the substance under the Uniform Controlled Substances Act. (NRS 453.2182) This regulation adds daridorexant to the list of controlled substances set forth in schedule IV of the Uniform Controlled Substances Act, consistent with federal regulations. (21 C.F.R. § 1308.14)

Section 1. NAC 453.540 is hereby amended to read as follows:

453.540 1. Schedule IV consists of the drugs and other substances listed in this section, by whatever official, common, usual, chemical or trade name designated.

2. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation containing any of the following narcotic drugs, including, without limitation, their salts, calculated as the free anhydrous base of alkaloid, is hereby enumerated on schedule IV, in quantities:

(a) Not more than 1 milligram of difenoxin and not less than 25 micrograms of atropine sulfate per dosage unit; or

(b) Dextropropoxyphene (alpha-(+)-4-dimethylamino-1,2-diphenyl-3-methyl-2-propionoxy-butane).

3. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances, including, without limitation, their salts, isomers and salts of isomers, is hereby enumerated on schedule IV, whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation:

Alprazolam;

Barbital;

Bromazepam;

Butorphanol;

Camazepam;

Carisoprodol;

Chloral betaine;

Chloral hydrate;

Chlordiazepoxide;

Clobazam;

Clonazepam;

Clorazepate;

Clotiazepam;

Cloxazolam;

Daridorexant;

Delorazepam;

Diazepam;

Dichloralphenazone;

Eluxadoline;

Estazolam;

Ethchlorvynol;

Ethinamate;

Ethyl loflazepate;

Fludiazepam;

Flunitrazepam;

Flurazepam;

Halazepam;

Haloxazolam;

Ketazolam;

Lemborexant;

Loprazolam;

Lorazepam;

Lorcaserin;

Lormetazepam;

Mebutamate;

Medazepam;

Meprobamate;

Methohexital;

Methylphenobarbital (mephobarbital);

Midazolam;

Nimetazepam;

Nitrazepam;

Nordiazepam;

Oxazepam;

Oxazolam;

Paraldehyde;

Petrichloral;

Phenobarbital;

Pinazepam;

Prazepam;

Quazepam;

Remimazolam;

Suvorexant;

Temazepam;

Tetrazepam;

Tramadol (2-((dimethylamino)methyl)-1-(3-methoxyphenyl)cyclohexanol);

Triazolam;

Zaleplon;

Zolpidem; or

Zopiclone.

4. Any material, compound, mixture or preparation which contains any quantity of fenfluramine, including, without limitation, its salts, isomers and salts of such isomers, whenever the existence of such salts, isomers and salts of isomers is possible, is hereby enumerated on schedule IV. For the purposes of this subsection, "isomer" includes, without limitation, the optical, position or geometric isomer.

5. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system, including, without limitation, their salts, isomers and salts of isomers, is hereby enumerated on schedule IV:

Cathine ((+)-norpseudoephedrine);

Diethylpropion;

Fencamfamin;

Fenproporex;

Mazindol;

Mefenorex;

Modafinil;

Pemoline (including organometallic complexes and chelates thereof);

Phentermine;

Pipradrol;

Sibutramine; or

SPA ((-)-dimethylamino-1,2,diphenylethane).

6. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of pentazocine, including, without limitation, its salts, is hereby enumerated on schedule IV.

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